FILED SEEC

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement Candidates for Statewide Offices and General Assembly CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Rev. 10/07



082059

Do Not Mark in This Space For Official Use Only

Page 1 of 17

SUMMARY PAGE

	50	MULAKITAGE						
1. NAME OF COMMITTEE			2. TYPE OF COMMITTEE (Check Box)					
SANTIAG	-0 2008		Candidate Committee Exploratory Committee					
3) TREASURER NAME VS.								
Title First	11	MI Last	Suffix					
M8 MIC	chelle	1 Retamn	R					
4. TREASURER ADDRESS:								
93 BURNH	AM ST City	Bridgeport C	3T 06604					
5. ELECTION DATE	6: OFFICE SOUGHT () applical		7. DISTRICT NUMBER (if applicable)					
8/12/08		epresentative	130th					
8. CANDIDATE NAME								
MR. Eze	equiel	Last SANTIA	Suffix					
9. TYPE OF REPORT (Check One I	Box)							
☐ January 10 filing	☐ 7th day preceding primary	Datemized Statement accompanying application for Public Grant	☐ Deficit					
☐ April 10 filing	☐ 30 days following primary		☐ Termination					
July 10 filing	☐ 7th day preceding election	☐ Initial Supplemental Statement ☐ Primary ☐ Election	☐ Amendment to					
☐ October 10 filing	☐ 45 days following special election	☐ Weekly Supplemental Statement☐ Primary ☐ Election	Type of Report:					
		☐ Declaration of Excess Expenditures ☐ Primary ☐ Election						
10: PERIOD COVERED	188 C							
	Beginning Date	Ending Date						
		Ditaling Date						
	april 1	_ thru June 30,	<u>0</u> 8					
I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.								
TREASURER OR DEPUTY TREASURER	SURER (SIGNATURE)	Michalle Refaman PRINT NAME OF SIGNER	7/1/08 DATE (mm/dd/yyyy)					
	PENALTY FOR FALSE STATE	EMENT IS PUNISHABLE BY FINE NOT TO	EXCEED					

\$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.

Page 2 of 17

SUMMARY PAGE TOTALS

NAME OF COMMITTEE	ic Version merkensen	
SANTIA GO 2008	FILING DUE DATE	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		\$0.00
13. Balance on hand at the beginning of Reporting Period	00	
14. Contributions received from Individuals (Sections A and B)	5442.00	
15. Receipts from Other Committees (Sections C1 +C2)	00	
16. Other Monetary Receipts (Sections D-I)	00	
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J2)	00	
18. Total Monetary Receipts (add totals for lines 14-17)	5442.00	5442,00
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	5442.00	5442.00
20. Expenses Paid by Committee (Section N)	17 68.34	
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both Columns	17 68.34 3 673.66	
22. In-Kind Donations not Considered Contributions Received (Section J3)	00,00	
23. In-Kind Contributions Received (Section K)	00,00	
24. Refundable Deposit to Telephone Company (Section L)	24000	
25. Receipts of Organization Expenditures (Section M)	06.00	
26. Beginning Loan Balance	ÓO	
26a. + Loans Received (Section D)	00	
26b. + Interest and Penalties on Loan(s)	60	
26c. ~ Payments on Loan(s)	00	
26d. Total Outstanding Loan Amount	00	
27. Campaign Expenses Paid by Candidate (Section O)	00	
28. Expenses Incurred on Committee Credit Card (Section P)	00	
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	00	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	00	

		I. MONETARY REC	CEIPTS	(Sections		and the second s	Page 3 of 17
NAME OF COMMITTEE	<u> </u>			A STORY		TE 200	হ
A Total Contributions from	o 8	Contributors-Receive	dithis P	eriod ON	10.0	200	Δ
(See instructions for definition of Smi	ll Contribut		S S	ubtotal Sec	tion A 5	rakasikaa min mood na Warra Taraan sakadka aheel kirkaaniiki	en de la companya de
	B	Itemized Contributi	ons fro	n Individ	luals	Michigan Company	
st Name	First		МІ	Method of c ☐ Cash	ontribution: Personal Check	Contribution ID #	Amount of Contribution
Residental Street Address		City	<u> </u>		rder Credit/Debit Card Zip Code	Date Received	
Residental Silver Address	ĺ	city					
Principal Occupation		Name of Employer			Is this contribution assoc		
					fundraising event listed in If yes, list Event #	n Section J1?	
Is contributor a principal of a state contract	or or prospec	ctive state contractor?			yist, spouse, Yes	ggregate contributions	
If yes, indicate which branch or branch of government the contract is with:	s	☐ No utive ☐ Legislative	or depe	ndent child of	falobbyist? No		
Last Name	First		MI	Method of	contribution:	Contribution ID #	Amount of Contribution
				☐ Money (Order Credit/Debit Cap	Date Received	Contribution
Residential Street Address		City		State	Zip Code	Date Received	
Principal Occupation		Name of Employer		<u> </u>	Is this contribution associ	iated with a Yes	
rimcipal Occupation		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			fundraising event listed If yes, list Event #		
Is contributor a principal of a state contrac	for or proppe	ective state contractor? Yes	Is cont	ributor a lobb	1 33 7	Aggregate contributions	
If yes, indicate which branch or branch	es	V ⊔ No	or depe	endent child o	of a loobyist? No		
of government the contract is with:	First	cutive Degislative	MI		contribution:	Contribution ID #	Amount of
				☐ Cash☐ Money	☐ Personal Check Order ☐ Credit/Debit Ca		Contribution
Residential Street Address	<u></u>	City		State	Zip Code	Date Received]
				/			
Principal Occupation		Name of Employer	\/	,	Is this contribution asso fundraising event listed If yes, list Event #		
Is contributor a principal of a state contract	tor or prosp	ective state contractor?			byist, spouse, Yes	Aggregate contributions	1
If yes, indicate which branch or branch of government the contract is with:	hes	cutive 🗆 Legislative	or dep	endent child	of a lobbyist? 🛚 No		
Last Name	First		МІ	Method of	f contribution:	Contribution ID #	Amount of
				☐ Money	Order ☐ Credit/Debit Ca	ırd	Contribution
Residential Street Address		City		State	Zip Code	Date Received	
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Principal Occupation		Name of Employer			fundraising event lister		
		ective state contractor?	n Is cor	tributor a lob	If yes, list Event #	Aggregate contributions	-
Is contributor a principal of a state contra If yes, indicate which branch or branch	hes	LI No	- 1 .	pendent child	of a lobbyist? No	•	1
of government the contract is with:	First	ecutive Legislative	MI		of contribution:	Contribution ID #	Amount of
/				☐ Cash☐ Money	Personal Check Order Credit/Debit C		Contributio
Residential Street Address		City		State	Zip Code	Date Received	
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Principal Occupation		Name of Employer			Is this contribution ass fundraising event liste		-
			11	teilpaten - 1-1	If yes, list Event #	Aggregate contributions	-
Is contributor a principal of a state contributor, indicate which branch or bran	actor or pros ches	pective state contractor? Ye	· 1 ·	pendent child	of a lobbyist? \(\square\) No) i Se ogani	
of government the contract is with:	□ E	ecutive Legislative					
					SUBTOTAL	Section B-This-Page	08.0
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					TOTAL C	fall Section B Pages	5442.
Tron Ni Op Alijago	NTERIBUE	HONSTEROMINDIA/IDU-	VILS (Sec	ions A & B) (Enter total on Line	14 of Summary Page	54421

	I.	MONE'	TARY RE	ECEIPTS	(Section	s A-I)	Page 4 of 17
NAME OF COMMITTEE						FILING DUE DATE	3407
SANTIAGO 200	7	SALVANIA PARA	Makan Matterial	1.696. GH		July 20,	700 1
Name of Committee	C1.	Contrib	utions fr	om Othe	r Comm	ittees swer	
vame of Commutee							
Address						Yes If yes, list	Amount of Contribution
City	State	Zip Code		ate Received	n Section J	Regregate Contributions	
, ny		Lip code	ļ				
Name of Committee					Name of Trea	asurer	
Address			7 01 1	3 4:		The results	Amount of Contribution
towers,				ibution assoc event listed i		1? ☐ Yes If yes, list 1? ☐ No Event #	
City	State	Zip Code	Ē	Date Received		Aggregate Contributions	
		<u></u>	<u>, , </u>		i em		
Name of Committee					Name of Tre	asurer	
Address			Is this contr	ribution assoc	ciated with a	a ☐ Yes If yes, list	Amount of Contribution
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City	State	Zip Code		Date Received		Aggregate Conditionations	
Name of Committee		<u></u>	l.		Name of Tre	easurer	
Address				tribution asso		a ☐ Yes If yes, list J1? ☐ No Event #	Amount of Contribution
City	State	Zip Code	1	Date Received		Aggregate Contributions	
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Address				tribution asso g event listed		J1? No Event#	7,1100001 01 000111001100
City	State	Zip Code		Date Received		Aggregate Contributions	
Name of Committee					Name of Tr	reasurer	
Address			Is this con	tribution ass	ociated with	na Yes If yes, list	Amount of Contribution
				ig event listed	in Section	J1? No Event#	.
City	State	Zip Cod	e	Date Received	i	Aggregate Contributions	
		1000000	Maintainett				
Name of Committee	C2. Reim	ourseme	ents or Pa	Name of	from oti	ner Committees	
Table of Committee							
Address				Date Rece	sived		Amount of Receipt
City	State	Zip Cod				Construction of the constr	
City	Ì		-			for shared expense ods and services	
Name of Committee				Name of	Treasurer		
C				Date Rec	eived		Amount of Receipt
Street Address				Jane Nee			Almount of Meteript
City	State	Zip Cod	ie			for shared expense	1
			<u></u>			ods and services	
					SUB	TOTAL Section G-This Page	00.00
					TOTAL	zof additional Section C Pages	00,00
					106 Tine schoolers or 12	von Line 1920 Summan Page)	

			Y RECEIPTS	(Sections A-I)	en a n politika a se	processans	Page 5 of 17
NAME OF COMMITTEE	7008			FI	LING DUI	DATE 10,200	8
		Ď Loans R	eceived this P	eriod 4	1		
Name of Lender	City	State	Zip Code	Source of Loan:	ndidate	Is there a Cosigner or Guarantor of this loan? Yes (if yes list	Amount Received
Name of Cosigner/Guarantor				☐ Individual ☐ Ott	ner	name and address of Cosigner/Guarantor)	
		10	Zip Code	CPi-t		□ No	
Street Address	City	State	Zip Code	Date of Receipt			S
Name of Lender		· · · · · · · · · · · · · · · · · · ·		Source of Loan:	ndidate	Is there a Cosigner or Guarantor of this loan?	Amount Received
Street Address	City	State	Zip Code	☐ Individual ☐ Ot		Yes (if yes list name and address of Cosigner/Guarantor)	
Name of Cosigner/Guarantor					,,,,,,,	□ No	
Street Address	City	State	Zip Code	Date of Receipt			s
			Total Section	D (Enter Total on I	ine 26a a	n Summary Page)	s 00,00
E.	Personal Funds of th	e Candidate	Received this	Period (Canada	ie Commi	itees (Inly)	
Date of Receipt	. 1	of payment:	Date of Receipt			ethod of payment: l Cash	Total Amount Received
	30 20 Person	onal Check				l Personal Check	
Amount		t/Debit Card	Amount		_ [Credit/Debit Card	A-D
		overske at 1500 Webster Stability (1600 to	northern contraction of delicentification and	northern statement and the statement of	a sa		s 3000
A STATE OF THE STA	and the second s	ous Contrib	Server Strate or handcoor school server on a server	dollar amount of th		eived)	Total
Date Received	Amount		Date Received		Amount		Amount Received
\$1 bills	\$5 bills		\$1 bills		\$ 5 bi	lls	
	\$10 bill		coins		\$10 t	oill	
coins	#10 OM						s
	2. P. 1988 - 1. P.	rest from De	posits in Aut	norized Accoun	is Amount		Total
Date Received	Amount		Name of Institution				Amount Received
Name of Institution				1			
Street Address			Street Address				
City	State	Zip Code	City		State	Zip Code	\$

I. MOI	NETARY RECEIPTS	(Sections	A-I)				Page 6 of 17
		18 nr 38 s		FILIN			
3AN+1ASV 2-008					uy /	3008	
H. Public Grant Fu	nds Received from t	he Cifizen Date of Re		lectio	n kund	Amount	
□ Initial □ Supplemental/Ind □ Primary □ General or Special Election □ Primary □ Gen □ Supplemental/Post Election Deficit □ Supplemental/Ex	dependent Expenditure eral or Special Election cess Expenditures neral or Special Election	Duic of Re-				Allouit	
Purpose of Grant:		Date of Re	eceipt			Amount	
☐ Primary ☐ General or Special Election ☐ Primary ☐ Gen ☐ Supplemental/Post Election Deficit ☐ Supplemental/Ex	dependent Expenditure eral or Special Election ccess Expenditures neral or Special Election				-		
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	* * * * * * * * * * * * * * * * * * *		, A	K PE	Tota	Section H	s 00.00
Miscellaneous Mone	tary Receipts not C	onsidered	Co	atribu	tions		
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Street Address	City		State		Zip Code		
Description							s
					Lagaration	al Section I	s OD, W
Summary of Othe	r Monetary Receipt	s (Section	s D-	D ***	a de la companya de		
Total Loans Received this Period (Section D)					+		00.00
Total Amount of Personal Funds of the Candidate Recei	ved this Period (Section	E)			+		\$30.00
Total Amount of Anonymous Contributions (Section F)					+		00.00
Total Amount of Interest from Deposits in Authorized A	accounts (Section G)				+		
Total Public Grant Funds Received from the Citizens' E	-)			+		00,00
Total Miscellaneous Monetary Receipts not Considered					+		00,00
Total of Other Monetary/Receipts not Con (Enter total on Line 10 of Summary Page)							

	II. F	UNDRAI	SING EVEN	NT ACTIVITY			Page 7 of 17
NAME OF COMMITTEE	1008		11.545.70		FILING DUE DATE	\ X	7.00
JAM 1470 a	Company of the compan	(1814)	for pugat	Information	July 10, 200		10.27
		Location: S	treet Address		oxidgeprat	State C7	Zip Code 06604
Was this fundraising event host	ed at a personal residence?		□Yes (If yes, go to Section J3	In-kind Donations not Consinformation for purchases mades.)		
Did this fundraiser include item \$100 or items donated by an inc	-	of up to		(If yes, go to Section I: and complete required	3 In-kind Donations not Coninformation.)	sidered Co	ntributions
Was this fundraiser a tag sale, a with purchases from an individ		ed items	□Yes (If yes, go to Section J2 Donated Items.)	Proceeds from Tag Sale, Au	ction, or C	Other Sale of
			* * * *				
Fundraising Event # Date of Fundraiser Letter	Description		Street Address	I	City	State	Zip Code
062808 A	Bustrip	45	Lyon	ler	Bpt	Ct	86404
Was this fundraising event host Did this fundraiser include item \$100 or items donated by an inc	s donated by a business entit	y of up to	No ☐ Yes	and complete required beverage and invitation	3 In-kind Donations not Con	ide by host(s) for food,
Was this fundraiser a tag sale, a with purchases from an individ		ed items		If yes, go to Section E. Donated Items.)	2 Proceeds from Tag Sale, Au	uction, or C	Other Sale of
Fundraising Event #	Description	Trocation:	Street Address		City	State	Zip Code
Date of Fundraiser Letter	Description		butter realist				
Was this fundraising event hos	ted at a personal residence?	J.,,	□ Yes		J3 In-kind Donations not Cod information for purchases mons.)		
Did this fundraiser include item \$100 or items donated by an in		y of up to	□ Yes □ No	(If yes, go to Section and complete require	J3 In-kind Donations not Cond information.)	nsidered C	ontributions
Was this fundraiser a tag sale, a with purchases from an individ		ed items	□Yes □ No	(If yes, go to Section I Donated Items.)	2 Proceeds from Tag Sale, A	uction, or	Other Sale of
Fundraising Event # Date of Fundraiser Letter	Description	Location:	Street Address		City	State	Zip Code
Was this fundraising event hos	sted at a personal residence?				J3 In-kind Donations not Cod information for purchases mons.)		
Did this fundraiser include iter \$100 or items donated by an ir		ty of up to	□ No □ Yes □ No	(If yes, go to Section and complete require	J3 In-kind Donations not Co	onsidered (Contributions
Was this fundraiser a tag sale, with purchases from an indivi		ted items	□ Yes □ No	(If yes, go to Section Donated Items.)	J2 Proceeds from Tag Sale, A	Auction, or	Other Sale of

				INDRA	ISING	ACTIVITY		Page 8 of 17	
AME OF COMMITTEE 2	1008	"Specific is					JULY 10, 2008		
			i re ger	100 (12)	1000	or Other Sale of Do	3~1970, 2000	Sept.	
ame of Purchaser Last Name		us irom 1	ag Sa	ie, Auc	MI	Method of payment:	nateu items	Aggregate	
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(Enter iolal on Line 17									

	II. F	UNDRAISING A			Page 9 of 17
NAME OF COMMITTEE 300	√ ₹			FILING DUE DATE JULY 10 08	
	J3. In-Kind Don:	ations Not Consi	dered Contrib		
Name of Donor	e Control de la Companya de Sentira de Maria de Control de Maria de M	erne Andrea (1996) er		Donation	Fair Market Value of Donation
Street Address	City	State	Zip Code	Aggregate value for this event	
Description of donation			Date Received	Event #	
Name of Donor	········			Donation ☐ Individual given by: ☐ Business Entity	Fair Market Value of Donation
Street Address	City	State	Zip Code	Aggregate value for this event	
Description of donation	·····	<u> </u>	Date Received	Event #	1
Name of Donor	***************************************		L	Donation	Fair Market Value of Donation
Street Address	City	State	Zip Code	Aggregate value for this event	-
Description of donation	L		Date Received	Event#	_
Name of Donor		 		Donation	Fair Market Value of Donation
Street Address	City	State	Zip Code	Aggregate value for this event	
Description of donation		<u> </u>	Date Received	Event#	1
Name of Donor				Donation	Fair Market Value of Donation
Street Address	City	State	Zip Code	Aggregate value for this event	1
Description of donation			Date Received	Event #	-
Name of Donor			.1	Donation	Fair Market Value of Donation
Street Address	City	State	Zip Code	Aggregate value for this event	Value of Bonation
Description of donation		<u> </u>	Date Received	Event #	_
Name of Donor				Donation ☐ Individual	Fair Market
Street Address	City	State	Zip Code	given by: Business Entity Aggregate value for this event	Value of Donation
Description of donation			Date Received	Event #	
Name of Donor				Donation	Fair Market
Street Address	City	State	Zip Code	given by: Business Entity Aggregate value for this event	Value of Donation
Description of donation			Date Received	Event #	
2000 puon or donation	AND SECURE OF THE SECURE AND SECURE AND SECURE AND SECURE ASSESSMENT OF THE SECURE ASSESSMENT ASSES	Gogge Carlos John S. Sant 2 (Septimber Heinberger Landschaft			NAZO S
				UBTOTAL Section 33-This Pag	5 40 · D
			SMITH STATES	AL of additional Section 13 Pag	
TOTAL OF ALL INSEN	D DONATIONS NOT CONS	DERED CONTRE	UTIONS (Enter l	otal on Line 22 of Summary Pag	e) 000

								Page 10 o	
NAME OF COMMITTEE	2008	37.1					UEDATE 200	With the control of the second of the second	
<u></u>	<u> </u>		K In-Kind	Contributio	777 V		A Section		
Name		497 - 100 - 11 - 12 - 13 - 13 - 13 - 13 - 13 - 13			o esta de la como		Date Received	Fair Mar	
Street Address	· · · · · · · · · · · · · · · · · · ·	City		State	Zip	Code		Contribut	
Type of Contributor:	Is contributor a lobbyist,	spouse T Y	es Is contributor	a principal of a sta	ite contrac	ctor or prospecti	ve state contractor?	Yes	
☐ Individual ☐ Committee	or dependent child of a lo		o If yes, ind	icate which branch	or branc	hes	ive 🗆 Legislative] No	
Is this contribution associa	lted with a ☐ Yes	Description of In	-Kind Contribution		*******		Aggregate contribu	tions	
fundraising event listed in If yes, list Event #									
Name		· · · · · · · · · · · · · · · · · · ·	****				Date Received	Fair Mar Value of	
Street Address		City	-··	State	Zir	Code		Contribu	
Type of Contributor:	Is contributor a lobbyist,	spouse, 🗆 Y	es Is contributor	a principal of a st	ate contra	ctor or prospecti	ve state contractor?	Yes	
☐ Individual ☐ Committee	or dependent child of a lo		o If yes, ind	licate which branch ment the contract is	or branc	hes	ive 🗆 Legislative] No	
Is this contribution associa		Description of la	-Kind Contribution				Aggregate contribu	stions	
fundraising event listed in If yes, list Event #	Section J1? No	<u> </u>							
Name							Date Received	Fair Mar Value of	
Street Address		City		State	Zi	p Code		Contribu	ution
Type of Contributor:	Is contributor a lobbyist,	spouse, 🗆 Y	es Is contributo	r a principal of a s	tate contra	actor or prospect	_	Yes	
☐ Individual ☐ Committee	or dependent child of a le	obbyist? 🗆 1	lo <i>If yes</i> , in of govern	dicate which brand ment the contract	h or bran is with:	ches	tive 🛘 Legislative	□ No	
Is this contribution association fundraising event listed in If yes, list Event #		Description of I	n-Kind Contribution				Aggregate contrib	utions	
Name							Date Received	Fair Ma Value of	
Street Address		City		Stat	z.	ip Code		Contrib	
Type of Contributor: Individual Committee	Is contributor a lobbyist, or dependent child of a l		No If yes, in	or a principal of a s dicate which bran- ment the contract	ch or bran	iches	itive 🗀 Legislative	□Yes □No	
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Name							Date Received	Fair Ma Value o	
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Type of Contributor:	7		Van le contribute	or a principal of a	tate cont	ractor or prospec	tive state contractor?	□Yes	
☐ Individual ☐ Committee	Is contributor a lobbyist or dependent child of a	· · · —	No If yes, ii	ndicate which bran	ch or brai	nches	utive Legislative	□ No	
Is this contribution assoc fundraising event listed in	- 	Description of	In-Kind Contribution		15 WIUI.	Li Lixee	Aggregate contri	butions	
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	III. NONMONETA				Page 11 of 17
SANTIAGO 2008		resistanti		14410,08	
M. Non-M Legislativ me of Committee (Legislative Leadership, Legislative Cau	Ionetary Receipts of Orgai ve Leadership; Legislative icus, and Party Committees ONLY)	nization Exp Caucus, and Name of Treaso	Party	res Made By Committee	
eet Address				Date Notice Received	Fair Market Value
у	State	Zip Code	4	Aggregate Donations	
escription of Donation		1	1 -	e of Expenditure (see instructions)	1
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Description of Donation			, ,	ose of Expenditure (see instruction	s)
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Description of Donation				ose of Expenditure (see instruction B C D D E	us)
Name of Committee (Legislative Leadership, Legislative (Caucus, and Party Committees ONLY)	Name of Tre	easurer		
Street Address				Date Notice Received	Fair Market Valu of Donation
City	State	Zip Code		Aggregate Donations	
Description of Donation				ose of Expenditure (see instruction A D B D C D D E	
	Total S	Section M (En	er total o	n Line 25 of Summary Pay	e) 06

IV. EXPENDITURE	S		Page 12 of 17
NAME OF COMMITTEE 2008	FU IN	DUEDATE 2008	
N: Expenses Paid by Com	mittee		
	Date of Payment	Method of Payment	Amount
Street Address City State Zip Code	Furnose of Expenditure	Check # 100 (126.01
Kings Hwy FAI field CT 06474	(by code) OFFICE		120.01
Street Address Street Address Kings Hwy FAifield State Zip Code City FAifield CT 06474 Description State Of Payer Description Description Other Candidate(s) Name		Event #	
is this expenditure coordinated with another	Office S	Sought	
candidate for which reimbursement is sought? Yes (If yes, complete candidate			
name and office sought)	•	S	
Name of Payer Post MASLEN	Date of Payment	Method of Payment	Amount
	Purpose of Expenditure (by code)	☐ Check # 1002 ☐ Debit Card	13800
Street Address- Fria field AUR Bridgeport Ot 06605 Description Postage For MAiling	P051	Event #	
postage For mailing			
Is this expenditure coordinated with another Other Candidate(s) Name candidate for which reimbursement is sought?	Office	Sought	
Yes (If yes, complete candidate name and office sought)			5
₹ No	Date of Payment	Method of Payment	Amount
Name of Payee 5 taple 5	6/18/08	Check # 1003	Amount
Street Address 4343 MAIN & CityBpt State Zip Code 06606 Description PAPEN Supplies	Purpose of Expenditure (by code) 0 FFice	☐ Debit Card	82.14
Description A Description	OI FICE	Event#	
	0550	Sought	
Is this expenditure coordinated with another Other Candidate(s) Name candidate for which reimbursement is sought?	Oince	Sough	
Yes (If yes, complete candidate name and office sought)			5
Name of Payee	Date of Payment	Method of Payment	Amount
Staples	6/23/08	Check # 1004	
Street Address Main 5+ City Bp+ State Zip Code 06606	Purpose of Expenditure (by code)	Debit Card	201.45
Description Office supplies		Event #	
Is this expenditure coordinated with another Other Candidate(s) Name	Обыс	e Sought	
candidate for which reimbursement is sought? Yes (If yes, complete candidate			
name and office sought)			s
Name of Payee	Date of Payment 6/24/08	Method of Payment	Amount
Street Address City State Zip Code	Purpose of Expenditure	Check # 1005	134.16
5065 Main St Trumbull CT 06691	(by code) Office		177770
Description Phone encurement	,	Event #	
Is this expenditure coordinated with another Other Candidate(s) Name	Offic	ee Sought	1
candidate for which reimbursement is sought? Yes (If yes, complete candidate			
name and office sought)			s
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ame of Payee CMA 000 ChA				Data of Boumant	Method of Payment Check # 100 6	Amount
reet Address P.O. Box 501 escription Bus Trip	City Ausonix	State	Zip Code 0640/	Purpose of Expenditure (by code) FNDR	Debit Card	75000
Bus trip	Thursdant	Latin	<u> </u>	<u></u>	Event # 062808A	
ndidate for which reimbursement is s Yes (If yes, complete candidate name and office sought)	Other Can	didate(s) Name		Off	ce Sought	s
No ame of Payce				Date of Payment	Method of Payment	Amount
treet Address	City	State	Zip Code	Purpose of Expenditure (by code)	☐ Check # Debit Card	-
escription			<u> </u>		Event #	_
this expenditure coordinated with an andidate for which reimbursement is: Yes (If yes, complete candidate name and office sought)		ndidate(s) Name		O£	ice Sought	s
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Description						
s this expenditure coordinated with a candidate for which reimbursement is Yes (If yes, complete candidate name and office sought) No		ndidate(s) Name		O:	⊞ce Sought	s
Name of Payee		<u> </u>		Date of Payment	Method of Payment	Amount
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			XPENDITUR			Page 13 of 17
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ame of Payee (Name of Vendor who c	Payec (Name of Vendor who candidate paid directly)				Is Reimbursement Claimed?	Amount
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Name of Payee (Name of Vendor wi	ho candidate paid directly)			Date of Payment	Is Reimbursement Claimed?	Amount
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Purpose of Expenditure (by code)	Description				Event #	1
Name of Payee (Name of Vendor w	ho candidate paid directly)	<u></u>		Date of Payment	Is Reimbursement Claimed?	Amount
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		IV. EXPENDIT	JRES			Page 15 of 17	
NAME OF COMMITTEE					DUEDATE 20	8X	
SAPTIRY JOB			NAUP ATO	1			
Q. *Expenses Incurred by Committee but Not Paid During this Period. Name of Creditor Date Incurred							
Correct Address	Ica		State	Zip Code	(Estimate or Actua		
Street Address		City		State	Zip Code		
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Purpose of Expenditure (by code)	Description				Event #		
Is this expenditure coordinated with another	Other Candidate	(s) Name		Office	Sought		
candidate for which reimbursement is sought? Yes (If yes, complete candidate							
name and office sought)					 	s	
Name of Creditor			Dat	e Incurred		Amount Incur (Estimate or Act	
Street Address		City		State	Zip Code		
	Description			<u> </u>	Event #		
Purpose of Expenditure (by code)	Description						
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Other Candidate	e(s) Name		Office	Sought		
Yes (If yes, complete candidate name and office sought)							
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JAME OF COMMITTEE	IV. EXPENDITURE			P. DUE DATE	age 16 of 17
VANIS OF COMMITTEES					
	bursements to Committ			i 1	
Biver & Salaman		6	Payment /08	Method of Payment	Amount
Secondary Payee Shop		(by cod	10 0 90	☐ Check #	54.55
Street Address MADISON AUE	City Bp+		State +	Zip Code 06 C O C	
Description Ford & Beverages				Event #	
Is this expenditure coordinated with another Other Candi	date(s) Name		Office So	ught	
candidate for which reimbursement is sought? ☐ Yes (If yes, complete candidate					
name and office sought)					S
Name of Worker/Consultant		Date o	Payment 121/08	Method of Payment	Amount
Secondary Payee		Purpos	e of Expenditure	Check # 1008	
Murphy's LAW		FP	ROFF	☐ Debit Card	18500
336 Foirfield Aug	City Bp+		State CT	Zip Code OC 604	
Name of Worker/Consultant Huerito Gantiago Secondary Payee Murphy's Law Street Address 336 Foirfield Aul Description Wine & Cheese	•			052908A	
Is this expenditure coordinated with another Other Cand candidate for which reimbursement is sought?	lidate(s) Name		Office Se	ought	
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name and office sought)					S
Name of Worker/Consultant America Santingo		Date of	Payment /08	Method of Payment	Amount
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Stayles '		(by co	Aca	☐ Debit Card	231.19
Street Address Hings Hwy	City Faible/d		State C+	Zip Code	_
Description Office gupplies				Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?	didate(s) Name		Office S	Sought	
Yes (If yes, complete candidate					
name and office sought)					S
Name of Worker/Consultant		Date	of Payment	Method of Payment	Amount
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Street Address	City		State	Zip Code	
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Description					
ab date oriporation and a second	ndidate(s) Name		Office	Sought	
candidate for which reimbursement is sought? Yes (If yes, complete candidate name and office sought)					
□ No	THE RESERVE OF THE PROPERTY OF	The granden	en e		S 1830 4 4 -
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11.500			TIOTEASE	ofestion (R.P. Rage	470.74
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me of Recipient	S. Surplus Distribution o	k Equipment and Furn	Hure	Original Purchase
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escription of Item				1
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Name of Recipient				Original Purchas Amount of Item
Street Address	City	State	Zip Code	
Description of Item				1

Last Name	First	MI	Method of Conf		Contribution ID #	
Santiago	Americo		Gest Ci	ieck	001	Amount of
Residential Street Address	City		State	Zip Code	Date Received	Contribution
93 Burham Street	Bridgepo	rt	Connecticut	06604	4/20/2008	\$50.00
Principal Occupation Retired	Name of Employer None	• •		ution associated /ent listed in Sec ent#		
Is contributor a principal of state co state contractor ? If yes, Indicate w of government the contract is with:	hich branch or branches	Yes	Is contributor a lobbyist or dependent child of a	ليبا	Aggregate contribution \$50.00	
Last Name Robles	First April	MI	Method of Conf Cash	tribution	Contribution ID # 002	Amount of
Residential Street Address 993 State Street	City Bridgepo	rt	State Connecticut	Zip Code 06605	Date Received 4/20/2008	Contribution \$25.00
Principal Occupation Clerk	Name of Employer Self			ution associated vent listed in Sec ent#		
Is contributor a principal of state co state contractor ? If yes, Indicate w of government the contract is with:	hich branch or branches	Yes Yes	Is contributor a lobbyist or dependent child of a	· · · · 	Aggregate contribution \$25.00	
Last Name Rivera	First Jose	MI	Method of Conf Cash	tribution	Contribution ID # 003	Amount of
Residential Street Address 991 State St	City Bridgepo	rt	State Connecticut	Zip Code 06605	Date Received 4/20/2008	Contribution \$20.00
Principal Occupation Machine Op	Name of Employer Luis Sign Fab		· ·	ution associated vent listed in Sec ent #		
Is contributor a principal of state co state contractor ? If yes, Indicate w of government the contract is with:	hich branch or branches	Yes Yes	Is contributor a lobbyist or dependent child of a		Aggregate contribution \$20.00	

total thispurge 95,00

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Last Name	First	МІ	Method of Conf	tribution	Contribution ID#	
Robles	Michelle		Cash		004	Amount of
Residential Street Address	City		State	Zip Code	Date Received	Contribution
993 State Street	Bridge	port	Connecticut	06605	4/20/2008	\$20.00
Principal Occupation Server	, , ,	Name of Employer Aspetoy Vally C.C.		Is this contribution associated fundraising event listed in Sec If yes, list Event#		
Is contributor a principal of state co state contractor ? If yes, Indicate w of government the contract is with:	hich branch or branches	Yes	Is contributor a lobbyist or dependent child of a		Aggregate contribution \$20.00	
Last Name Figueroa	First Yesenia	Mi	Method of Con Cash	tribution	Contribution ID # 005	Amount of
Residential Street Address 1026 Chosey Hill Rd	City Bridge	port	State Connecticut	Zip Code 06606	Date Received 4/21/2008	Contribution \$5.00
Principal Occupation Office Manager	Name of Employ Exec Mortgag			ution associated vent listed in Sec ent#		
Is contributor a principal of state costate contractor? If yes, Indicate w of government the contract is with:	•	Yes No	Is contributor a lobbyist or dependent child of a	<u> </u>	Aggregate contribution \$5.00	
Last Name Ortiz	First Shadeth	MI	Method of Con Cash	tribution	Contribution ID # 006	Amount of
Residential Street Address 684 Trumbull Ave C	City Bridge	port	State Connecticut	Zip Code 06606	Date Received 4/23/2008	Contribution \$10.00
Principal Occupation Outreach Worker	Name of Employ Optimun Hea			oution associated vent listed in Sec ent#		
Is contributor a principal of state co state contractor ? If yes, Indicate w of government the contract is with:	hich branch or branches	Yes Yes Legislative	Is contributor a lobbyis or dependent child of a		Aggregate contribution \$10.00	

Total # 35,00

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Last Name	Firs	st	MI	Method of Con	tribution	Contribution ID #		
Breland	Ch	arles	G.	Cash		007	Amount of	
Residential Street Address		City		State	Zip Code	Date Received	Contribution	
267 Myrtle Ave		Bridgeport		Connecticut	06604	4/28/2008	\$10.00	
Principal Occupation Administration		Name of Employer University of Bridge	of Employer Is this cont		ution associated vent listed in Sec ent#			
Is contributor a principal of state co state contractor ? If yes, Indicate w of government the contract is with:	hich b		Yes DMO ative	ls contributor a lobbyist or dependent child of a		Aggregate contribution \$10.00		
Last Name Stephen	Firs		МІ	Method of Con Check	tribution	Contribution ID # 008	Amount of	
Residential Street Address		City	<u> </u>	State	Zip Code	Date Received	Contribution	
39 Sims Street		Bridgeport		Connecticut	06604	5/1/2008	\$10.00	
Principal Occupation Retired		Name of Employer None	i lundraising event i					
· · ·	Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: Executive							
Last Name Villa	Fire Bia	st anca	MI	Method of Cor Cash	itribution	Contribution ID # 009	Amount of	
Residential Street Address	•	City		State	Zip Code	Date Received	Contribution	
709 Garfield Avenue		Bridgeport		Connecticut	06606	5/2/2008	\$5.00	
Principal Occupation None		Name of Employer Unemployed			oution associated vent listed in Sec ent#		· · · · · · · · · · · · · · · · · · ·	
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: Executive								

Total \$ 25,00

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Last Name	Firs	st	МІ		Method of Cont	ribution	Contribution ID #	
Fuentes	Eli	isa			Cash		010	Amount of
Residential Street Address		City		Sta	te	Zip Code	Date Received	Contribution
21 Summer Drive		Southwick			MA	01077	5/2/2008	\$5.00
Principal Occupation None		Name of Employer Unemployed				ution associated rent listed in Sec nt#		
Is contributor a principal of state constate contractor? If yes, Indicate who of government the contract is with:	hich t		Yes 1 No ative		ntributor a lobbyist, pendent child of a l		Aggregate contribution \$5.00	
Last Name Alvarez	Fire		MI	≝.i	Method of Cont Cash	ribution	Contribution ID # 011	Amount of
Residential Street Address Marina Village Bldg 11 1	13	City Bridgeport		Sta	te Connecticut	Zip Code 06604	Date Received 5/2/2008	Contribution \$15.00
Principal Occupation Disabled		Name of Employer None	fundraising event listed in Section J1?					
Is contributor a principal of state co state contractor ? If yes, Indicate w of government the contract is with:	hich t		Yes No ative		ntributor a lobbyist, pendent child of a		Aggregate contribution \$15.00	
Last Name Morales	Fir Ja	st son	MI		Method of Cont	ribution	Contribution ID # 012	Amount of
Residential Street Address 296 West Avenue		City Bridgeport		Sta	te Connecticut	Zip Code 06604	Date Received 5/2/2008	Contribution \$10.00
Principal Occupation Waiter		Name of Employer Angelo's			Is this contribution associated fundraising event listed in Sec If yes, list Event#			
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: Secontributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No \$10.00								

Total \$ 3000

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Last Name	First	MI	Method of Cont	ribution	Contribution ID #		
Robles	Joseph		Cash		013	Amount of	
Residential Street Address	City		State	Zip Code	Date Received	Contribution	
839 Park Ave	Bridgeport	: [Connecticut	06604	5/2/2008	\$10.00	
Principal Occupation None	Name of Employer Unemployed			Is this contribution associated fundraising event listed in Sec If yes, list Event#			
Is contributor a principal of state costate contractor? If yes, Indicate wof government the contract is with:	which branch or branches	Yes No Slative	Is contributor a lobbyist or dependent child of a	· <u>L</u>	Aggregate contribution \$10.00		
Last Name Rivera	First Manuel	MI	Method of Cont Cash	tribution	Contribution ID # 014	Amount of	
Residential Street Address	City		State	Zip Code	Date Received	Contribution	
172 Decalb Avenue	Bridgeport	t	Connecticut	06607	5/2/2008	\$5.00	
Principal Occupation None	Name of Employer Unemployed		Is this contribution associated with a Yes fundraising event listed in Section J1? If yes, list Event#				
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: Secutive Secu							
Last Name Robles	First Monica	МІ	Method of Con Cash	tribution	Contribution ID # 015	Amount of	
Residential Street Address 839 Park Avenue	City Bridgepor	t	State Connecticut	Zip Code 06604	Date Received 5/2/2008	Contribution \$10.00	
Principal Occupation Security Guard	· · · · · · · · · · · · · · · · · · ·			Is this contribution associated with a Yes fundraising event listed in Section J1? If yes, list Event #			
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: State contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No No No No No No No N							

Total\$25.00

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Last Name	First	l мı	Method of Cont	ribution	Contribution ID#	
Gonzalez	William	illiam		Cash		Amount of
Residential Street Address	City		State	Zip Code	Date Received	Contribution
59 Cole Street	Bridgeport		Connecticut	06604	5/2/2008	\$5.00
Principal Occupation None	Name of Employer Unemployed		Is this contribution associated with a Yes fundraising event listed in Section J1? If yes, list Event#			
Is contributor a principal of state contributor ? If yes, Indicate which of government the contract is with:		Z No	ls contributor a lobbyist, or dependent child of a	· · · L	Aggregate contribution \$5.00	
	First Yamilette	MI A	Method of Cont	ribution	Contribution ID#	Amount of
Residential Street Address	City		State	Zip Code	Date Received	Contribution
140 Yale Street 13	Bridgeport		Connecticut	06605	5/2/2008	\$5.00
Principal Occupation Pastry Chef	Name of Employer Castel on the Huds	son		ution associated vent listed in Sec nt#		
Is contributor a principal of state contr state contractor ? If yes, Indicate whic of government the contract is with:		Z No	Is contributor a lobbyist, or dependent child of a	· L	Aggregate contribution \$5.00	
	First Luis	МІ	Method of Conf	tribution	Contribution ID # 018	Amount of
Residential Street Address 31 Forest Court	City Bridgeport		State Connecticut	Zip Code 06604	Date Received 5/5/2008	Contribution \$10.00
Principal Occupation Store Manager	Name of Employer Michaels			ution associated vent listed in Sec ent #		
Is contributor a principal of state contr state contractor ? If yes, Indicate whic of government the contract is with:		Z (N∘	Is contributor a lobbyist or dependent child of a		Aggregate contribution \$10.00	

Total & 20.00

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Last Name	First		MI	Method of Co	atribution	Contribution ID #	
Stanley	Deb	orah	D	Cash	itribation	019	Amount of
Residential Street Address		City		State Zip Code		Date Received	Contribution
2756 Madison Ave		Bridgeport		Connecticut	06604	5/6/2008	\$10.00
Principal Occupation Librarian		Name of Employer City of Bpt		Is this contribution associated fundraising event listed in Sec If yes, list Event#			
Is contributor a principal of state co state contractor ? If yes, Indicate w of government the contract is with:	hich bra		Ž No	Is contributor a lobbyis or dependent child of a	· · · · ·	Aggregate contribution \$10.00	
Last Name Hernandez	First Gem	nica	MI	Method of Col	ntribution	Contribution ID # 020	Amount of
Residential Street Address 180 French Street		City Bridgeport		State Connecticut	Zip Code 06606	Date Received 5/6/2008	Contribution \$5.00
Principal Occupation Receptionist		Name of Employer Coleman Park		Is this contribution associated with a Yes fundraising event listed in Section J1? If yes, list Event#			
Is contributor a principal of state co state contractor ? If yes, Indicate w of government the contract is with:	hich bra		₹Nº	Is contributor a lobbyis or dependent child of a	· · · · · · · · · · · · · · · · · · ·	Aggregate contribution \$5.00	
Last Name Hernandez	First Inez		МІ	Method of Co	ntribution	Contribution ID #	Amount of
Residential Street Address 180 French Street		City Bridgeport		State Connecticut	Zip Code 06606	Date Received 5/6/2008	Contribution \$5.00
Principal Occupation CNA		Name of Employer Coleman Park			oution associated event listed in Sec ent#		<u> </u>
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: Secontributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No							

Total \$ 20.00

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Last Name	First	1	MI	Method of Con	tribution	Contribution ID #	}
Hernandez	Taish	aisha		Cash	Cash		Amount of
Residential Street Address		City	ļ	State	Zip Code	Date Received	Contribution
182 French Street		Bridgeport		Connecticut	06606	5/6/2008	\$5.00
Principal Occupation Night Auditor		Name of Employer Hampton Inn		Is this contrib fundraising even If yes, list Even			
Is contributor a principal of state co state contractor? If yes, Indicate w of government the contract is with:	hich brai		Yes 1 No ative	Is contributor a lobbyist or dependent child of a	· ·	Aggregate contribution \$5.00	
Last Name Almourtada	First Rafi		МІ	Method of Con Cash	tribution	Contribution ID # 023	Amount of
Residential Street Address 28 Bell Street	(City Bridgeport		State Connecticut			Contribution \$5.00
Principal Occupation Retired		Name of Employer None		Is this contrib fundraising e If yes, list Eve			
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: Executive Legislative Legislative Legislative Legislative Scontributor a lobbyist, spouse, Yes Yes						Aggregate contribution \$5.00	
Last Name Morales	First Tam	ar	МІ	Method of Con Cash	tribution	Contribution ID # 024	Amount of
Residential Street Address 1003 State Street	•	City Bridgeport		State Connecticut	Zip Code 06605	Date Received 5/7/2008	Contribution \$10.00
Principal Occupation Office Assistant		Name of Employer Case Enterprises		Is this contribution associated with a Yes fundraising event listed in Section J1? If yes, list Event#		ction J1?	
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: State contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No Aggregate contribution \$10.00							

Total \$20.00

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7 100 St. 10 10								
Last Name	Firs	st	MI		Method of Con	tribution	Contribution ID #	
Andrade	Aja	ai	М		Cash		025	Amount of
Residential Street Address	I	City		Stat	te	Zip Code	Date Received	Contribution
623 Marina Village Bld 36	623	Bridgeport			Connecticut	06604	5/9/2008	\$5.00
Principal Occupation Aide		Name of Employer None			Is this contribution associated fundraising event listed in Sec If yes, list Event#			
Is contributor a principal of state co state contractor ? If yes, Indicate w of government the contract is with:	hich b		Yes No ative		ntributor a lobbyist pendent child of a	, spouse, Yes lobbyist? No	Aggregate contribution \$5.00	
Last Name Labrador	Firs Bai	st njed	МІ		Method of Cont Cash	tribution	Contribution ID # 026	Amount of
Residential Street Address 1190 Norman Street		City Bridgeport		Stat	te Connecticut	Zip Code 06606	Date Received 5/9/2008	Contribution \$5.00
Principal Occupation School Security		Name of Employer BOE City of Bridgeport				ution associated vent listed in Sec int #		
Is contributor a principal of state co state contractor ? If yes, Indicate w of government the contract is with:	hich b		Yes No ative		ntributor a lobbyist pendent child of a	, spouse, Yes lobbyist? No	Aggregate contribution \$5.00	
Last Name Hooks	Firs	-	МІ		Method of Cont Cash	tribution	Contribution ID #	Amount of
Residential Street Address 300 Laurel Avenue		City Bridgeport		Stat	te Connecticut	Zip Code 06604	Date Received 5/9/2008	Contribution \$5.00
Principal Occupation Head Custodian		Name of Employer BOE City of Bridgeport			Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: Executive								

Total 15,00

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Last Name	First		MI		Method of Cont	ribution	Contribution ID #	
DeJesus	Jocelyn		R		Cash		028	Amount of
Residential Street Address	City			Stat		Zip Code	Date Received	Contribution
140 Yale Street 13		Bridgeport			Connecticut	06605	5/10/2008	\$5.00
Principal Occupation Medical Record Clerk	i i	Name of Employer Optimus Health Care			Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		tion J1?	
Is contributor a principal of state co state contractor ? If yes, Indicate w of government the contract is with:		or branches	Yes No ative		ntributor a lobbyist, pendent child of a	spouse, Yes	Aggregate contribution \$5.00	
Last Name Colon	First Leticia		MI		Method of Cont	tribution	Contribution ID #	Amount of
Residential Street Address	City		<u> </u>	Stat		Zip Code	Date Received	Contribution
140 Yale Street 13	City	Bridgeport		Stat	Connecticut	06605	5/10/2008	\$10.00
Principal Occupation Outreach PR Coordinator	Name of Employer tor Optimum Health Care			Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			:	
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: Executive Legislative Legislative							Aggregate contribution \$10.00	
Last Name Jones	First Mary Ar	ın	МІ		Method of Cont Check	tribution	Contribution ID # 030	Amount of
Residential Street Address	City		<u> </u>	Stat	te	Zip Code	Date Received	Contribution
210 Washinton Avenue 4	10	Bridgeport			Connecticut	06604	5/10/2008	\$50.00
Principal Occupation Retired		me of Employer ne				ution associated vent listed in Sec ent #		
Is contributor a principal of state co state contractor ? If yes, Indicate w of government the contract is with:		or branches	Yes No ative		ntributor a lobbyist pendent child of a		Aggregate contribution \$50.00	

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Last Name Rodriguez	First Ana	MI I	Method of Cont Cash	ribution	Contribution ID # 031	Amount of
Residential Street Address 129 Marina Village Bldg 20	City		State Connecticut	Zip Code 06604	Date Received 5/12/2008	Contribution \$5.00
Principal Occupation Retired	Name of Employer None			ution associated rent listed in Sec nt #		
Is contributor a principal of state costate contractor? If yes, Indicate w of government the contract is with:		1No c	s contributor a lobbyist, or dependent child of a	• Ш	Aggregate contribution \$5.00	
Last Name Rivera	First Angel	MI	Method of Cont Cash	ribution	Contribution ID # 032	Amount of
Residential Street Address 113 Marina Village Build 11	City 113 Bridgeport		State Connecticut	Zip Code 06604	Date Received 5/12/2008	Contribution \$5.00
Principal Occupation Medic	Name of Employer Army		Is this contribution fundraising even figures, list Even			
Is contributor a principal of state co state contractor ? If yes, Indicate w of government the contract is with:	entractor or perspective hich branch or branches Executive Legislar	2No d	s contributor a lobbyist, or dependent child of a		Aggregate contribution \$5.00	
Last Name Trotto	First Garth	MI H	Method of Cont	tribution	Contribution ID #	Amount of
Residential Street Address 50 Wordin Ave	City Bridgeport		State Connecticut	Zip Code 06605	Date Received 5/12/2008	Contribution \$10.00
Principal Occupation Disabled	Name of Employer None			ution associated vent listed in Sec ent #		
Is contributor a principal of state co state contractor ? If yes, Indicate w of government the contract is with:	hich branch or branches	₹ _{No} ⟨	s contributor a lobbyist or dependent child of a		Aggregate contribution \$10.00	
					Tota	1 # 200

Tuesday, July 01, 2008

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Last Name	First		МІ	Method of Cont	tribution	Contribution ID #	
Sanchez Residential Street Address	Mariano City			Cash State	Zip Code	034 Date Received	Amount of Contribution
Marina Village Bldg 20 12	1 -	Bridgeport		Connecticut	06604	5/12/2008	\$5.00
Principal Occupation Retired	Name o None	of Employer			ution associated vent listed in Sec nt#		
Is contributor a principal of state co state contractor ? If yes, Indicate w of government the contract is with:			Yes No ative	Is contributor a lobbyist, or dependent child of a	L.J	Aggregate contribution \$5.00	
Last Name Robles	First Mitchell		МІ	Method of Cont Cash	tribution	Contribution ID # 035	Amount of
Residential Street Address 993 State Street	City	Bridgeport		State Connecticut	Zip Code 06605	Date Received 5/12/2008	Contribution \$5.00
Principal Occupation Sheriff		of Employer onsultant		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			
Is contributor a principal of state co state contractor ? If yes, Indicate w of government the contract is with:			Yes No ative	Is contributor a lobbyist or dependent child of a		Aggregate contribution \$5.00	
Last Name Rivera	First Robby		MI	Method of Cont	tribution	Contribution ID #	A
Residential Street Address	City	 	<u> </u>	State	Zip Code	Date Received	Amount of Contribution
147 Marina Village Bldg 20	1 7	Bridgeport		Connecticut	06604	5/12/2008	\$5.00
Principal Occupation Student	Name o None	of Employer		ì	ution associated vent listed in Sec ent#		
Is contributor a principal of state co state contractor ? If yes, Indicate w of government the contract is with:			Yes No ative	Is contributor a lobbyist or dependent child of a		Aggregate contribution \$5.00	
					7	otal.	\$ 15:00

Tuesday, July 01, 2008

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Last Name	First		ΛI	Method of Cont	ribution	Contribution ID#	
Cooper	Sonjinetta			Cash		037	Amount of
Residential Street Address	City		Sta		Zip Code	Date Received	Contribution
210 Washington Ave	Brio	dgeport		Connecticut	06604	5/12/2008	\$25.00
Principal Occupation Retired	Name of Em None	ployer			ution associated vent listed in Sec nt#		
Is contributor a principal of state co state contractor ? If yes, Indicate w of government the contract is with:	• •	<u> </u>	or de	ntributor a lobbyist pendent child of a	spouse, Yes	Aggregate contribution \$25.00	
Last Name Perez	First Yvette	"	MI	Method of Cont Cash	tribution	Contribution ID # 038	Amount of
Residential Street Address 285 Norman Street	City Brid	dgeport	Sta	te Connecticut	Zip Code 06605	Date Received 5/12/2008	Contribution \$5.00
Principal Occupation Nome	Name of Em unemploy				ution associated vent listed in Sec ont#		
Is contributor a principal of state co state contractor ? If yes, Indicate w of government the contract is with:			or de	ntributor a lobbyist pendent child of a	, spouse, Yes lobbyist?	Aggregate contribution \$5.00	
Last Name Molina	First Olga	1	MI	Method of Con Cash	tribution	Contribution ID # 039	Amount of
Residential Street Address 1001 State Street	City Bri	dgeport	Sta	te Connecticut	Zip Code 06605	Date Received 5/13/2008	Contribution \$10.00
Principal Occupation Disabled	Name of En None	nployer			ution associated vent listed in Sec ent#		
Is contributor a principal of state co state contractor ? If yes, Indicate w of government the contract is with:			No or de	ntributor a lobbyist pendent child of a	, spouse, Yes	Aggregate contribution \$10.00	

total \$4000

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								2.7.4
Last Name	Fir	st	МІ		Method of Cont	ribution	Contribution ID #	
Lucas	Ag	nes	S		Check		040	Amount of
Residential Street Address		City		Sta	te	Zip Code	Date Received	Contribution
32 Riverview Dr.		Bridgeport			Connecticut	06606	5/15/2008	\$100.00
Principal Occupation Retired		Name of Employer None				ution associated vent listed in Sec nt#		
Is contributor a principal of state co state contractor? If yes, Indicate w of government the contract is with:	hich t		Yes No ative		ntributor a lobbyist, pendent child of a l	· L	Aggregate contribution \$100.00	
Last Name Edwards	Fir Be	st rryl	МІ		Method of Cont Cash	ribution	Contribution ID # 041	Amount of
Residential Street Address 315 Poplar Street		City Bridgeport		Sta	te Connecticut	Zip Code 06605	Date Received 5/15/2008	Contribution \$5.00
Principal Occupation Disabled		Name of Employer None	i iuliulaisiliu evelit ii			ent listed in Sec		
Is contributor a principal of state co state contractor ? If yes, Indicate w of government the contract is with:	hich t		Yes No ative		ntributor a lobbyist, pendent child of a	لسا	Aggregate contribution \$5.00	
Last Name Vazquez	Fir No	st orma	MI		Method of Cont Cash	tribution	Contribution ID # 042	Amount of
Residential Street Address 125 Ridgefield Avenue		City Bridgeport		Sta	te Connecticut	Zip Code 06610	Date Received 5/15/2008	Contribution \$5.00
Principal Occupation Resident Life Coordinator		Name of Employer BHA				ution associated vent listed in Sec ent#		
Is contributor a principal of state co state contractor ? If yes, Indicate w of government the contract is with:	hich I		Yes No ative		ntributor a lobbyist, pendent child of a		Aggregate contribution \$5.00	

total \$ 110 00

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Last Name	Fire	st	МІ		Method of Cont	ribution	Contribution ID #	
Huestus	Pa	ula			Cash		043	Amount of
Residential Street Address		City		Sta	1	Zip Code 06604	Date Received 5/15/2008	\$10.00
195 Lewis St		Bridgeport	l	<u> </u>	Connecticut	00004	5/15/2006	- #10.00
Principal Occupation Accounts Payable Clerk		Name of Employer Self Employed				ution associated rent listed in Sec nt#		
Is contributor a principal of state co state contractor? If yes, Indicate w of government the contract is with:	hich b		Yes QNo ative		ntributor a lobbyist, pendent child of a		Aggregate contribution \$10.00	
Last Name Murray	Fir Yı	st Isef	MI		Method of Cont	ribution	Contribution ID # 044	Amount of
Residential Street Address	L	City	1	Sta	ite	Zip Code	Date Received	Contribution
134 Iranistan Avenue		Bridgeport		<u> </u>	Connecticut	06604	5/15/2008	\$5.00
Principal Occupation Disabled		Name of Employer None				ution associated vent listed in Sec int#		
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches or dependent child of a lobbyist? No Aggregate contribution of government the contract is with: Executive								
Last Name Maldonado	Fir Ar		МІ		Method of Conf	tribution	Contribution ID #	Amount of
Residential Street Address	<u>' ' '</u>	City		Sta		Zip Code	Date Received	Contribution
376 East Washington Ave (127	1			Connecticut	06608	5/16/2008	\$25.00
Principal Occupation Retired		Name of Employer None				ution associated vent listed in Sec ent #		
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: Executive Legislative Legislative								

Total \$ 4000

Look Name	F:	1 441	Matheway 100	tuile . Ai e e	0	
Last Name Salzman	First Beverly	MI	Method of Cont	tribution	Contribution ID # 046	Amount of
Residential Street Address	City	ı	State	Zip Code	Date Received	Contribution
54 Riverview Dr.	Bridgeport		Connecticut	06606	5/16/2008	\$25.00
Principal Occupation College Professor	Name of Employer State of CT		T .	ution associated vent listed in Secont # 05290	with a XYes ction J1?	
Is contributor a principal of state constate contractor? If yes, Indicate who of government the contract is with:	hich branch or branches	☐ Yes No slative	Is contributor a lobbyist, or dependent child of a	· —	Aggregate contribution \$25.00	
Last Name Rosario	First Christopher	MI	Method of Cont Cash	tribution	Contribution ID # 047	Amount of
Residential Street Address 335 Wells Street 24	City Bridgeport		State Connecticut	Zip Code 06606	Date Received 5/16/2008	Contribution \$40.00
Principal Occupation Constituent Services	Name of Employer City of Bridgeport	:	Is this contribution fundraising eventures and the second			
Is contributor a principal of state costate contractor? If yes, Indicate who f government the contract is with:	hich branch or branches	☐ Yes No No slative	Is contributor a lobbyist, or dependent child of a	· ш	Aggregate contribution \$40.00	
Last Name Scott	First Daphine	МІ	Method of Cont	tribution	Contribution ID #	Amount of
Residential Street Address 376 East Washington Ave C	City 3115 Bridgeport		State Connecticut	Zip Code 06608	Date Received 5/16/2008	Contribution \$25.00
Principal Occupation Retired	Name of Employer None	Name of Employer Is this contribution associated with fundraising event listed in Section				
Is contributor a principal of state co state contractor? If yes, Indicate wl of government the contract is with:	hich branch or branches	☐ Yes No Slative	Is contributor a lobbyist, or dependent child of a	L	Aggregate contribution \$25.00	
					Total	\$ 9000

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Last Name	First Katharina	МІ	Method of Cont	tribution	Contribution ID #	A	
Rosario	Katherine		Cash	<u> </u>	049	Amount of	
Residential Street Address 335 Wells Street 24	City Bridgepor	t	State Connecticut	Zip Code 06606	Date Received 5/16/2008	\$10.00	
Principal Occupation Exec. Assistant	Name of Employer Alpha Comm. Se	Name of Employer Alpha Comm. Services		Is this contribution associated with a Yes fundraising event listed in Section J1? If yes, list Event#			
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: Executive Legislative Legislative Legislative Legislative State contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No Aggregate contribution \$10.00							
Last Name Berrios	First Steven	MI	Method of Cont Cash	tribution	Contribution ID # 050	Amount of	
Residential Street Address 547 Brooks St	City Bridgepor	t	State Connecticut	Zip Code 06608	Date Received 5/16/2008	Contribution \$5.00	
Principal Occupation Student	Name of Employer None		Is this contrib fundraising ev If yes, list Eve				
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: Secontributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No \$5.00							
Last Name Ayala	First Albert	Mi J	Method of Con Cash	tribution	Contribution ID # 051	· 1	
Residential Street Address 773 Kossuth Street	City Bridgepor	t	State Connecticut	Zip Code 06608	Date Received 5/17/2008	Contribution \$5.00	
Principal Occupation Manager	Name of Employer Ti Inc			Is this contribution associated with a Yes fundraising event listed in Section J1? If yes, list Event#			
Is contributor a principal of state co state contractor ? If yes, Indicate w of government the contract is with:		Is contributor a lobbyist or dependent child of a		Aggregate contribution \$5.00			
					15Ful	\$ 2000	

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Last Name Vargas	First Carmen	MI R	Method of Conf	ribution	Contribution ID # 052	Amount of
Residential Street Address 108 Stillman Street	City		State Connecticut	Zip Code 06608	Date Received 5/17/2008	Contribution \$5.00
Principal Occupation Labor	Name of Employe Self	Name of Employer Self		Is this contribution associated v fundraising event listed in Secti If yes, list Event#		
Is contributor a principal of state co state contractor ? If yes, Indicate w of government the contract is with:	hich branch or branches	Yes No egislative	Is contributor a lobbyist or dependent child of a		Aggregate contribution \$5.00	
Last Name Walker	First Janet	Mi C	Method of Cont Cash	tribution	Contribution ID # 053	Amount of
Residential Street Address 376 East Washington Av	City e Bridgep	ort	State Connecticut	Zip Code 06608	Date Received 5/17/2008	Contribution \$20.00
Principal Occupation Retired	Name of Employe None	er		ution associated vent listed in Sec int#		
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: Executive Legislative Legislative Legislative Legislative Scontributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No Aggregate contribution \$20.00						
Last Name Santiago	First Martha	МІ	Method of Con	tribution	Contribution ID #	Amount of
Residential Street Address 410 Kent Avenue	City	ort	State Connecticut	Zip Code 06610	Date Received 5/17/2008	Contribution \$5.00
Principal Occupation Elderly Services	Name of Employe	Name of Employer City of Bridgeport		Is this contribution associated fundraising event listed in Sec If yes, list Event#		V 0.00
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: Executive Legislative Legislative Legislative Legislative Scontributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No No No No No No No N						
					total \$	3000

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							10 Table 10
Last Name	Fire		MI	1	Method of Contribution		
Boucher	Pa	ul		Check		055	Amount of
Residential Street Address		City		State Connecticut	Zip Code	Date Received	Contribution \$50.00
37 Forest Court		Bridgeport	Bridgeport		06604	5/17/2008	- \$50.00
Principal Occupation Zoning Officer		Name of Employer City Of Bridgeport			Is this contribution associated fundraising event listed in Sec If yes, list Event# 052908		
Is contributor a principal of state co state contractor? If yes, Indicate w of government the contract is with:	hich t		Yes No ative	Is contributor a lobbyist or dependent child of a	· L	Aggregate contribution \$50.00	
Last Name Gomes	Fir Ed	st Iwin	MI A	Method of Con Cash	tribution	Contribution ID # 056	Amount of
Residential Street Address 243 Soundview Avenue		City Bridgeport		State Connecticut	Zip Code 06606	Date Received 5/19/2008	Contribution \$40.00
Principal Occupation Senator		Name of Employer State of Connecticu	ut	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # 1529 of 4 No			
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: Executive Legislative				Is contributor a lobbyist or dependent child of a		Aggregate contribution \$40.00	
Last Name Ford	Fir	st alph	MI R	Method of Cor Check	tribution	Contribution ID # 057	Amount of
Residential Street Address		City	·	State	Zip Code	Date Received	Contribution
410 Mill Hill Avenue		Bridgeport		Connecticut	06610	5/19/2008	\$25.00
Principal Occupation Psychologist		Name of Employer Self		fundraising e	oution associated vent listed in Secent # \$\int 5290	ction J1?	
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: Executive Legislative State contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No Aggregate contribution \$25.00							

total \$11500

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Last Name Keeley	Fire		МІ	Method Cash	of Cont	ribution	Contribution ID # 058	Amount of
Residential Street Address 2156 Park Avenue		City Bridgeport		State Connec	ticut	Zip Code 06604	Date Received 5/20/2008	Contribution \$5.00
Principal Occupation Legislator		Name of Employer State of CT			ing ev	ution associated vent listed in Sec int #		
Is contributor a principal of state co state contractor ? If yes, Indicate w of government the contract is with:	hich t		Yes No ative	Is contributor a l	•	, spouse, Yes	Aggregate contribution \$5.00	
Last Name King	Fir Cy	st Inthia	МІ	Method Cash	of Con	tribution	Contribution ID # 059	Amount of
Residential Street Address 40 Soundview Avenue		City Bridgeport		State Connec	ticut	Zip Code 06606	Date Received 5/20/2008	Contribution \$5.00
Principal Occupation Social Worker		Name of Employer State of CT	• •		Is this contribution associated with a [fundraising event listed in Section J1? If yes, list Event#			
Is contributor a principal of state co state contractor ? If yes, Indicate w of government the contract is with:	hich I		Yes No ative	Is contributor a	-	, spouse, Yes lobbyist? No	Aggregate contribution \$5.00	
Last Name Picolello	Fir Da	st aniel	MI L	Method Cash	of Con	tribution	Contribution ID # 060	Amount of
Residential Street Address 193 Hawley Street		City Bridgeport		State Connec	cticut	Zip Code 06606	Date Received 5/20/2008	Contribution \$20.00
Principal Occupation Retired		Name of Employer None		fundrai	sing e	oution associated vent listed in Section 1999 (1999) and the section 1999 (1999) are section 1999 (199	ction J1?	
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: Security Secu								

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Last Name Scinto	Fir		МІ		Method of Contribution		Contribution ID #	
Residential Street Address	De	enise City		Sta	Check State Zip Code		061	Amount of Contribution
2641 Madison Ave		Bridgeport		Sie	Connecticut	Zip Code 06606	Date Received 5/20/2008	\$20.00
Principal Occupation Code Inforcement		Name of Employer City Bpt	Name of Employer		Is this contribution associated with a fundraising event listed in Section J1 If yes, list Event # 052908A		tion J1?	
Is contributor a principal of state constate contractor ? If yes, Indicate who of government the contract is with:	hich t		Yes No ative		ntributor a lobbyist, pendent child of a	· <u></u>	Aggregate contribution \$20.00	
Last Name Guman	Fir Do	st Prothy	MI A		Method of Cont Cash	ribution	Contribution ID # 062	Amount of
Residential Street Address 133 Hickory St		City Bridgeport		Sta	te Connecticut	Zip Code 06610	Date Received 5/20/2008	Contribution \$5.00
Principal Occupation Nurse		Name of Employer Self Employed	Name of Employer		Is this contribution associated with a fundraising event listed in Section J13 If yes, list Event # 052908A			•
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: Executive								
Last Name Reinoso	Fin Fe	st lipe	MI	·	Method of Cont	ribution	Contribution ID # 063	Amount of
Residential Street Address 225 Golden Hill Street		City Bridgeport		Sta	te Connecticut	Zip Code 06604	Date Received 5/20/2008	Contribution \$10.00
Principal Occupation Retired		Name of Employer State of CT				ution associated rent listed in Sec nt # #		
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: Secontributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No Aggregate contribution								

18tal \$ 3500

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Last Name	First	мі	Method of Cont	ribution	Contribution ID #	
Moran	James	""	Cash	and didn't	064	Amount of
Residential Street Address	City	1	State	Zip Code	Date Received	Contribution
73 Burnham Street	Bridgeport		Connecticut	06604	5/20/2008	\$5.00
Principal Occupation Retired	Name of Employer None			ution associated rent listed in Sec nt#		
Is contributor a principal of state co state contractor ? If yes, Indicate w of government the contract is with:	hich branch or branches	Yes No slative	Is contributor a lobbyist, or dependent child of a		Aggregate contribution \$5.00	
Last Name Mercado	First Lydia	МІ	Method of Cont Check	ribution	Contribution ID # 065	Amount of
Residential Street Address 140 Yale Street 16	City Bridgeport		State Connecticut	Zip Code 06605	Date Received 5/20/2008	Contribution \$50.00
Principal Occupation Retired	Name of Employer None		Is this contribution associated with a Yes fundraising event listed in Section J1? If yes, list Event#			1000
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: Executive						
Last Name Lantacroce	First Marilyn	MI	Method of Cont	ribution	Contribution ID # 066	Amount of
Residential Street Address 650 Jewett Avenue	City Bridgeport		State Connecticut	Zip Code 06606	Date Received 5/20/2008	Contribution \$5.00
Principal Occupation Operator	Name of Employer City Bridgeport			ution associated vent listed in Sec ont #		
Is contributor a principal of state co state contractor ? If yes, Indicate w of government the contract is with:	rhich branch or branches	Yes No slative	Is contributor a lobbyist, or dependent child of a		Aggregate contribution \$5.00	
					total s	11000

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A. M. C.								\$14.75
Last Name	Fire	= =	МІ		Method of Contribution		Contribution ID #	
Curwen Sr	Ro	bert	Р		Cash		067	Amount of
Residential Street Address		City		Sta	· ·	Zip Code	Date Received	Contribution \$5.00
119 Graystone Rd		Bridgeport		<u> </u>	Connecticut	06610	5/20/2008	_ \$5.00
Principal Occupation Retired		Name of Employer None		į		ution associated vent listed in Sec nt#		
Is contributor a principal of state co state contractor ? If yes, Indicate w of government the contract is with:	hich b		Yes No ative		ntributor a lobbyist, pendent child of a	' Ш	Aggregate contribution \$5.00	
Last Name Rodriquez	Fin	st berto	МІ		Method of Cont Cash	tribution	Contribution ID # 068	Amount of
Residential Street Address 3360 East Main		City Bridgeport		Sta	ite Connecticut	Zip Code 06610	Date Received 5/20/2008	Contribution \$5.00
Principal Occupation Retired		Name of Employer None	Name of Employer		Is this contribution associated fundraising event listed in Sec If yes, list Event#			
At the production O. If you building to which because our brownings.					ntributor a lobbyist		Aggregate contribution \$5.00	
Last Name Herring	Fir	st osa	MI		Method of Con Check	tribution	Contribution ID # 069	Amount of
Residential Street Address 51 George Street		City Bridgeport		Sta	ate Connecticut	Zip Code 06604	Date Received 5/20/2008	Contribution \$5.00
Principal Occupation Dir. Bus. Development		Name of Employer Execunet				ution associated vent listed in Sec ent#		
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: Executive Legislative Legislative								

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RELEASE OF THE STATE OF THE STA						1000 100 100 100 100 100 100 100 100 10
Last Name	First	МІ	Method of Con	tribution	Contribution ID #	
Salcedo	Sylvester	<u> L</u>	Cash		070	Amount of
Residential Street Address	City		State	Zip Code	Date Received	Contribution
326 East Washington Av	e Bridgeport	:	Connecticut	1 06608	5/20/2008	\$5.00
Principal Occupation Attorney	Name of Employer Self Employed			ution associated vent listed in Sec ent#		
Is contributor a principal of state co state contractor ? If yes, Indicate w of government the contract is with:	which branch or branches	Yes No slative	Is contributor a lobbyist or dependent child of a	· · · ·	Aggregate contribution \$5.00	
Last Name Figueroa	First Yesenia	МІ	Method of Con Check	tribution	Contribution ID # 071	Amount of
Residential Street Address	City		State	Zip Code	Date Received	Contribution
1026 Chosey Hill Rd	Bridgeport	t	Connecticut	06606	5/29/2008	\$25.00
Principal Occupation Office Manager	Name of Employer Exec Mortgage B	Bank		ution associated vent listed in Sec ent#		
Is contributor a principal of state costate contractor? If yes, Indicate wof government the contract is with:	which branch or branches	Yes No	Is contributor a lobbyis		Aggregate contribution \$30.00	
Last Name Ortiz	First Emily	MI	Method of Cor Cash	tribution	Contribution ID # 072	Amount of
Residential Street Address	City		State	Zip Code	Date Received	Contribution
140 Yale Street 16	Bridgepor	t	Connecticut	06605	5/21/2008	\$15.00
Principal Occupation Student	Name of Employer None		· ·	oution associated vent listed in Sec ent#		
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: Executive Legislative Legislative						

total \$ 45.00

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Last Name	Fire	• •	MI		Method of Contribution		Contribution ID #	
Torres	Jo		Α		Cash		073	Amount of
Residential Street Address		City		Sta	te Connecticut	Zip Code	Date Received 5/21/2008	Contribution \$20.00
938 State Street		Bridgeport		1	Connecticut	06604	5/21/2008	φ20.00
Principal Occupation Labor		Name of Employer Jimenez Constructi		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # \$\int 252908A\$ \text{No}\$				
Is contributor a principal of state co state contractor? If yes, Indicate w of government the contract is with:	hich t		Yes No ative		ntributor a lobbyist, pendent child of a	لسبا	Aggregate contribution \$20.00	
Last Name Ortiz	Fir Ma	st aria	MI		Method of Cont Cash	tribution	Contribution ID # 074	Amount of
Residential Street Address 147 Dewey Street		City Bridgeport		Sta	te Connecticut	Zip Code 06605	Date Received 5/27/2008	Contribution \$20.00
Principal Occupation Operator Service Assistan	t	Name of Employer At&T		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # 0529084 No				
I I I I I I I I I I I I I I I I I I I					Aggregate contribution \$20.00			
Last Name McCoy	Fir Pa	st itricia	МІ		Method of Conf Check	tribution	Contribution ID # 075	Amount of
Residential Street Address 144 Court D Bldg 65		City Bridgeport	·*	Sta	te Connecticut	Zip Code 06610	Date Received 5/28/2008	Contribution \$25.00
Principal Occupation Vital Statistics		Name of Employer City of Bridgeport	Is this contribution associated with a Yes fundraising event listed in Section J1? If yes, list Event # 052908A No			ction J1?		
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: Executive								
			_				Total \$	65

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Last Name	First		МІ	1	Method of Cont	ribution	Contribution ID #	
Mitropolsky	Alex				Cash		076	Amount of
Residential Street Address	С	ity		State	e	Zip Code	Date Received	Contribution
66 Burnham Street		Bridgeport	-		Connecticut	06604	5/29/2008	\$75.00
Principal Occupation Construction		Name of Employer Self			fundraising ev	ution associated vent listed in Secont # 05290	tion J1?	
Is contributor a principal of state co state contractor ? If yes, Indicate w of government the contract is with:		ch or branches	₽ _{N°}		tributor a lobbyist endent child of a		Aggregate contribution \$75.00	
Last Name Valeri	First Andre	ew	MI		Method of Cont Check	ribution	Contribution ID # 077	Amount of
Residential Street Address	С	ity		State	е	Zip Code	Date Received	Contribution
410 Davidson Street		Bridgeport			Connecticut	06605	5/29/2008	\$80.00
Principal Occupation Park Rec Forman		Name of Employer City of Bpt			fundraising ev	ution associated vent listed in Second 18 (1997) 1 (1997)	tion J1?	
Is contributor a principal of state co state contractor ? If yes, Indicate w of government the contract is with:	ntractor of hich bran	ch or branches	No No		tributor a lobbyist, endent child of a		Aggregate contribution \$80.00	
Last Name Clemons	First Charle	es	MI D		Method of Cont	ribution	Contribution ID #	Amount of
Residential Street Address		ity	<u> </u>	I		Zip Code	Date Received	Contribution
130 Read St		Bridgeport			Connecticut	06607	5/29/2008	\$50.00
Principal Occupation Legislator		Name of Employer State of CT				ution associated vent listed in Second 19539 0	with a Yes	
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: Executive Legislative State contributor a lobbyist, spouse, or dependent child of a lobbyist? No								

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all terms							
Last Name	First	MI		Method of Con	tribution	Contribution ID #	<u> </u>
Wooten	Dave			Cash		079	Amount of
Residential Street Address	City		Stat	te	Zip Code	Date Received	Contribution
140 Yale Street	Bridgeport			Connecticut	06605	5/29/2008	\$25.00
Principal Occupation Contractor	Name of Employer Self Employed			fundraising ev	ution associated vent listed in Second 1999	ction J1?	
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: Executive							
Last Name Moye	First Denese	МІ		Method of Cont	ribution	Contribution ID #	A
Residential Street Address	City		Stat		Zip Code	Date Received	Amount of Contribution
134 Iranistan Avenue	Bridgeport		Stat	Connecticut	06604	5/29/2008	\$60.00
Principal Occupation Retired	Name of Employer None		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # 0 52908A No				
Is contributor a principal of state costate contractor? If yes, Indicate with government the contract is with:	hich branch or branches	Yes No lative		tributor a lobbyist, pendent child of a	spouse, Yes	Aggregate contribution \$60.00	
Last Name	First	MI		Method of Cont	ribution	Contribution ID #	
Robles	Evelyn			Money Orde	r	081	Amount of
Residential Street Address 993 State Street	City Bridgeport		Stat	e Connecticut	Zip Code 06605	Date Received 5/29/2008	Contribution \$80.00
Principal Occupation Maintenance	Name of Employer State of CT Judici	al Dept		Is this contribution fundraising every list. Every list.	ution associated rent listed in Secont # \$\int_{95990}\$	tion J1?	
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: Executive							

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Last Name	First	! мі	Method of Cont	ribution	Contribution ID #	,
Breland	Grea	'V''	Cash	in button	082	Amount of
Residential Street Address	City		State	Zip Code	Date Received	Contribution
267 Myrtle Avenue	Bridge	eport	Connecticut	06604	5/29/2008	\$75.00
Principal Occupation Administration		Name of Employer University of Bridgeport		Is this contribution associated with a Karaman Yes fundraising event listed in Section J1? If yes, list Event # 052908A No		
Is contributor a principal of state co state contractor ? If yes, Indicate w of government the contract is with:		Yes No Legislative	Is contributor a lobbyist, or dependent child of a	' Ц	Aggregate contribution \$75.00	
Last Name Palacios	First Hiram	МІ	Method of Conf Cash	tribution	Contribution ID # 083	Amount of
Residential Street Address 210 Washington Avenue 4	City 11 Bridge	eport	State Connecticut	Zip Code 06604	Date Received 5/29/2008	Contribution \$5.00
Principal Occupation Labor	Name of Emplo None	yer		ution associated ent listed in Sec nt#		
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: Executive						
Last Name Herron	First Jeanette	МІ	Method of Cont Cash	tribution	Contribution ID #	Amount of
Residential Street Address 2649 Main Street	City Bridge	eport	State Connecticut	Zip Code 06606	Date Received 5/29/2008	Contribution \$20.00
Principal Occupation Library Assistant	Name of Emplo BOE City of	•		ution associated vent listed in Sec ent#		
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: Executive						

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material Total Control	<u></u>					
Last Name	First	MI	Method of Cont	ribution	Contribution ID #	
Gome	Joao	<u> </u>	Check		085	Amount of
Residential Street Address	City		State	Zip Code	Date Received	Contribution
150 Alpine Street	Bridgeport		Connecticut	06610	5/29/2008	\$100.00
Principal Occupation Sales	Name of Employer JG Restaurant Ent		fundraising ev	ution associated rent listed in Secont # 052908	tion J1?	
Is contributor a principal of state co state contractor ? If yes, Indicate w of government the contract is with:		Yes No ative	Is contributor a lobbyist, or dependent child of a		Aggregate contribution \$100.00	
Last Name Dorgan	First Johanna	MI	Method of Cont Check	ribution	Contribution ID # 086	Amount of
Residential Street Address 88 Lance Circle	City Bridgeport		State Connecticut	Zip Code 06606	Date Received 5/29/2008	Contribution \$15.00
Principal Occupation Constituents Serv	Name of Employer City of Bridgeport		Is this contribution fundraising eventure is the second of	ction J1?		
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: Executive						
Last Name Lesnick	First Kaitlin	МІ	Method of Con	tribution	Contribution ID # 087	Amount of
Residential Street Address	City	1	State	Zip Code	Date Received	Contribution
955 Main St 715	Bridgeport		Connecticut	06604	5/29/2008	\$25.00
Principal Occupation Press Secretary	Name of Employer City of Bridgeport			vent listed in Sec		
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: Secutive Secu						
				1	Utol \$	140

Last Name	First	MI	Method of Con	tribution	Contribution ID #		
Retamar	Michelle		Cash		088	Amount of	
Residential Street Address	City		State	Zip Code	Date Received	Contribution	
93 Burnham Street	Bridgeport		Connecticut	06604	5/29/2008	\$50.00	
Principal Occupation Manager	Name of Employer Housing Authority Haven	New	fundraising ev	ution associated vent listed in Sec ent # 0 5290	ction J1?		
Is contributor a principal of state co state contractor ? If yes, Indicate w of government the contract is with:	hich branch or branches	Yes No slative	Is contributor a lobbyist or dependent child of a		Aggregate contribution \$50.00		
Last Name Lyons	First Michelle	MI A.	Method of Con Check	tribution	Contribution ID #	Amount of	
Residential Street Address 91 Jewett	City Bridgeport		State Connecticut	Zip Code 06606	Date Received 5/29/2008	Contribution \$25.00	
Principal Occupation Math Assistant	Name of Employer BOE City of Bridg	eport	Is this contribution associated with a Yes fundraising event listed in Section J1? If yes, list Event # \$\int(15\) \forall 9 \int(18\) \rightarrow \text{No}\$				
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches or dependent child of a lobbyist? No of government the contract is with: Security							
Last Name McCarthy	First Thomas	MI	Method of Con Check	tribution	Contribution ID #	Amount of	
Residential Street Address 135 Harlem Avenue	City Bridgeport		State Connecticut	Zip Code 06606	Date Received 5/29/2008	Contribution \$50.00	
Principal Occupation Labor Relations Director	Name of Employer City of Bridgeport		Is this contrib fundraising e If yes, list Eve	ution associated vent listed in Second # 05290	I with a Yes ction J1?		
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: Security Secu							

Total # 125

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Last Name	First	MI	Method of Cont	ribution	Contribution ID #	
McClain	Tyrone	<u> </u>	Cash		091	Amount of
Residential Street Address	City		State	Zip Code	Date Received	Contribution
110 Olive Street B	New Haven		Connecticut	06511	5/29/2008	\$30.00
Principal Occupation Mayor's Office	Name of Employer City of Bridgeport		fundraising ev	ution associated rent listed in Sec ont # 05290	tion J1?	
Is contributor a principal of state co state contractor ? If yes, Indicate w of government the contract is with:	hich branch or branches	Yes No ative	Is contributor a lobbyist, or dependent child of a	' Ш	Aggregate contribution \$30.00	
Last Name Romero	First Wenceslao	MI A	Method of Cont Cash	ribution	Contribution ID # 092	Amount of
Residential Street Address 955 Main St. 715	City Bridgeport		State Connecticut	Zip Code 06604	Date Received 5/29/2008	Contribution \$25.00
Principal Occupation Graphic Designer	Name of Employer Self		Is this contribe fundraising ev If yes, list Eve			
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: Security Secu						
Last Name Santos	First Gladys	Мі	Method of Cont Cash	tribution	Contribution ID #	Amount of
Residential Street Address 135 Lee Avenue	City Bridgeport		State Connecticut	Zip Code 06606	Date Received 5/30/2008	Contribution \$50.00
Principal Occupation Photo Shop	Name of Employer Walgreen		fundraising ev	ution associated vent listed in Sec ent # 0 5 2 9 0	ction J1?	
Is contributor a principal of state constate contractor? If yes, Indicate wof government the contract is with:	which branch or branches] Yes No No lative	Is contributor a lobbyist or dependent child of a		Aggregate contribution \$50.00	
					Total \$	105

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discrito et la superior de la companya de la compa							
Last Name Hernandez	First Jacqu	eline	MI	Method of Conf	tribution	Contribution ID #	Amount of
Residential Street Address					7:-0-4-		Contribution
56 Gem Avenue		ity Bridgeport		State Connecticut	Zip Code 06606	Date Received 6/1/2008	\$5.00
Principal Occupation Medical Assistant		Name of Employer unemployed			ution associated vent listed in Sec int#		
Is contributor a principal of state co state contractor ? If yes, Indicate w of government the contract is with:	ntractor o hich brand	ch or branches	Yes No ative	Is contributor a lobbyist or dependent child of a	· · L	Aggregate contribution \$5.00	
Last Name Hernandez	First Afortu	ınado	MI	Method of Conf	tribution	Contribution ID # 095	Amount of
Residential Street Address	Ci		<u>'</u>	State	Zip Code	Date Received	Contribution
120 Huntington Turnpike		Bridgeport		Connecticut	06610	6/2/2008	\$5.00
Principal Occupation Maintenance		Name of Employer Bridgeport Housing	J		ution associated /ent listed in Sec int#		
Is contributor a principal of state co state contractor ? If yes, Indicate w of government the contract is with:		ch or branches	Yes 7) No ative	Is contributor a lobbyist or dependent child of a	· · · ·	Aggregate contribution \$5.00	;
Last Name	First		МІ	Method of Cont	tribution	Contribution ID #	
Davila	Benig	no		Cash		096	Amount of
Residential Street Address 179 Lewis Street 10	Ci	ity Bridgeport		State Connecticut	Zip Code 06604	Date Received 6/2/2008	Contribution \$10.00
Principal Occupation Labor		Name of Employer Blue Fish			ution associated vent listed in Sec ent #		
Is contributor a principal of state co state contractor ? If yes, Indicate w of government the contract is with:	ntractor o hich brand	ch or branches \Box	Yes No ative	Is contributor a lobbyist or dependent child of a		Aggregate contribution \$10.00	

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Last Name	First	МІ	Method of Conf	tribution	Contribution ID #	
Fred	Carmen	<u>M</u>	Cash		097	Amount of
Residential Street Address	City		State	Zip Code	Date Received	Contribution
23 Morgan Avenue	Bridgeport		Connecticut	06606	6/2/2008	\$10.00
Principal Occupation Retired	Name of Employer None			ution associated vent listed in Sec nt#		
Is contributor a principal of state constate contractor ? If yes, Indicate when the contract is with:		Yes No ative	ls contributor a lobbyist, or dependent child of a		Aggregate contribution \$10.00	
Last Name Keating	First John	МІ	Method of Cont Cash	ribution	Contribution ID #	Amount of
Residential Street Address 34 Riverview Drive	City Bridgeport		State Connecticut	Zip Code 06606	Date Received 6/2/2008	Contribution \$5.00
Principal Occupation Retired	Name of Employer None			ution associated ent listed in Sec nt#		
Is contributor a principal of state constate contractor ? If yes, Indicate whof government the contract is with:		Yes No ative	Is contributor a lobbyist, or dependent child of a		Aggregate contribution \$5.00	
Last Name Martins	First Susan	MI	Method of Cont	ribution	Contribution ID #	Amount of
Residential Street Address 37 Riverview Drive	City Bridgeport		State Connecticut	Zip Code 06606	Date Received 6/2/2008	Contribution \$10.00
Principal Occupation Graphic Designer	Name of Employer Synapse Group			ution associated ent listed in Sec nt#		
Is contributor a principal of state constate contractor ? If yes, Indicate whof government the contract is with:	ntractor or perspective inich branch or branches	Yes No ative	is contributor a lobbyist, or dependent child of a	· · · 🗀	Aggregate contribution \$10.00	

					Pa	ge 34
Last Name Keating	First Vera	МІ	Method of Cont	ribution	Contribution ID #	Amount
Residential Street Address 34 Riverivew Drive	City Bridgeport		State Connecticut	Zip Code 06606	Date Received 6/2/2008	Contributi \$5.00
Principal Occupation Retired	Name of Employer None			ution associated rent listed in Sec nt#		
s contributor a principal of state cor state contractor ? If yes, Indicate wh of government the contract is with:		Yes No ative	Is contributor a lobbyist, or dependent child of a	· . Ц	Aggregate contribution \$5.00	
Last Name Donahue	First Edward	· ''''		Method of Contribution Cash		Amount
Residential Street Address 8 Riverview Drive	City Bridgeport		State Connecticut	Zip Code 06606	Date Received 6/3/2008	Contributi \$5.00
Principal Occupation Superintendent	Name of Employer Riverview Condom Assoc	ninium		ution associated rent listed in Sec nt#		
s contributor a principal of state contractor ? If yes, Indicate what government the contract is with:	ntractor or perspective inich branch or branches Executive Legisl	Yes No ative	Is contributor a lobbyist, or dependent child of a	L	Aggregate contribution \$5.00	
Last Name	First Alex	MI L	Method of Cont	ribution	Contribution ID #	Amount
Residential Street Address 34 Park Street 2FI	City Bridgeport		State Connecticut	Zip Code 06608	Date Received 6/5/2008	Contributi \$10.0
Principal Occupation Labor	Name of Employer Junk Removal			ution associated rent listed in Sec nt#		

Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist?

JO12 \$20

Aggregate contribution

\$10.00

Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches

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of government the contract is with:

					Pa	ge 35
Last Name Hernandrez	First Daniel	MI	Method of Conf	tribution	Contribution ID #	Amount
Residential Street Address 950 State Street	City Bridgeport	t	State Connecticut	Zip Code 06605	Date Received 6/5/2008	Contribution \$10.00
Principal Occupation Labor	Name of Employer Marcus Enterpris	es		ution associated vent listed in Sec ent#		
Is contributor a principal of state co state contractor ? If yes, Indicate w of government the contract is with:	which branch or branches	Yes No slative	Is contributor a lobbyist or dependent child of a	· · · ·	Aggregate contribution \$10.00	
Last Name Wood	First Adam	МІ	Method of Cont Cash	tribution	Contribution ID #	Amount
Residential Street Address 260 Frane Street	City Rocky Hill		State Connecticut	Zip Code 06067	Date Received 6/6/2008	Contribution \$40.00
Principal Occupation Administrator	Name of Employer City of Bpt			ution associated vent listed in Sec ent#		
Is contributor a principal of state co state contractor ? If yes, Indicate w of government the contract is with:	which branch or branches	Yes No	Is contributor a lobbyist or dependent child of a	· · · Ш	Aggregate contribution \$40.00	
Last Name Borne	First Blaine	МІ	Method of Con	tribution	Contribution ID #	Amount
Residential Street Address Boston Avenue	City Bridgepor	t	State Connecticut	Zip Code 06610	Date Received 6/6/2008	Contribution \$10.00
Principal Occupation Machinest	Name of Employer The Hubble			ution associated vent listed in Sec ent#		

Yes

Legislative

Z No

Is contributor a lobbyist, spouse, \quad Yes

or dependent child of a lobbyist? No

Total \$60

Aggregate contribution

\$10.00

Is contributor a principal of state contractor or perspective

of government the contract is with:

state contractor? If yes, Indicate which branch or branches

Executive

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Last Name	First		MI		Method of Cont	ribution	Contribution ID #	
Wilson	Geo	orge			Cash		106	Amount of
Residential Street Address		City		Sta		Zip Code	Date Received	Contribution
806 Burnsford Avenue		Bridgeport			Connecticut	06606	6/6/2008	\$10.00
Principal Occupation Retired		Name of Employer None				ution associated rent listed in Sec nt#		
Is contributor a principal of state co state contractor? If yes, Indicate w of government the contract is with:	hich br -		No		ntributor a lobbyist, pendent child of a	Щ.	Aggregate contribution \$10.00	
Last Name Ganim	First Pau		МІ	***	Method of Cont Cash	tribution	Contribution ID # 107	Amount of
Residential Street Address 420 Gilman Street		City Bridgeport		Sta	^{te} Connecticut	Zip Code 06605	Date Received 6/7/2008	Contribution \$25.00
Principal Occupation Lawyer		Name of Employer Self				ution associated /ent listed in Sec int#		
Is contributor a principal of state co state contractor ? If yes, Indicate w of government the contract is with:	hich bı		Yes No ative		ntributor a lobbyist		Aggregate contribution \$25.00	
Last Name Rabitor	Firs Pat	•	MI		Method of Con Cash	tribution	Contribution ID # 108	Amount of
Residential Street Address 70 Fremont Street A6		City Bridgeport		Sta	nte Connecticut	Zip Code 06605	Date Received 6/8/2008	Contribution \$5.00
Principal Occupation Babysitter		Name of Employer Westport YMCA				ution associated vent listed in Sed ent#		
Is contributor a principal of state of state contractor? If yes, Indicate vof government the contract is with:	vhich b _] Yes No ative		entributor a lobbyist	t, spouse, Yes lobbyist? No	Aggregate contribution \$5.00	
						TO	tel \$40)

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of some of the sound of the sou								1. 2. 199
Last Name	First		MI	Method of 0	Contr	ibution	Contribution ID #	
Wood	Kerry			Check			109	Amount of
Residential Street Address	City			State		Zip Code	Date Received	Contribution
260 Frane Street		Rocky Hill		Connecticu	ut	06067	6/9/2008	\$50.00
Principal Occupation Marketing		e of Employer terplan			eve	tion associated ent listed in Sec at #		
Is contributor a principal of state co state contractor ? If yes, Indicate w of government the contract is with:		r branches	Yes No ative	Is contributor a lobb or dependent child of			Aggregate contribution \$50.00	
Last Name Lopez	First Ilene		MI	Method of Cash	Contr	ibution	Contribution ID #	Amount of
Residential Street Address	City		1	State	-	Zip Code	Date Received	Contribution
185 Cottage Street		Bridgeport		Connectic	ut	06604	6/10/2008	\$5.00
Principal Occupation Librarian		ne of Employer unteer of Ameri	ca	1	g ev	ution associated ent listed in Sec nt#		
Is contributor a principal of state co state contractor ? If yes, Indicate w of government the contract is with:	hich branch c	r branches	Yes No ative	Is contributor a lobb or dependent child	•		Aggregate contribution \$5.00	
Last Name	First	· · · · · · · · · · · · · · · · · · ·	Мі	Method of	Cont	ribution	Contribution ID #	
Lopez	Maria			Cash			111	Amount of
Residential Street Address 185 Cottage Street	City	Bridgeport		State Connectic	ut	Zip Code 06604	Date Received 6/10/2008	Contribution \$5.00
Principal Occupation Disabled	Nan No	ne of Employer ne			g ev	ution associated ent listed in Sec nt#		
Is contributor a principal of state c state contractor ? If yes, Indicate v of government the contract is with	vhich branch	or branches	Yes No lative	Is contributor a lob or dependent child	•	لبا	Aggregate contribution \$5.00	

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± 3 € 1							
Last Name	First	1	MI	Method of Con	tribution	Contribution ID #	
Lopez	Samuel			Cash		112	Amount o
Residential Street Address 185 Cottage Street	City	onort	8	itate	Zip Code	Date Received	Contribution \$5.00
100 Collage Street	l Bridg	eport	<u> </u>	Connecticut	06604	6/10/2008	\$5.00
Principal Occupation Reired	Name of Empl None	oyer			oution associated vent listed in Sec ent#		
Is contributor a principal of state cor state contractor ? If yes, Indicate whof government the contract is with:			No or	contributor a lobbyis dependent child of a	ш.	Aggregate contribution \$5.00	
Last Name	First		MI	Method of Con	itribution	Contribution ID #	
Carraballo	Braulio			Cash		113	Amount o
Residential Street Address 651 State Street 516	City Bridg	eport	S	tate Connecticut	Zip Code 06604	Date Received 6/12/2008	Contributio
Principal Occupation Truck/Supplies	Name of Empl Marshals	oyer		Is this contribution associated with a Yes fundraising event listed in Section J1? If yes, list Event #			
s contributor a principal of state cor state contractor ? If yes, Indicate wh of government the contract is with:			No or	contributor a lobbyis	Ш.	Aggregate contribution \$5.00	
Last Name McDonald, Sr.	First James		MI M	Method of Con	itribution	Contribution ID #	Amount
Residential Street Address 9 Marsh Way	City Stra	tford	8	tate Connecticut	Zip Code 06614	Date Received 6/12/2008	Contributio \$5.00
Principal Occupation Foreman		Name of Employer M.M. Fence Co.		Is this contrib fundraising e If yes, list Eve			
is contributor a principal of state constate contractor? If yes, Indicate whof government the contract is with:			No or	contributor a lobbyis dependent child of a		Aggregate contribution \$5.00	

Tuesday, July 01, 2008

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Last Name Santiago	First Hiraida	MI	Method of Cont	ribution	Contribution ID #	Amount o
Residential Street Address 114 Lee Avenue	City	anort	State Connecticut	Zip Code 06605	Date Received	Contribution \$10.00
Principal Occupation Assembler	Name of Emplo Norden Grou	yer	Is this contribu	ution associated ent listed in Sec		410.00
Is contributor a principal of state co state contractor ? If yes, Indicate w of government the contract is with:	which branch or branches	Yes No	Is contributor a lobbyist, or dependent child of a	· 🗀	Aggregate contribution \$10.00	
Last Name Cortez	e First Jose		MI Method of Contribution M Cash		Contribution ID #	Amount o
Residential Street Address 6 Warren Court	City	eport	State Connecticut	Zip Code 06604	Date Received 6/12/2008	Contribution \$5.00
Principal Occupation Disabled	Name of Emplo None	yer		ution associated ent listed in Sec ent #		
Is contributor a principal of state costate contractor ? If yes, Indicate w of government the contract is with:	which branch or branches	Yes No	Is contributor a lobbyist, or dependent child of a		Aggregate contribution \$5.00	
Last Name Diaz	First Joseph	MI	Method of Cont Cash	ribution	Contribution ID #	Amount o
Residential Street Address 133 Lee Avenue	City	eport	State Connecticut	Zip Code 06605	Date Received 6/12/2008	Contribution \$10.00
Principal Occupation Delivery Person	Name of Emplo Hood Inc	yer		ution associated ent listed in Sec nt#		
Is contributor a principal of state co state contractor ? If yes, Indicate w of government the contract is with:	vhich branch or branches	Yes	Is contributor a lobbyist, or dependent child of a	· I I/	Aggregate contribution \$10.00	

of government the contract is with:

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Last Name Simeon	First Serge	MI	Method of Contribution Cash		Contribution ID #	Amount of
Residential Street Address 62 Kneen Street	City Shelton	I		Zip Code 06484	Date Received 6/12/2008	Contribution \$15.00
Principal Occupation Nurses Aid	Name of Employer Connecticut Blind		fundraising ev	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event#		
Is contributor a principal of state constate contractor? If yes, Indicate who f government the contract is with:	tractor or perspective ich branch or branches Executive Legisla	Yes No ative	Is contributor a lobbyist, or dependent child of a	· L	Aggregate contribution \$15.00	
Last Name Ranapke	First John	MI	Method of Cont Cash	ribution	Contribution ID # 119	Amount of
Residential Street Address 5 Barry Place	City Trumbull		State Connecticut	Zip Code 06611	Date Received 6/13/2008	Contribution \$5.00
Principal Occupation Clerk	Name of Employer Retired		Is this contribution fundraising eventure of the second se			
Is contributor a principal of state constate contractor? If yes, Indicate who f government the contract is with:		Yes No ative	Is contributor a lobbyist, or dependent child of a		Aggregate contribution \$5.00	
Last Name Falcone	First Nick	MI	Method of Cont Cash	ribution	Contribution ID #	Amount o
Residential Street Address 65 Ameridge Drive	City Bridgeport		State Connecticut	Zip Code 06606	Date Received 6/13/2008	Contribution \$5.00
Principal Occupation Retired	Name of Employer none		Is this contribution fundraising eventures and the second			
Is contributor a principal of state con state contractor ? If yes, Indicate wh of government the contract is with:		Yes No ative	Is contributor a lobbyist, or dependent child of a	' Ш	Aggregate contribution \$5.00	
				- 10h	1 \$ 25	_

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Last Name	Fir	st	MI		Method of Cont	ribution	Contribution ID #	
Flores	Ro	saida			Check		121	Amount of
Residential Street Address 10 Middle Street		City Bridgeport		Sta	te Connecticut	l '		Contribution \$30.00
Principal Occupation Adminstrative Assistant		Name of Employer Trefz Corporation			Is this contribution associated fundraising event listed in Se If yes, list Event#			
Is contributor a principal of state cor state contractor? If yes, Indicate wh of government the contract is with:	nich t		Yes No ative		ntributor a lobbyist, pendent child of a		Aggregate contribution \$30.00	
Last Name Manning	Fir Th	st eresa	sa MI Method of Contribution Cash		ribution	Contribution ID # 122	Amount of	
Residential Street Address 220 Dewey Street		City Bridgeport		Sta	te Connecticut	Zip Code 06605	Date Received 6/13/2008	Contribution \$10.00
Principal Occupation Nurse		Name of Employer St. Vincent Special	<u> </u>		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event#			
Is contributor a principal of state constate contractor ? If yes, Indicate who f government the contract is with:	hich I		Yes No ative		ntributor a lobbyist pendent child of a	لسا	Aggregate contribution \$10.00	
Last Name Cavaliere	Fir Va	st alentino	МІ		Method of Cont Cash	tribution	Contribution ID # 123	Amount of
Residential Street Address 2340 North Avenue		City Bridgeport	•	Sta	te Connecticut	Zip Code 06604	Date Received 6/13/2008	Contribution \$5.00
Principal Occupation Retired		Name of Employer None				ution associated vent listed in Sec ent #		
	Is contributor a principal of state contractor or perspective State contractor? If yes, Indicate which branch or branches No or dependent child of a lobbyist?							

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Last Name	First	MI	Method of Cont	Method of Contribution			
Adorno	Antonio		Cash	Cash		Amount of	
Residential Street Address	City		State	Zip Code	Date Received	Contribution	
172 Dewey Street	Bridgeport	<u> </u>	Connecticut	06604	6/14/2008	\$10.00	
Principal Occupation Retired	Name of Employer none		fundraising ev	Is this contribution associated with a Yes fundraising event listed in Section J1? If yes, list Event#			
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: Security Secu							
Last Name Vasquez	First Juanita	MI	Method of Con Cash	tribution	Contribution ID # 125	Amount of	
Residential Street Address 376 East Washington Ave A	City A116 Bridgeport		State Connecticut	Zip Code 06608	Date Received 6/14/2008	\$20.00	
Principal Occupation Retired	Name of Employer None			ution associated vent listed in Sec ent#			
Is contributor a principal of state co state contractor ? If yes, Indicate w of government the contract is with:	which branch or branches	Yes No	Is contributor a lobbyist or dependent child of a	· —	Aggregate contribution \$20.00		
Last Name Vargas	First Alessandra	MI	Method of Con Cash	itribution	Contribution ID # 126	Amount of	
Residential Street Address 141 Savoy Street	City Bridgeport		State Connecticut	Zip Code 06606	Date Received 6/15/2008	Contribution \$25.00	
Principal Occupation Medical Assistant	Name of Employer Footcare Associa	tes		oution associated vent listed in Sec ent#			
Is contributor a principal of state c state contractor ? If yes, Indicate of of government the contract is with	which branch or branches	Yes No slative	Is contributor a lobbyis or dependent child of a		Aggregate contribution \$25.00		

JOIa1 \$55

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	First	МІ	Method of Contr	ribution		Amount o
Residential Street Address 554 Stillman Street B	City Bridgeport	Bridgeport		Zip Code 06608	Date Received 6/15/2008	Contribution \$25.00
Principal Occupation CNA	Name of Employer Personilized Home	Care	fundraising ev	Is this contribution associated v fundraising event listed in Secti If yes, list Event#		
Is contributor a principal of state contr state contractor ? If yes, Indicate whic of government the contract is with:	ractor or perspective th branch or branches Executive Legisl	No or	contributor a lobbyist, dependent child of a	·	Aggregate contribution \$25.00	
240(114,110	First Juan	MI E	Method of Cont Cash	ribution	Contribution ID # 128	Amount
Residential Street Address 141 Savoy Street	City Bridgeport		State Connecticut	Zip Code 06606	Date Received 6/15/2008	Contribution \$25.00
Principal Occupation Security Guard	Name of Employer B.O.E. Bridgeport	СТ	Is this contribution associated fundraising event listed in Sec If yes, list Event#			
Is contributor a principal of state cont state contractor ? If yes, Indicate white of government the contract is with:	ch branch or branches	ED NIG	contributor a lobbyist		Aggregate contribution \$25.00	
Last Name Maya	First Marcy	MI	Method of Con Cash	tribution	Contribution ID # 129	Amount
Residential Street Address 220 Funston Avenue	City Bridgeport		State Connecticut	Zip Code 06606	Date Received 6/15/2008	Contribution \$25.0
Principal Occupation Case Manager	Name of Employer FSW			oution associated vent listed in Sec ent#		
Is contributor a principal of state constate contractor ? If yes, Indicate white of government the contract is with:	tractor or perspective cich branch or branches		I s contributor a lobbyis r dependent child of a		Aggregate contribution \$25.00	

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of government the contract is with:

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								· ·	
Last Name	Fin		МІ		Method of Control Cash	ribution	Contribution ID #	A	
Maya Residential Street Address 69 Savoy Street 3FI	IVI	city Bridgeport		Stat		Zip Code 06606	Date Received 6/15/2008	Amount of Contribution \$25.00	
Principal Occupation Receptionist		Name of Employer Dr. Stuart D. Aaron			ution associated rent listed in Sec nt#				
Is contributor a principal of state co state contractor? If yes, Indicate w of government the contract is with:	hich I		Yes No ative		ntributor a lobbyist, pendent child of a l		Aggregate contribution \$25.00		
Last Name Segarra	Fir Mi	t MI agros			Method of Cont	ribution	Contribution ID #	Amount of	
Residential Street Address 197 Hollister Avenue 2F		City Bridgeport	1	Sta		Zip Code 06607	Date Received 6/15/2008	Contribution \$5.00	
Principal Occupation CNA		Name of Employer Self	Name of Employer			Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event#			
Is contributor a principal of state co state contractor ? If yes, Indicate w of government the contract is with:	hich I		Yes No ative		ntributor a lobbyist, pendent child of a		Aggregate contribution \$5.00		
Last Name Acevedo	Fir Ri	st ufino	Мі		Method of Cont	tribution	Contribution ID #	Amount of	
Residential Street Address 165 Pixlee Place		City Bridgeport		Sta	te Connecticut	Zip Code 06610	Date Received 6/15/2008	Contribution \$5.00	
Principal Occupation Assembler		Name of Employer Uniti			ution associated vent listed in Sec ent #				
Is contributor a principal of state co state contractor ? If yes, Indicate w of government the contract is with:	hich -		Yes No ative		ntributor a lobbyist	```Ш	Aggregate contribution \$5.00		
						Tota	\$3	7	

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	1				1			9 1911
Last Name	Fire		MI		Method of Contribution Cash		Contribution ID # 133	A
Rodriguez	Бе	renice	L					Amount of Contribution
Residential Street Address 1445 Park Avenue		City Bridgeport		Stat	ce Connecticut	Zip Code 06604	Date Received 6/16/2008	\$10.00
1443 Falk Aveilue	<u> </u>	ынадероп		<u> </u>	Connecticut	1 00004	0/10/2008	-
Principal Occupation Beauty Consultant		Name of Employer Victoria Secret	.			ution associated vent listed in Sec nt#		
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: Executive								
Last Name Quiles	Firs Ca	st rmen	МІ	•	Method of Cont Cash	tribution	Contribution ID # 134	Amount of
Residential Street Address 1036 State Street		City Bridgeport		Sta	te Connecticut	Zip Code 06605	Date Received 6/16/2008	Contribution \$5.00
Principal Occupation Labor		Name of Employer Unemployed				ution associated vent listed in Sec int#		
Is contributor a principal of state co state contractor? If yes, Indicate w of government the contract is with:	hich b		Yes No ative		ntributor a lobbyist		Aggregate contribution \$5.00	
Last Name Montanez	Firs Ive	it lisse	МІ		Method of Conf	tribution	Contribution ID # 135	Amount of
Residential Street Address 1445 Park Avenue		City Bridgeport		Sta	te Connecticut	Zip Code 06604	Date Received 6/16/2008	Contribution \$5.00
Principal Occupation Nurses Aide		Name of Employer St. Caneillus				ution associated vent listed in Sec ent #		
	Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches Yes Is contributor a lobbyist, spouse, Yes Aggregate contribution or dependent child of a lobbyist?							

					Pa	ge 46
Last Name	First	MI	Method of Con	tribution	Contribution ID #	
Kelly	Janice	_ A	Cash		136	Amount o
Residential Street Address 1037 Sylvan Avenue	City Bridgepo	rt	State Connecticut	Zip Code 06608	Date Received 6/16/2008	Contribution \$20.00
Principal Occupation Executive Director	Name of Employer Bethel Recover	y Center	I	ution associated vent listed in Sec ent #		
Is contributor a principal of state constate contractor ? If yes, Indicate who f government the contract is with:	hich branch or branches	Yes No	Is contributor a lobbyist or dependent child of a		Aggregate contribution \$20.00	
Last Name Malvasi	First Joseph			Method of Contribution Cash		Amount of
Residential Street Address 11 Regan Circle	City Monroe		State Connecticut			Contribution \$5.00
Principal Occupation Manager	Name of Employer American Linen			ution associated vent listed in Sec ent#		
Is contributor a principal of state corstate contractor? If yes, Indicate who f government the contract is with:	hich branch or branches	Yes No gislative	Is contributor a lobbyist or dependent child of a	ш	Aggregate contribution \$5.00	
Last Name Millet	First Lordes	МІ	Method of Con	tribution	Contribution ID #	<u> </u>
Residential Street Address	City		State	7in Codo	138 Date Received	Amount o
121 Cottage Street	Bridgepo	rt	Connecticut	Zip Code 06605	6/16/2008	\$25.00
Principal Occupation Homemaker	Name of Employer None			ution associated vent listed in Sec ent#		

Yes

Legislative

Is contributor a lobbyist, spouse, \quad Yes

or dependent child of a lobbyist? No

Aggregate contribution

\$25.00

of government the contract is with:

Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches

Executive

					Pag	ge 47
Last Name Rivera	First Maria	МІ	Method of Cont	ribution	Contribution ID # 139	Amount of
Residential Street Address 168 Carnegie Avenue	City Bridgeport			Zip Code 06610	Date Received 6/16/2008	Contribution \$5.00
Principal Occupation Tailor	Name of Employer Yes Cleaners			ution associated rent listed in Sec nt#		
Is contributor a principal of state constate contractor ? If yes, Indicate who f government the contract is with:		QNo o	s contributor a lobbyist, r dependent child of a l		Aggregate contribution \$5.00	
Last Name Alzmbi	First Mathew	MI	Method of Cont Cash	ribution	······································	Amount of
Residential Street Address 965 State Street	City Bridgeport		State Connecticut	Zip Code 06604	Date Received 6/16/2008	Contribution \$5.00
Principal Occupation Manager	Name of Employer Gigante Groceries		Is this contribution associated with a Yes fundraising event listed in Section J1? If yes, list Event#			
Is contributor a principal of state co state contractor ? If yes, Indicate w of government the contract is with:		Z _№ ∘	s contributor a lobbyist, r dependent child of a		Aggregate contribution \$5.00	
Last Name Villanueva	First Gladys	MI	Method of Cont	tribution	Contribution ID #	Amount of
Residential Street Address 515 East Main Street	City Bridgeport		State Connecticut	Zip Code 06608	Date Received 6/17/2008	Contribution \$5.00
Principal Occupation None	Name of Employer Unemployed		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event#			
Is contributor a principal of state co state contractor ? If yes, Indicate w of government the contract is with:		R ^{No} o	s contributor a lobbyist, or dependent child of a		Aggregate contribution \$5.00	

					Pag	ge 48
Last Name	First	МІ	Method of Cont	ribution	Contribution ID # 142	
Romano	John		State	Cash		Amount of Contribution
Residential Street Address 100 Court Drive	City Bridgepor	Bridgeport		Zip Code 06610	Date Received 6/17/2008	\$5.00
Principal Occupation Retired	Name of Employer None			ution associated rent listed in Sec nt#		
Is contributor a principal of state constate contractor ? If yes, Indicate who f government the contract is with:	hich branch or branches	Yes No pislative	Is contributor a lobbyist, or dependent child of a	· 🗀	Aggregate contribution \$5.00	
Last Name	First Lugman	·		ribution	Contribution ID # 143	Amount of
Residential Street Address 64 Denver Avenue	City Bridgepo	rt	State Connecticut	Zip Code 06605	Date Received 6/17/2008	Contribution \$5.00
Principal Occupation Cashier	Name of Employer Green Market		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event#			
Is contributor a principal of state co state contractor ? If yes, Indicate w of government the contract is with:	which branch or branches	Yes No pislative	Is contributor a lobbyist or dependent child of a		Aggregate contribution \$5.00	
Last Name Alicea	First Nashanda	MI	Method of Cont Cash	tribution	Contribution ID #	Amount of
Residential Street Address 90 Olive Street	City Bridgepo	rt	State Connecticut	Zip Code 06605	Date Received 6/17/2008	Contribution \$5.00
Principal Occupation Cashier	Name of Employer JC Penny			ution associated vent listed in Sec ent #		
Is contributor a principal of state constate contractor? If yes, Indicate worf government the contract is with:	which branch or branches	Yes No	Is contributor a lobbyist or dependent child of a		Aggregate contribution \$5.00	

Executive

Legislative

							P	age 49
Last Name Molina	Firs Ale	·	MI		Method of Contr Cash	ribution	Contribution ID # 145	Amount of
Residential Street Address 1007 State Street		City Bridgeport		Stat	tate Zip Code Connecticut 06605		Date Received 6/18/2008	Contribution \$5.00
Principal Occupation Labor		Name of Employer Self employed			Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			
Is contributor a principal of state cor state contractor ? If yes, Indicate wh of government the contract is with:	nich b	or or perspective ranch or branches ccutive Legisla	Yes No ative		ntributor a lobbyist, pendent child of a	السا	Aggregate contribution \$5.00	n
Last Name Santiago	Fire Gla	st adys	MI L		Method of Cont Cash	tribution	Contribution ID # 146	Amount of
Residential Street Address 20 Bassick Avenue		City Bridgeport		Sta	te Connecticut	Zip Code 06605	Date Received 6/18/2008	Contribution \$5.00
Principal Occupation Disabled		Name of Employer None	Name of Employer			Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event#		
Is contributor a principal of state co state contractor ? If yes, Indicate w of government the contract is with:	hich t	or or perspective	Yes No ative		ntributor a lobbyist	لسا	Aggregate contributi	no
Last Name Jones	Fir Ta	st Immy	МІ		Method of Con Cash	tribution	Contribution ID #	Amount of
Residential Street Address 190 Denver Avenue		City Bridgeport		Sta	ate Connecticut	Zip Code 06605	Date Received 6/18/2008	Contribution \$5.00
Principal Occupation Independent Contractor		Name of Employer Exit Realty			Is this contribution associated fundraising event listed in Se If yes, list Event#			
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches or dependent child of a lobbyist? No or dependent child of a lobbyist? No \$5.00							on	
							rotal 5	15/2

							Ра	ge 50
Last Name Reboira	Firs An	rst MI ngela		Method of Contribution Cash		Contribution ID #	Amount of	
Residential Street Address 1018 State Street		City Bridgeport		State	e Connecticut	Zip Code 06606	Date Received 6/19/2008	Contribution \$5.00
Principal Occupation Disabled		Name of Employer None			ution associated vent listed in Sec ent#			
Is contributor a principal of state co state contractor ? If yes, Indicate w of government the contract is with:	hich b	or or perspective ranch or branches cutive Legisla	Yes No ative		ributor a lobbyist, endent child of a	, spouse, Yes lobbyist? No	Aggregate contribution \$5.00	
Last Name Bosco	Firs Da		MI		Method of Cont Check	tribution	Contribution ID # 149	Amount of
Residential Street Address 14 South Iane		City Redding		State	Connecticut	Zip Code 06876	Date Received 6/19/2008	Contribution \$100.00
Principal Occupation Union Rep		Name of Employer SEIU Local 1973		Is this contribution associated with a Yes fundraising event listed in Section J1? If yes, list Event #				
Is contributor a principal of state co state contractor? If yes, Indicate w of government the contract is with:	hich b		Yes No ative		ributor a lobbyist, endent child of a	, spouse, Yes	Aggregate contribution \$100.00	
Last Name Brooks	Firs Ear	-	MI		Method of Cont Cash	tribution	Contribution ID #	Amount of
Residential Street Address 225 Sunny Bank Avenue	;	City Stratford		State	Connecticut	Zip Code 06614	Date Received 6/19/2008	Contribution \$50.00
Principal Occupation Chemist		Name of Employer PSEG				ution associated vent listed in Sec ont #		
Is contributor a principal of state co state contractor ? If yes, Indicate w of government the contract is with:	hich b -		Yes No ative		ributor a lobbyist, endent child of a	spouse, Yes	Aggregate contribution \$50.00	

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\$1.50°						
Last Name	First	мі	Method of Con	tribution	Contribution ID#	
Witawski	Helen		Cash		151	Amount of
Residential Street Address	City		State	Zip Code	Date Received	Contribution
390 Davidson Street	Bridgeport		Connecticut	06605	6/19/2008	\$5.00
Principal Occupation Customer Service	Name of Employer TFS LTD Inc			ution associated vent listed in Sec ent#		
Is contributor a principal of state co state contractor ? If yes, Indicate w of government the contract is with:		₽∾│	Is contributor a lobbyist or dependent child of a		Aggregate contribution \$5.00	
Last Name Cardo	First Miguel	MI	Method of Con Cash	tribution	Contribution ID #	Amount of
Residential Street Address	City		State	Zip Code	Date Received	Contribution
687 Maple Street	Bridgeport		Connecticut	06608	6/19/2008	\$20.00
Principal Occupation Retired	Name of Employer None			ution associated /ent listed in Sec ent #		
Is contributor a principal of state co state contractor? If yes, Indicate w of government the contract is with:		₹ №	Is contributor a lobbyist or dependent child of a		Aggregate contribution \$20.00	
Last Name Ramos	First Bienveindo	MI	Method of Con	tribution	Contribution ID #	Amount of
Residential Street Address	City	<u> </u>	State	Zip Code	Date Received	Contribution
651 State Street	Bridgeport		Connecticut	06605	6/20/2008	\$5.00
Principal Occupation Disabled	Name of Employer None			ution associated vent listed in Sec ent #		
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: Executive						

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Last Name Salva	First Carol	MI	Method of Cont	tribution	Contribution ID #	Amount of
Residential Street Address 366 New England Avenue	City	<u> </u>	State Connecticut	Zip Code 06824	Date Received 6/20/2008	Amount of Contribution \$25.00
Principal Occupation Retired	Name of Employer None		•	ution associated vent listed in Sec ent#		
Is contributor a principal of state constate contractor ? If yes, Indicate who f government the contract is with:	hich branch or branches	Yes No lative	Is contributor a lobbyist, or dependent child of a		Aggregate contribution \$25.00	
Last Name Farrail	First Joanne	MI	Method of Cont Cash	tribution	Contribution ID # 155	Amount of
Residential Street Address 86 Forest Street	City Bridgeport	•	State Connecticut	Zip Code 06604	Date Received 6/22/2008	Contribution \$10.00
Principal Occupation Pres. Upholstery	Name of Employer Sikorsky	i iunuraisinu eveni iisteu in Sec				
Is contributor a principal of state cor state contractor ? If yes, Indicate wh of government the contract is with:		Yes No lative	Is contributor a lobbyist, or dependent child of a		Aggregate contribution \$10.00	
Last Name Gonzales	First Juan	Мі	Method of Conf Cash	tribution	Contribution ID #	Amount of
Residential Street Address 57 Burnham Street	City Bridgeport		State Connecticut	Zip Code 06604	Date Received 6/22/2008	Contribution \$5.00
Principal Occupation Maintainace	Name of Employer The Inn at Lonsho	re	•	ution associated vent listed in Sec ent #		
Is contributor a principal of state constate contractor ? If yes, Indicate whof government the contract is with:	hich branch or branches	Yes No lative	Is contributor a lobbyist or dependent child of a		Aggregate contribution \$5.00	
				To	tal \$ 40	\supset

					Pa	ge 53
						5
Last Name Jackson	First Patrick	МІ	Method of Contribution Cash		Contribution ID # 157	Amount of
Residential Street Address 757 Wood Avenue	City Bridgeport		tate Zip Code Connecticut 06604		Date Received 6/17/2008	Contribution \$5.00
Principal Occupation Student	Name of Employer None			ution associated vent listed in Sec nt#		
Is contributor a principal of state constate contractor ? If yes, Indicate where the contract is with:		₽ No or	contributor a lobbyist, dependent child of a		Aggregate contribution \$5.00	
Last Name McClain	First Franklin	MI	Method of Cont Cash	tribution	Contribution ID # 158	Amount of
Residential Street Address 69 Butler Avenue	City Bridgeport		State Connecticut	Zip Code 06605	Date Received 6/17/2008	Contribution \$10.00
Principal Occupation Labor	Name of Employer Self			ution associated vent listed in Sec ent #		
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: Executive						
Last Name Spear	First Brenda	MI	Method of Con	tribution	Contribution ID # 159	Amount of
Residential Street Address 757 Wood Avenue	City Bridgeport	<u> </u>	State Connecticut	Zip Code 06604	Date Received 6/17/2008	Contribution \$5.00
Principal Occupation Secretary	Name of Employer Key Mitsubishi			ution associated vent listed in Sec ent #		
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: State contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No						

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Last Name	Firs	- · · · · · · · · · · · · · · · · · · ·		Method of Contribution		Contribution ID # [A
Spears	Sha	aguan	- · · · · · · · · · · · · · · · · · · ·		Cash		Amount of Contribution
Residential Street Address	ļ	City		State	Zip Code 06604	Date Received 6/17/2008	\$5.00
757 Wood Avenue		Bridgeport	<u> </u>	Connecticut	00004	0/1//2000	-
Principal Occupation Student		Name of Employer None		,	ution associated vent listed in Sec nt #		
Is contributor a principal of state co state contractor ? If yes, Indicate w of government the contract is with:	hich b	or or perspective ranch or branches cecutive Legisla	Yes No ative	Is contributor a lobbyist or dependent child of a		Aggregate contribution \$5.00	
Last Name Braca	Firs Tin		MI	Method of Con Cash	tribution	Contribution ID #	Amount of
Residential Street Address 49 Balaner Rock Rd		City Shelton		State Connecticut	Zip Code 06468	Date Received 6/19/2008	Contribution \$5.00
Principal Occupation Accountant		Name of Employer City of Bridgeport		Is this contribution associated with a Yes fundraising event listed in Section J1? If yes, list Event#			
Is contributor a principal of state co state contractor ? If yes, Indicate w of government the contract is with:	hich b	or or perspective pranch or branches cecutive Legisl	Yes No ative	Is contributor a lobbyis or dependent child of a		Aggregate contribution \$5.00	
Last Name Chisholm	Fir	st urey	М	Method of Cor Cash	tribution	Contribution ID # 162	Amount of
Residential Street Address 103 Clermont Avenue		City Bridgeport	· · · · · ·	State Connecticut	Zip Code 06610	Date Received 6/19/2008	Contribution \$5.00
Principal Occupation Clerical		Name of Employer City of Bridgeport			oution associated vent listed in Se ent#	\	
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: Security Secu							

					Pag	ge 55
Last Name Combs	First Cathy			Method of Contribution Check		Amount of
Residential Street Address 66 Cedar Crest	City Trumbull		State Connecticut	Zip Code 06611	Date Received 6/19/2008	Contribution \$2.50
Principal Occupation Numeracy Asst	Name of Employer City of Bridgeport			ution associated ent listed in Sec nt#		
Is contributor a principal of state co state contractor ? If yes, Indicate w of government the contract is with:	ntractor or perspective hich branch or branches Executive Legisl	Yes No ative	Is contributor a lobbyist, or dependent child of a		Aggregate contribution \$2.50	
Last Name Combs	First Cathy	MI	Method of Cont Cash	ribution	Contribution ID # 164	Amount of
Residential Street Address 66 Cedar Crest	City Trumbull		State Connecticut	Zip Code 06611	Date Received 6/19/2008	Contribution \$2.50
Principal Occupation Numeracy Asst	Name of Employer City of Bridgeport			ution associated vent listed in Sec int#		
Is contributor a principal of state co state contractor ? If yes, Indicate w of government the contract is with:	which branch or branches	Yes No lative	Is contributor a lobbyist or dependent child of a	LJ	Aggregate contribution \$5.00	
Last Name Cortello	First Dee	MI	Method of Con	tribution	Contribution ID # 165	Amount of
Residential Street Address 198 Queen Avenue	City Bridgeport		State Connecticut	Zip Code 06606	Date Received 6/19/2008	Contribution \$5.00
Principal Occupation Clerical	Name of Employer City of Bridgeport			ution associated vent listed in Sec ent#		
Is contributor a principal of state of state contractor? If yes, Indicate work government the contract is with	which branch or branches	Yes No slative	Is contributor a lobbyis or dependent child of a		Aggregate contribution \$5.00	

Total # 10

							Ра	ge 56
Last Name Dietz	First Ric	t hard	MI		Method of Cont	tribution	Contribution ID #	Amount o
Residential Street Address 125 Porter Hill Rd		City Trumbull		Stat	te Connecticut	Zip Code 06611	Date Received 6/19/2008	Contribution \$20.00
Principal Occupation Mun. Services		Name of Employer City of Bridgeport	i jungraising event listi		ent listed in Sec			
Is contributor a principal of state co state contractor? If yes, Indicate w of government the contract is with:	hich br		Yes No ative		ntributor a lobbyist, pendent child of a l	· L.J	Aggregate contribution \$20.00	
Last Name Geiger	First Jeff		МІ		Method of Cont Check	ribution	Contribution ID #	Amount o
Residential Street Address 222 Dover Street		City Bridgeport		Stat	e Connecticut	Zip Code 06610	Date Received 6/19/2008	Contribution \$5.00
Principal Occupation Student		Name of Employer None				ution associated vent listed in Sec nt #		
Is contributor a principal of state co state contractor ? If yes, Indicate w of government the contract is with:	hich br		Yes No ative		ntributor a lobbyist, pendent child of a l		Aggregate contribution \$5.00	
Last Name Geiger	First Jim	t imie	MI E.		Method of Control Check	ribution	Contribution ID #	Amount o
Residential Street Address 222 Dover Street		City Bridgeport		Stat	e Connecticut	Zip Code 06610	Date Received 6/19/2008	Contribution \$5.00
Principal Occupation Student		Name of Employer None				ution associated rent listed in Sec nt #		-
Is contributor a principal of state co state contractor ? If yes, Indicate wi of government the contract is with:			Yes No		ntributor a lobbyist, bendent child of a I		Aggregate contribution \$5.00	

\$5.00

Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No

Executive

Legislative

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Last Name Geigr, Sr	Firs Jim	t MI			Method of Cont Check	ribution	Contribution ID # 169	Amount of
Residential Street Address 222 Dover Street		City Bridgeport		Stat	connecticut	Zip Code 06610	Date Received 6/19/2008	Contribution \$5.00
Principal Occupation Retired		Name of Employer None				ution associated rent listed in Sec nt#		
Is contributor a principal of state co state contractor ? If yes, Indicate w of government the contract is with:	hich b		Yes No ative		ntributor a lobbyist, pendent child of a		Aggregate contribution \$5.00	
Last Name Geiger	Firs Sha	aron	MI		Method of Cont Check	ribution	Contribution ID # 170	Amount of
Residential Street Address 222 Dover Street		City Bridgeport		Sta	te Connecticut	Zip Code 06610	Date Received 6/19/2008	Contribution \$5.00
Principal Occupation Secretary		Name of Employer Local 1522				ution associated rent listed in Sec nt #		
Is contributor a principal of state co state contractor ? If yes, Indicate w of government the contract is with:	hich b		Yes No ative		ntributor a lobbyist, pendent child of a	· · ·	Aggregate contribution \$5.00	
Last Name Lyons	Firs Mid	chelle	MI A		Method of Cont Check	ribution	Contribution ID #	Amount of
Residential Street Address 91 Jewth Avenue		City Bridgeport		Sta	te Connecticut	Zip Code 06606	Date Received 6/19/2008	Contribution \$5.00
Principal Occupation Math Assistant		Name of Employer Bpt Board of Ed				ution associated vent listed in Sec nt #		
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: State contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No Aggregate contribution \$30.00								

							Pa	ge 58
Last Name	Fir		MI		Method of Cont	tribution	Contribution ID#	
Lyons	Th	omas	Α		Check		172	Amount of
Residential Street Address 91 Jewett Street		City Bridgeport		Stat	e Connecticut	Zip Code 06606	Date Received 6/19/2008	Contribution \$5.00
Principal Occupation Sales		Name of Employer Hummel Brothers		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event#				
Is contributor a principal of state constate contractor? If yes, Indicate who f government the contract is with:	hich I		Yes No ative		tributor a lobbyist, eendent child of a		Aggregate contribution \$10.00	
Last Name Mahoney	Fir Ru	st uth	MI		Method of Contribution Cash		Contribution ID # 173	Amount of
Residential Street Address 125 Porters Hill Rd		City Trumbull		Stat	e Connecticut	Zip Code 06611	Date Received 6/19/2008	Contribution \$5.00
Principal Occupation Retail	:	Name of Employer Marshall's		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event#				
Is contributor a principal of state constate contractor? If yes, Indicate who f government the contract is with:	hich I		Yes No ative		tributor a lobbyist pendent child of a		Aggregate contribution \$5.00	

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Last Name Papastavros	First Marianne		Method of Cont Cash	ribution	Contribution ID # 174	Amount of
Residential Street Address 53 Easton Street	City Bridgeport		State Connecticut	Zip Code 06604	Date Received 6/19/2008	Contribution \$5.00
Principal Occupation Ed Paraprofessional	Name of Employer City of Bridgeport			ution associated ent listed in Sec nt#		
Is contributor a principal of state costate contractor? If yes, Indicate w of government the contract is with:	ntractor or perspective hich branch or branches	$\mathcal{P}_{N^{o}}$	Is contributor a lobbyist, or dependent child of a		Aggregate contribution \$5.00	
			-	otal.	\$15	

					Pag	ge 59
Last Name Pearsoni	First Carla	МІ	Method of Contr	ibution	Contribution ID # 175	Amount of
Residential Street Address 288 TexasAvenue	City Bridgeport	S	State Connecticut	Zip Code 06610	Date Received 6/19/2008	Contribution \$5.00
Principal Occupation Ed Paraprofessional	Name of Employer City of Bridgeport			ition associated ent listed in Sec at #		
Is contributor a principal of state cor state contractor? If yes, Indicate wh of government the contract is with:	ntractor or perspective nich branch or branches	No or	contributor a lobbyist, dependent child of a l		Aggregate contribution \$5.00	
Last Name William	First Mary	МІ	Method of Control Cash	ribution	Contribution ID # 176	Amount of
Residential Street Address 95 Clover Street	City Stratford		State Connecticut	Zip Code 06614	Date Received 6/19/2008	Contribution \$7.00
Principal Occupation Math Paraprofessional	Name of Employer City of Bridgeport		Is this contribution associated with a Yes fundraising event listed in Section J1? If yes, list Event #			
Is contributor a principal of state cor state contractor ? If yes, Indicate wl of government the contract is with:		PNo or	contributor a lobbyist, dependent child of a		Aggregate contribution \$7.00	
Last Name	First Milagros	MI	Method of Cont	ribution	Contribution ID # 177	Amount o
Residential Street Address 180 Holly Street	City Bridgeport		State Connecticut	Zip Code 06607	Date Received 6/20/2008	Contribution \$5.00
Principal Occupation Secretay Treasurer	Name of Employer Local 1522			ution associated rent listed in Sec nt#		
Is contributor a principal of state co state contractor ? If yes, Indicate w of government the contract is with:		P ^{No} or	contributor a lobbyist, dependent child of a	· Ш	Aggregate contribution \$5.00	
				TO	te1 \$17	

Tuesday, July 01, 2008

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Last Name	Firs	st	MI	1	Method of Contr	ribution	Contribution ID#	
Montalvo	An	a	Ĺ,		Cash		178	Amount of
Residential Street Address	ļ	City		State	-	Zip Code	Date Received	\$20.00
103 Dorman Drive		Naugatuck			Connecticut	06770	6/20/2008	. \$20.00
Principal Occupation Sec. PGM Assistant		Name of Employer Bpt Board of Ed				ution associated rent listed in Sec nt#		
Is contributor a principal of state co state contractor ? If yes, Indicate w of government the contract is with:	hich t		Yes No ative		ntributor a lobbyist, pendent child of a	spouse, Yes	Aggregate contribution \$20.00	
Last Name Montalvo	Fir	st cqueline	М		Method of Cont Check	tribution	Contribution ID # 179	Amount of
Residential Street Address		City		Stat	te	Zip Code	Date Received	Contribution
1590 Capitol Avenue		Bridgeport			Connecticut	06604	6/20/2008	\$5.00
Principal Occupation Custumer Serv.		Name of Employer Greenwich Upholstering				ution associated vent listed in Sec ent#		
Is contributor a principal of state co state contractor ? If yes, Indicate w of government the contract is with:	/hich l		Yes No ative		ntributor a lobbyist pendent child of a	, spouse, Yes lobbyist? No	Aggregate contribution \$5.00	
Last Name Reboira	Fir	st ansi	MI		Method of Con Cash	tribution	Contribution ID # 180	Amount of
Residential Street Address		City		Sta	te	Zip Code	Date Received	Contribution
598 Beechwood Avenue	С	Bridgeport			Connecticut	06604	6/20/2008	\$5.00
Principal Occupation Photographer		Name of Employer Picture Me Portrail	t			oution associated vent listed in Sec ent #		
Is contributor a principal of state costate contractor? If yes, Indicate of government the contract is with	vhich		Yes No lative	l	ntributor a lobbyis	الا	Aggregate contribution \$5.00	

un Maria					Pag	ge 61
Last Name Skorupinski	First John	MI	Method of Cont	ribution	Contribution ID #	Amount o
Residential Street Address 80 Pleasant View Avenue	City e Bridgeport		State Connecticut	Zip Code 06606	Date Received 6/20/2008	Contribution \$5.00
Principal Occupation Driver	Name of Employer City of Bridgepor	t	Is this contribution fundraising events of the second seco			
Is contributor a principal of state co state contractor ? If yes, Indicate w of government the contract is with:	which branch or branches	≕ № 1	ls contributor a lobbyist, or dependent child of a	· · ·	Aggregate contribution \$5.00	
Last Name Boucher	First Paul	МІ	Method of Cont	tribution	Contribution ID # 182	Amount
Residential Street Address 37 Forest Court	City Bridgepor	t	State Connecticut	Zip Code 06604	Date Received 5/17/2008	Contribution \$30.0
Principal Occupation Zoning Officer	Name of Employer City Of Bridgepo	rt		ution associated vent listed in Sec ent #		
Is contributor a principal of state co state contractor ? If yes, Indicate w of government the contract is with:	which branch or branches	No.	Is contributor a lobbyist or dependent child of a	ب	Aggregate contribution \$80.00	
Last Name Saez	First Ruben	МІ	Method of Con Cash	tribution	Contribution ID # 183	Amount
Residential Street Address 187 Cottage Street	City Bridgepor	t	State Connecticut	Zip Code 06605	Date Received 6/21/2008	Contributi \$100.0
Principal Occupation Shop	Name of Employer Curtiss Handen			oution associated vent listed in Sec ent#		
Is contributor a principal of state co state contractor ? If yes, Indicate v of government the contract is with	which branch or branches	Yes No	Is contributor a lobbyis or dependent child of a	<u> </u>	Aggregate contribution \$100.00	

Legislative

Executive

						Pa	ge 62
Last Name Wright	First Debra		Мі	Method of Cont	tribution	Contribution ID #	Amount
Residential Street Address 210 Washington Avenue 2	City	Bridgeport		State Connecticut	Zip Code 06604	Date Received 6/21/2008	Contributi
Principal Occupation None	Name Retir	e of Employer red		Is this contribe fundraising ex If yes, list Eve			
Is contributor a principal of state costate contractor ? If yes, Indicate work government the contract is with:		spective branches Legisla	Yes No ative	Is contributor a lobbyist, or dependent child of a		Aggregate contribution \$30.00	
Last Name Banta	First Jack		MI O	Method of Cont	ribution	Contribution ID #	Amount
Residential Street Address 20 Cole street	City	Bridgeport		State Connecticut	Zip Code 06604	Date Received 6/22/2008	Contributi \$5.00
Principal Occupation Electrician	l l	of Employer O North			ution associated rent listed in Sec nt #		
Is contributor a principal of state co state contractor ? If yes, Indicate w of government the contract is with:	hich branch or	spective D	Yes No ative	Is contributor a lobbyist, or dependent child of a		Aggregate contribution \$5.00	
Last Name Jimenez	First Gregory		МІ	Method of Cont	ribution	Contribution ID #	Amount
Residential Street Address 358 Park Street	City	Bridgeport		State Connecticut	Zip Code 06608	Date Received 6/22/2008	Contribution \$30.0
Principal Occupation Labor	Name None	of Employer		Is this contribution fundraising even figures, list Even	ent listed in Sec		
Is contributor a principal of state co state contractor ? If yes, Indicate w of government the contract is with:	hich branch or		Yes No	Is contributor a lobbyist, or dependent child of a	· L	Aggregate contribution \$30.00	

Legislative

							Pa	ge 63
								
Last Name McLain	Firs Ele	t MI anor			Method of Cont Cash	ribution	Contribution ID # 187	Amount of
Residential Street Address 284 Cottage Street		City Bridgeport		Sta	te Connecticut	Zip Code 06605	Date Received 6/24/2008	Contribution \$5.00
Principal Occupation CNA		Name of Employer Towne Agency			Is this contribution associated fundraising event listed in Sec If yes, list Event#			
Is contributor a principal of state constate contractor? If yes, Indicate with of government the contract is with:	hich b		Yes No ative		ntributor a lobbyist, pendent child of a	L	Aggregate contribution \$5.00	
Last Name Mitropolsky	Fir:		МІ		Method of Cont Cash	ribution	Contribution ID # 188	Amount of
Residential Street Address 66 Burnham Street		City Bridgeport		Sta	te Connecticut	Zip Code 06604	Date Received 6/24/2008	Contribution \$20.00
Principal Occupation Construction		Name of Employer Self			Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # 2628084 No			
Is contributor a principal of state co state contractor ? If yes, Indicate w of government the contract is with:	hich t		Yes No ative		ntributor a lobbyist, pendent child of a	, spouse, Yes	Aggregate contribution \$95.00	
Last Name Rivera	Fir Eli	st zabeth	МІ		Method of Cont Cash	tribution	Contribution ID #	Amount of
Residential Street Address 199 Yatch Street		City Bridgeport		Sta	te Connecticut	Zip Code 06605	Date Received 6/24/2008	Contribution \$30.00
Principal Occupation Home Ald		Name of Employer Family Care			Is this contribution associated with a Yes fundraising event listed in Section J1? If yes, list Event#			
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: Security Secu								

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Carrie G								2. fr.
Last Name	Firs	•	МІ		Method of Cont Check	ribution	Contribution ID # 190	Amount of
Salzman Residential Street Address	Ве	verly	L	Sta		Zip Code	Date Received	Amount of Contribution
54 Riverview Dr.		City Bridgeport		Sta	Connecticut	06606	6/24/2008	\$75.00
I STATE OF THE STA	 †	Бладорогс		<u> </u>		, , , , , , , , , , , , , , , , , , , ,		- `
Principal Occupation		Name of Employer		1		ution associated rent listed in Sec		
College Professor		State of CT			If yes, list Eve		,tioi1317	
				-	,		**	
<u> </u>			-					
Is contributor a principal of state co state contractor ? If yes, Indicate w			Yes □ No		ntributor a lobbyist		Aggregate contribution	
of government the contract is with:	,	_		or de	pendent child of a	lobbyist? No	\$100.00	
<u> </u>	J Ex	ecutive Legisla	ative			200		
Last Name	Firs		MI		Method of Cont		Contribution ID #	
Diaz	Jos		<u> </u>	<u> </u>	Money Orde		191	Amount of Contribution
Residential Street Address 135 Lee Avenue		City Bridgeport		Sta	te Connecticut	Zip Code 06605	Date Received 6/25/2008	\$100.00
100 Ecc / Veride	 ¦	- Bridgeport		<u>'</u>				-
Principal Occupation		Name of Employer			Is this contrib	ution associated vent listed in Sed	with a XYes	
Manager		Kal			If yes, list Eve	ent # 2628		
						02600	084	
Is contributor a principal of state co state contractor ? If yes, Indicate w) Yes ⊓No		ntributor a lobbyist	· L	Aggregate contribution	
of government the contract is with:	_	— Salicit of branches	2.00	or de	pendent child of a	lobbyist? 🙀 No	\$100.00	
] Ex	ecutive Legisla	ative	· · · · · · ·			l	
Last Name	Fire		МІ		Method of Con		Contribution ID #	
Diaz	Jo	seph			Money Orde	1	192	Amount of Contribution
Residential Street Address		City		Sta	ite Connecticut	Zip Code 06605	Date Received 6/25/2008	\$100.00
133 Lee Avenue		Bridgeport		<u> 1</u>	Connecticut	1 00003		+ 4100.00
Principal Occupation		Name of Employer				ution associated		
Deliveries		Mulkerin Milk			If yes, list Eve	vent listed in Sec		
					11 y 03, 113t 24	ent# D629	SOSA -	
				•		<u> </u>		1
Is contributor a principal of state co		· · ·	Yes	Is co	ntributor a lobbyis	t, spouse, Yes	American and all the state of t	
state contractor? If yes, Indicate v of government the contract is with:	mich (oranion of branches	₹ ^{No}	or de	ependent child of a	lobbyist? $\overline{\sum}$ No	Aggregate contribution \$100.00	
] E>	recutive Legisl	ative					

Takel \$ 275

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					Pag	ge 65
Last Name	First	MI	Method of Cont	ribution	Contribution ID #	
Diaz	Luis	 	Check			Amount of Contribution
Residential Street Address 133 Lee Avenue	City Bridgeport		State Connecticut	Zip Code 06605	Date Received 6/25/2008	\$100.00
Principal Occupation Manager	Name of Employer US Postal Service	·		ution associated rent listed in Sec nt#		
Is contributor a principal of state co state contractor ? If yes, Indicate w of government the contract is with:	hich branch or branches	Yes No No slative	Is contributor a lobbyist or dependent child of a	ليا	Aggregate contribution \$100.00	
Last Name Santiago	First Eddie	MI	Method of Cont Check	tribution	Contribution ID # 194	Amount of
Residential Street Address 52 Oakville Avenue	City	<u> </u>	State Connecticut	Zip Code 06708	Date Received 6/25/2008	Contribution \$100.00
Principal Occupation Tech Support	Name of Employer Ride Aid Pharmad			Is this contribution associated fundraising event listed in Sec If yes, list Event#		
Is contributor a principal of state co state contractor ? If yes, Indicate w of government the contract is with:	which branch or branches	Yes No slative	Is contributor a lobbyist or dependent child of a		Aggregate contribution \$100.00	
Last Name Vega	First Wilfredo	МІ	Method of Con Money Orde		Contribution ID #	Amount of
Residential Street Address 144 Golden Hill	City		State Connecticut	Zip Code 06604	Date Received 6/25/2008	Contribution \$100.00
Principal Occupation Property Appraiser	Name of Employer City of Bridgepor			oution associated vent listed in Se ent#		

□, Yes No

Legislative

Total Stan

Aggregate contribution

\$100.00

Is contributor a lobbyist, spouse, \ \ Yes

or dependent child of a lobbyist? No

Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with:

Executive

					Pag	ge 66
Last Name	First	MI	Method of Cont	ribution	Contribution ID #	
Concepcion	Ana		Cash			Amount of Contribution
Residential Street Address 63 East Avenue	City Bridger	oort	State Connecticut	Zip Code 06610	Date Received 6/26/2008	\$5.00
Principal Occupation Bus Driver	Name of Employe Bpt Board of E			ution associated vent listed in Sec nt#		'
Is contributor a principal of state co state contractor ? If yes, Indicate w of government the contract is with:	which branch or branches	<u> </u>	ls contributor a lobbyist or dependent child of a		Aggregate contribution \$5.00	
Last Name	First	MI	Method of Con	tribution	Contribution ID #	
Cooper	Bianca	<u> </u>	Cash			Amount of Contribution
Residential Street Address 164 George Street	City Bridger	port	State Connecticut	Zip Code 06604	Date Received 6/26/2008	\$5.00
Principal Occupation Family Literacy	Name of Employ	Name of Employer City od Bridgeport		ution associated vent listed in Sec ent#		
Is contributor a principal of state or state contractor ? If yes, Indicate v of government the contract is with:	which branch or branches	The Na	Is contributor a lobbyist or dependent child of a		Aggregate contribution \$5.00	
Last Name Cortello	First Sam	MI	Method of Con	tribution	Contribution ID #	Amount o
Residential Street Address 198 Queen Street	City	port	State Connecticut	Zip Code 06606	Date Received 6/26/2008	Contribution \$5.00
Principal Occupation Retired	Name of Employ Reired	<u></u>		oution associated vent listed in Sec ent#		
Is contributor a principal of state c state contractor ? If yes, Indicate v of government the contract is with	which branch or branches	Yes No	Is contributor a lobbyis or dependent child of a		Aggregate contribution \$5.00	

Legislative

Total \$15

Executive

					Pag	ge 67
Last Name Jackson	First Rose	МІ	Method of Cont Check	ribution	Contribution ID#	Amount o
Residential Street Address 46 Lee Avenue	City Bridgeport		State Connecticut	Zip Code 06605	Date Received 6/26/2008	Contributio \$100.0
Principal Occupation Nutritionist	Name of Employer City of Bridgeport		Is this contribution associated fundraising event listed in Sec If yes, list Event#			
Is contributor a principal of state constate contractor ? If yes, Indicate who f government the contract is with:	ntractor or perspective hich branch or branches Executive Legisl	Yes No ative	Is contributor a lobbyist, or dependent child of a	· <u></u>	Aggregate contribution \$100.00	
Last Name Ortiz	First Emily	MI	Method of Conf Check	tribution	Contribution ID #	Amount
Residential Street Address 140 Yale Street 16	City Bridgeport		State Connecticut	Zip Code 06605	Date Received 6/26/2008	Contribution \$85.00
Principal Occupation Studemt	Name of Employer None	Name of Employer		Is this contribution associated fundraising event listed in Se If yes, list Event#		
Is contributor a principal of state co state contractor ? If yes, Indicate w of government the contract is with:	intractor or perspective hich branch or branches Legis	Yes No lative	Is contributor a lobbyist or dependent child of a	· · ·	Aggregate contribution \$100.00	
Last Name Torres	First Carmen	MI	Method of Con Check	tribution	Contribution ID # 201	Amount
Residential Street Address 80 Howard Street	City Stratford	•	State Connecticut	Zip Code 06615	Date Received 6/26/2008	Contribution \$100.0
Principal Occupation Social Worker	Name of Employer State of CT			oution associated vent listed in Se ent#		

Yes No

Legislative

-Total \$ 285

Aggregate contribution

\$100.00

Is contributor a lobbyist, spouse, Yes

or dependent child of a lobbyist? No

Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches

Executive

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Last Name	Fire	st	МІ	Method of Cont	ribution	Contribution ID #	
Bachard	Je	anne		Cash		202	Amount of
Residential Street Address		City		State	Zip Code	Date Received	\$5.00
16 Trefoil Court		Fairfield		Connecticut	06825	6/27/2008	- \$5.00
Principal Occupation Driver		Name of Employer City of Bridgeport	_		ution associated vent listed in Sec nt#		
Is contributor a principal of state co state contractor? If yes, Indicate w of government the contract is with:	hich t	or or perspective pranch or branches cecutive Legisla	Yes No ative	Is contributor a lobbyist, or dependent child of a		Aggregate contribution \$5.00	
Last Name Brayledy	Fir Ju	st dy	MI	Method of Cont Cash	tribution	Contribution ID #	Amount of
Residential Street Address		City	A	State	Zip Code	Date Received	Contribution
111 Grand View Avenue)	Bridgeport		Connecticut	06606	6/27/2008	\$5.00
Principal Occupation Driver		Name of Employer City of Bridgepor			ution associated vent listed in Sec ent#		
Is contributor a principal of state constate contractor? If yes, Indicate work of government the contract is with:	/hich -		Yes No ative	Is contributor a lobbyist or dependent child of a		Aggregate contribution \$5.00	
Last Name Colon	Fi	rst nime	MI	Method of Con Cash	tribution	Contribution ID # 204	Amount of
Residential Street Address 4441 Mdison Avenue		City Trumbull	•	State Connecticut	Zip Code 06611	Date Received 6/27/2008	Contribution \$5.00
Principal Occupation Driver		Name of Employer City of Bridgeport			oution associated vent listed in Se ent#		
Is contributor a principal of state of state contractor? If yes, Indicate work of government the contract is with	vhich	branch or branches	Yes No	Is contributor a lobbyis or dependent child of a		Aggregate contribution \$5.00	
				-	otal	\$15	

						Pa	ge 69
Last Name	First	MI		Method of Cont	ribution	Contribution ID #	
Cunningham	Glenn			Cash		205	Amount of
Residential Street Address	City		Stat	е	Zip Code	Date Received	Contribution
557 Artic Street	Bridgepo	ort		Connecticut	06608	6/27/2008	\$5.00
Principal Occupation Driver	Name of Employer City of Bridgepo				ution associated vent listed in Sec nt#		
Is contributor a principal of state co state contractor ? If yes, Indicate w of government the contract is with:	which branch or branches	Yes No egislative		ntributor a lobbyist pendent child of a	, spouse, Yes lobbyist? No	Aggregate contribution \$5.00	
Last Name	First	Mi		Method of Conf	tribution	Contribution ID #	
Febus	Luz			Cash		206	Amount of
Residential Street Address	City		Sta	te	Zip Code	Date Received	Contribution
315 Norman Street	Bridgepo	ort		Connecticut	06605	6/27/2008	\$5.00
Principal Occupation Bus Driver	Name of Employer City ofridgepor				ution associated vent listed in Sec ent #		
Is contributor a principal of state co state contractor ? If yes, Indicate w of government the contract is with:	vhich branch or branches	Yes		ntributor a lobbyist pendent child of a	· · · ·	Aggregate contribution \$5.00	

Executive

City

Executive

First

Mary

Legislative

Bridgeport

Name of Employer

City of Bridgeport

MI

В

Yes

Legislative

Total \$15

Zip Code

Is this contribution associated with a

fundraising event listed in Section J1?

06607

Method of Contribution

Cash

Connecticut

If yes, list Event#

Is contributor a lobbyist, spouse,

or dependent child of a lobbyist? No

State

Contribution ID #

207

Aggregate contribution

\$5.00

Date Received

6/27/2008

Amount of

Contribution

\$5.00

Last Name

Hargrove

Residential Street Address

Principal Occupation

450 Wilmont Avenue

Bus Driver

of government the contract is with:

Is contributor a principal of state contractor or perspective

state contractor? If yes, Indicate which branch or branches

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					11.m.0	
Last Name	First	MI	Method of Cont	ribution	Contribution ID #	,
Huff	Christopher		Cash			Amount of
Residential Street Address	City		State	Zip Code	Date Received	Contribution
69 Gary Street	Bridgeport		Connecticut	06610	6/27/2008	\$5.00
Principal Occupation Driver	Name of Employer City of Bridgeport			ution associated vent listed in Sec nt#		
Is contributor a principal of state co state contractor ? If yes, Indicate w of government the contract is with:	hich branch or branches	Yes No ative	Is contributor a lobbyist, or dependent child of a		Aggregate contribution \$5.00	
Last Name Mattei	First Antonio	МІ	Method of Cont Cash	tribution	Contribution ID # 209	Amount of
Residential Street Address 345 Capital Avenue	City Bridgeport		State Connecticut	Zip Code 06606	Date Received 6/27/2008	Contribution \$5.00
Principal Occupation Driver	Name of Employer City of Bridgeport		Is this contribution associated with aYes fundraising event listed in Section J1? If yes, list Event #No			
Is contributor a principal of state co state contractor ? If yes, Indicate w of government the contract is with:	which branch or branches	Yes No ative	Is contributor a lobbyist or dependent child of a		Aggregate contribution \$5.00	
Last Name Matthews	First Karen	МІ	Method of Con Cash	tribution	Contribution ID # 210	Amount of
Residential Street Address 158 Douglas Street	City Bridgeport		State Connecticut	Zip Code 06606	Date Received 6/27/2008	Contribution \$5.00
Principal Occupation Driver	Name of Employer City of Bridgeport		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			
Is contributor a principal of state constate contractor? If yes, Indicate wof government the contract is with:	which branch or branches	Yes No lative	Is contributor a lobbyist or dependent child of a		Aggregate contribution \$5.00	
				otal	\$15	

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And Andrews							
Last Name	First	[MI	Method of Cont	ribution	Contribution ID #	
McCray	Hardo	rdow O		Cash			Amount of
Residential Street Address	C	ity		State	Zip Code	Date Received	\$5.00
107 Oman Street		Bridgeport		Connecticut	06606	6/27/2008	- \$5.00
Principal Occupation Bus Driver		Name of Employer City of Bridgeport		Is this contribution associated fundraising event listed in Sec If yes, list Event#			
Is contributor a principal of state co state contractor ? If yes, Indicate w of government the contract is with:	Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: Executive						
Last Name Morales	First Maria	<u> </u>	MI T	Method of Cont Check	tribution	Contribution ID # 212	Amount of
Residential Street Address		Sity		State Connecticut	Zip Code 06606	Date Received 6/27/2008	Contribution \$5.00
66 Rita Avenue		Bridgeport	i	Connecticut	1 00000	0/2//2000	-
Principal Occupation Secretary	1	Name of Employer City of Bridgeport		Is this contrib fundraising ev If yes, list Eve			
	Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: Security Secu						
Last Name Perez	First Carm	nen	МІ	Method of Con Cash	tribution	Contribution ID # 213	Amount of
Residential Street Address 88 Kent Avenue	C	Dity Bridgeport		State Connecticut	Zip Code 06610	Date Received 6/27/2008	Contribution \$5.00
Principal Occupation Bus Driver		Name of Employer City of Bridgeport			oution associated vent listed in Sec ent#		
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: Yes State contributor a lobbyist, spouse, Yes Yes							

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Last Name	First	MI	Method of Cont		Contribution ID # 214		
Retamar	Aida	ı		Money Order		Amount of	
Residential Street Address	City		State	Zip Code	Date Received	Contribution	
700 Railroad Avenue	Bridgeport	<u> </u>	Connecticut	06604	6/27/2008	\$100.00	
Principal Occupation Retired	Name of Employer None	ļ		ution associated rent listed in Sec nt#			
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: Security							
Last Name Rivera	First Orlando	MI	Method of Cont Cash	tribution	Contribution ID # 215	Amount of	
Residential Street Address	City		State	Zip Code	Date Received	Contribution	
8 Laurie Place	Waterbury	ļ	Connecticut	06704	6/27/2008	\$5.00	
Principal Occupation Driver	Name of Employer City of Bridgeport			ution associated vent listed in Sec ent#			
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: Security Secu							
Last Name Romero	First Juan	MI J.	Method of Con	tribution	Contribution ID # 216	Amount of	
Residential Street Address 16 New St	City		State Connecticut	Zip Code 06484	Date Received 6/27/2008	Contribution \$5.00	
Principal Occupation Driver	Name of Employer City of Bridgeport	7		ution associated vent listed in Sec ent #			
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: Security Secu							

Jotel \$ 110

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Last Name	First	MI	Method of Cont	ribution	Contribution ID#		
Tompkins	Richard		Cash		217	Amount of	
Residential Street Address	City		State	Zip Code	Date Received	Contribution	
140 Evelyn Street	Stratford	l	Connecticut	06615	6/27/2008	\$5.00	
Principal Occupation Driver	Name of Employer City of Bridgeport		Is this contribution fundraising eventuring the second sec				
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: State contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No							
Last Name Villanueva	First Nayda	MI	Method of Con Cash	tribution	Contribution ID # 218	Amount of	
Residential Street Address 340 Valley Avenue	City Bridgeport	City		State Zip Code Connecticut 06606		Contribution \$5.00	
Principal Occupation Bus Driver	Name of Employer City of Bridgeport		Is this contrib fundraising ev If yes, list Eve				
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: Security							
Last Name Adorno	First Carmen	M	Method of Con Cash	tribution	Contribution ID # 219	Amount of	
Residential Street Address 277 Broadbridge Avenu	e City Stratford		State Connecticut	Zip Code 06615	Date Received 6/28/2008	Contribution \$30.00	
Principal Occupation Nurse Aid	Name of Employer PCT			oution associated vent listed in Sec ent # 2			
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: State contributor a principal of state contractor or perspective state contributor a lobbyist, spouse, or dependent child of a lobbyist? No							

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Last Name	Firs	t	MI	Method of Cont	ribution	Contribution ID #	
Adorno	Sai	mper		Cash	Cash		Amount of
Residential Street Address		City	Ì	State	Zip Code	Date Received	\$30.00
2777 Broadbridge Avenu	e	Stratford		Connecticut	06615	6/28/2008	. \$30.00
Principal Occupation Retired		Name of Employer None		fundraising ev	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # 1262808A No		
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: Security Secu							
Last Name	Firs	st nna	MI	Method of Conf	tribution	Contribution ID # 221	Amount of
Residential Street Address 671 Union Avenue		City Bridgeport		State Connecticut	Zip Code 06607	Date Received 6/28/2008	Contribution \$30.00
Principal Occupation Diet Aid		Name of Employer Astoria park		Is this contrib fundraising ev If yes, list Eve	ution associated yent listed in Secont # 0428	ction J1?	
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: Executive							
Last Name Edwards	Fir Be	st eryl	MI	Method of Con Cash	tribution	Contribution ID # 222	Amount of
Residential Street Address 315 Poplar Street		City Bridgeport		State Connecticut	Zip Code 06605	Date Received 6/28/2008	Contribution \$30.00
Principal Occupation None		Name of Employer Unemployed			oution associated vent listed in Second # 0628	ction J1?	
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: Executive							

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							ر الأدار الإدار الإدار	
Last Name	First		MI	Method of Con	tribution	Contribution ID#		
Edwards	Crystal			Cash_		223	Amount of	
Residential Street Address	City			State	Zip Code	Date Received	Contribution	
315 Popular Street		Bridgeport		Connecticut	06605	6/28/2008	\$30.00	
Principal Occupation Child care	Name ABC	e of Employer	-	Is this contrib fundraising e If yes, list Eve	with a \ Yes ion J1? A \ No			
Is contributor a principal of state constate contractor? If yes, Indicate worf government the contract is with:	Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: Yes State contributor a lobbyist, spouse, Yes Yes							
Last Name	First Cloirona		Mi	Method of Con Cash	tribution	Contribution ID # 224	Amount of	
Residential Street Address	City		-	State	Zip Code	Date Received	Contribution	
30 Coleman Street		Bridgeport		Connecticut	06604	6/28/2008	\$30.00	
Principal Occupation Nurse	l l	e of Employer oria Park		Is this contrib fundraising e If yes, list Ev				
state contractor? If yes, Indicate v	Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: Security Secu							
Last Name Mansar	First Darry		MI L	Method of Cor Cash	ntribution	Contribution ID #	Amount of	
Residential Street Address 283 Woodside Avenue	City	Bridgeport		State Connecticut	Zip Code 06606	Date Received 6/28/2008	Contribution \$30.00	
Principal Occupation Driver		ne of Employer st Student			oution associated event listed in Sec ent # 06280			
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: Executive								

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								گذار الارا الارا الارا
Last Name	Firs	t	MI	1	Method of Conti	ribution	Contribution ID #	
Mars	Na	tacha			Cash		226	Amount of
Residential Street Address		City		Stat	e	Zip Code	Date Received	Contribution
265 Washington Avenue	,	Bridgeport			Connecticut	06604	6/28/2008	\$30.00
Principal Occupation Nurse		Name of Employer Unicare			Is this contribution associated fundraising event listed in Sec If yes, list Event #		tion J1?	
						Aggregate contribution \$30.00		
Last Name Maya	Firs		MI L		Method of Cont Cash	ribution	Contribution ID # 227	Amount of
Residential Street Address	- "	City		Stat	e	Zip Code	Date Received	Contribution
220 Funston Street		Bridgeport			Connecticut	06606	6/28/2008	\$30.00
Principal Occupation Town Clerk		Name of Employer City of Bridgeport			Is this contribution associated with a fundraising event listed in Section J1 If yes, list Event # 062808 A			
state contractor ? If yes, Indicate v	Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: Security Secu							
Last Name Maya	Fin	st arcos	МІ		Method of Con	tribution	Contribution ID #	Amount of
Residential Street Address	1	City		Sta	te	Zip Code	Date Received	Contribution
220 Funston Avenue		Bridgeport			Connecticut	06606	6/28/2008	\$30.00
Principal Occupation Firefighter		Name of Employer City of Bridgeport				ution associated vent listed in Second # 2628		
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: Executive								

					Pa	ge 77
Last Name Muhamed	First Dedic	МІ	Method of Cont	tribution	Contribution ID #	Amount of
Residential Street Address 757 Iranistan Avenue	City Bridgeport	•	State Connecticut	Zip Code 06605	Date Received 6/28/2008	Contribution \$30.00
Principal Occupation Labor	Name of Employer City of Bridgeport		Is this contrib fundraising ev If yes, list Eve			
Is contributor a principal of state cont state contractor ? If yes, Indicate which of government the contract is with:		Yes No ative	Is contributor a lobbyist or dependent child of a	· 🗀	Aggregate contribution \$30.00	
Last Name Negron	First Jose	МІ	Method of Cont Cash	tribution	Contribution ID #	Amount of
Residential Street Address 30 Cole Street	City Bridgeport		State Connecticut	Zip Code 06605	Date Received 6/28/2008	Contribution \$30.00
Principal Occupation Operations	Name of Employer City of Bridgeport		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # 262800 A No			
Is contributor a principal of state cont state contractor ? If yes, Indicate which of government the contract is with:		Yes No ative	Is contributor a lobbyist or dependent child of a	· —	Aggregate contribution \$30.00	
Last Name Negron	First Julio	МІ	Method of Conf	tribution	Contribution ID #	Amount of
Residential Street Address 730 State Street	City Bridgeport		State Connecticut	Zip Code 06605	Date Received 6/28/2008	Contribution \$30.00
Principal Occupation Parks & Recreation	Name of Employer City of Bridgeport			ution associated vent listed in Sec ent # Q629	ction J1?	-
Is contributor a principal of state cont state contractor ? If yes, Indicate whice of government the contract is with:		Yes No ative	Is contributor a lobbyist or dependent child of a	· · · —	Aggregate contribution \$30.00	

TOtal \$ 90

					Pa	ge 78
Last Name Obad	First Sead	MI	Method of Cont	ribution	Contribution ID #	Amount of
Residential Street Address 757 Iranistan Avenue	City Bridgeport	<u> </u>	State Connecticut	Zip Code 06605	Date Received 6/28/2008	Contribution \$30.00
Principal Occupation Labor	Name of Employer City of Bridgeport			ution associated vent listed in Sec nt # Q628	tion J1?	
Is contributor a principal of state constate contractor ? If yes, Indicate when of government the contract is with:		Yes No lative	Is contributor a lobbyist, or dependent child of a		Aggregate contribution \$30.00	
Last Name Ocacio	First Teodosia	МІ	Method of Cont Cash	ribution	Contribution ID # 233	Amount of
Residential Street Address 84 Clover Street	City Stratford	•		Zip Code 06615	Date Received 6/28/2008	Contribution \$30.00
Principal Occupation Retired	Name of Employer None			ution associated rent listed in Secont # Q679		
Is contributor a principal of state constate contractor? If yes, Indicate who f government the contract is with:		Yes No ative	Is contributor a lobbyist, or dependent child of a		Aggregate contribution \$30.00	
Last Name Roach	First Bonnie	МІ	Method of Cont	ribution	Contribution ID #	Amount of
Residential Street Address 19 Quinlan Avenue	City Bridgeport		State Connecticut	Zip Code 06605	Date Received 6/28/2008	Contribution \$30.00
Principal Occupation Coordinator	Name of Employer City of Bridgeport		Is this contribution fundraising eventure is the second of	ution associated rent listed in Sec nt #	tion J1?	
Is contributor a principal of state constate contractor? If yes, Indicate who f government the contract is with:	ntractor or perspective intractor or perspective Executive Legisl	Yes No ative	Is contributor a lobbyist, or dependent child of a		Aggregate contribution \$30.00	

						Pa	ge 79
•						-	
Last Name Roach	First	МІ	•	Method of Con	tribution	Contribution ID #	
Residential Street Address	Daniel City	<u> </u>		Cash	1 7 0 1	235	Amount of Contribution
19 Quinlan Avenue	Bridgeport		Stat	e Connecticut	Zip Code 06605	Date Received 6/28/2008	\$30.00
Principal Occupation Restaurant Owner	Name of Employer Self	Name of Employer			ution associated vent listed in Second # QL2	with a Yes	
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: Executive Legislative				tributor a lobbyist pendent child of a	, spouse, Yes lobbyist? No	Aggregate contribution \$30.00	
Last Name Robles	First Michelle	МІ		Method of Cont Cash	tribution	Contribution ID # 236	Amount of
Residential Street Address	City	 -	Stat		Zip Code	Date Received	Amount of Contribution
997 State Street	Bridgeport			Connecticut	06605	6/28/2008	\$30.00
Principal Occupation Waitress	Name of Employer Apetuck Country C	Name of Employer Apetuck Country Club		Is this contribution fundraising even list Even			
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: Executive Legislative				Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No \$50.00			
Last Name Rosario	First Ivan	MI		Method of Cont	ribution	Contribution ID #	Amount of
Residential Street Address 130 Pequanock Street	City Bridgeport	·	Stat		Zip Code 06604	Date Received 6/28/2008	Contribution \$30.00
Principal Occupation Parks Recreation	Name of Employer City of Bridgeport	Name of Employer		Is this contribution associated fundraising event listed in Second If yes, list Event # 2629		with a Yes	,
Is contributor a principal of state constate contractor? If yes, Indicate whof government the contract is with:	tractor or perspective inches Executive Legisl	Yes No ative		tributor a lobbyist, endent child of a	spouse, Yes	Aggregate contribution \$30.00	
					Otal	\$ 90	

					Pa	ge 80
Last Name Rosario	First	МІ	Method of Con	tribution	Contribution ID #	
Residential Street Address	Raphael		Cash	,	238	Amount
730 State Street	City Bridgepo	ort	State Connecticut	Zip Code 06604	Date Received 6/28/2008	Contributi
Principal Occupation Parks & Recreation	Name of Employer City of Bridgepo	ort	Is this contrib fundraising ev If yes, list Eve			
Is contributor a principal of state costate contractor? If yes, Indicate wo f government the contract is with:	rhich branch or branches	Yes No gislative	Is contributor a lobbyist, or dependent child of a		Aggregate contribution \$30.00	
Last Name	First	MI	Method of Cont	ribution	Contribution ID #	
Santiago	Ezequiel		Cash		239	Amount
Residential Street Address 991 State Street	City Bridgepor	rt	State Connecticut	Zip Code 06605	Date Received 6/28/2008	Contribution \$30.0
Principal Occupation Assistant Special Project M	Name of Employer City of Bridgepo	Name of Employer City of Bridgeport		Is this contribution associated fundraising event listed in Second If yes, list Event#		
Is contributor a principal of state co state contractor? If yes, Indicate w of government the contract is with:	hich branch or branches	Yes No pislative	Is contributor a lobbyist, or dependent child of a l	· I I	Aggregate contribution \$30.00	
Last Name Sharpe	First Marietta	MI	Method of Cont	ribution	Contribution ID #	\(\tau_{\text{a}} \cdot \text{a} \)
Residential Street Address 50 Walnut Street	City Shelton		State Connecticut	Zip Code 06468	Date Received 6/28/2008	Amount of Contribution \$30.00
Principal Occupation Nurse	Name of Employer Astoria Park		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # 262808A No.			
Is contributor a principal of state constate contractor ? If yes, Indicate who f government the contract is with:	nich branch or branches	Yes No	Is contributor a lobbyist, or dependent child of a le		Aggregate contribution \$30.00	

Legislative

Executive

					Pa	ge 81	
Last Name Taylor	First Denise	MI	Method of Conf Cash	tribution	Contribution ID #	Amount of	
Residential Street Address 134 Iranistan Avenue	City Bridgeport	-		Zip Code 06604	Date Received 6/28/2008	Contribution \$30.00	
Principal Occupation Disabled	Name of Employer Unemployed		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # 2628084 No				
Is contributor a principal of state cor state contractor ? If yes, Indicate wh of government the contract is with:		Yes No ative	Is contributor a lobbyist, or dependent child of a	· <u> </u>	Aggregate contribution \$30.00		
Last Name Torres	First Margie	MI	Method of Cont Check	tribution	Contribution ID # 242	Amount of	
Residential Street Address 80 East Street	City Oxford		State Connecticut	Zip Code 06478	Date Received 6/28/2008	Contribution \$90.00	
Principal Occupation Human Resources	Name of Employer Optimus		Is this contribution associated with a Yes fundraising event listed in Section J1? If yes, list Event # OLD BOOK No				
Is contributor a principal of state constate contractor ? If yes, Indicate whof government the contract is with:	ntractor or perspective	Yes No ative	Is contributor a lobbyist, or dependent child of a	· —	Aggregate contribution \$90.00		
Last Name Velez	First Luis	MI	Method of Cont	ribution	Contribution ID # 243	Amount of	
Residential Street Address 84 Clover Street	City Stratford		State Connecticut	Zip Code 06615	Date Received 6/28/2008	Contribution \$30.00	
Principal Occupation Parks & Recreation	Name of Employer City of Bridgeport			Is this contribution associated fundraising event listed in Sec If yes, list Event#			
Is contributor a principal of state cor state contractor ? If yes, Indicate wh of government the contract is with:	ntractor or perspective nich branch or branches ExecutiveLegisla	Yes No ative	Is contributor a lobbyist, or dependent child of a	• Ш	Aggregate contribution \$30.00		

							Pa	ge 82
Last Name Maldonado	Fir	st nanda	MI E		Method of Cont	ribution	Contribution ID #	Amount o
Residential Street Address 459 Ezra St	1	City Bridgeport		Stat	e Connecticut	Zip Code 06606	Date Received 6/29/2008	Contribution \$25.00
Principal Occupation Student		Name of Employer None				ution associated rent listed in Sec nt#		
Is contributor a principal of state costate contractor ? If yes, Indicate w of government the contract is with:	/hich l		Yes No ative		ntributor a lobbyist, pendent child of a	· · ·	Aggregate contribution \$25.00	
Last Name Maldonado	1	irst MI Iaribel			Method of Contribution Cash		Contribution ID #	Amount o
Residential Street Address 459 Ezra St	•	City Bridgeport		Sta	te Connecticut	Zip Code 06606	Date Received 6/29/2008	Contribution \$25.00
Principal Occupation Medical Assistant		Name of Employer Bridgeport Health Dept.			Is this contribution associated fundraising event listed in Sec If yes, list Event#			
Is contributor a principal of state of state contractor? If yes, Indicate work government the contract is with	vhich		Yes No ative		ntributor a lobbyist pendent child of a		Aggregate contribution \$25.00	
Last Name Robles		st itchell	MI		Method of Con	tribution	Contribution ID # 246	Amount o
Residential Street Address 993 State Street	-1-	City Bridgeport		Sta	te Connecticut	Zip Code 06605	Date Received 6/29/2008	Contribution \$50.00
Principal Occupation Sheriff		Name of Employer B/E Consultant		Is this contribution associated with a Fundraising event listed in Section J1? If yes, list Event # 26,200 A No				
								1

☐ Yes

Legislative

total \$ 100

Aggregate contribution

\$55.00

Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No

Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches

Executive

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Last Name Healy	First Laura	MI	Method of Con	tribution	Contribution ID #		
Residential Street Address	City	1		1 = 0 :	247	Amount of	
136 Thorme Street	Bridgeport		State Connecticut	Zip Code 06606	Date Received 6/30/2008	Contribution \$5.00	
Principal Occupation Secretary	Name of Employer City of Bridgeport			ution associated vent listed in Sec ent #			
Is contributor a principal of state constate contractor ? If yes, Indicate with of government the contract is with:		No	Is contributor a lobbyist or dependent child of a		Aggregate contribution \$5.00		
Last Name Klicin	First Bernatte	MI	Method of Cont Cash	tribution	Contribution ID #	Amount of	
Residential Street Address 34 Mary Street	City Fairfield		State Connecticut	Zip Code 06825	Date Received 6/30/2008	Contribution \$5.00	
Principal Occupation Driver	Name of Employer City of Bridgeport		Is this contribution associated with a Yes fundraising event listed in Section J1? No				
Is contributor a principal of state cor state contractor? If yes, Indicate wh of government the contract is with:	Is contributor a lobbyist, or dependent child of a		Aggregate contribution \$5.00				
Last Name Torres	First Jose	MI A	Method of Cont Money Orde		Contribution ID #	Amount of	
Residential Street Address 985 State Street	City Bridgeport		State Connecticut	Zip Code 06605	Date Received 6/30/2008	Contribution \$100.00	
Principal Occupation Construction Labor	Name of Employer Self			ution associated ent listed in Sec nt#			
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: Executive							

total \$ 110

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Last Name	First	MI	Method of Con	tribution	Contribution ID #	
Vega	Maria		Cash		250	Amount of
Residential Street Address	City		State	Zip Code	Date Received	Contribution
210 Lincolm Street	Bridgeport		Connecticut	06606	6/30/2008	\$25.00
Principal Occupation Housekeeping	Name of Employer St Vincent's Md Ce	enter		ution associated vent listed in Sec ent#		
Is contributor a principal of state constate contractor? If yes, Indicate who of government the contract is with:	ntractor or perspective hich branch or branches Executive Legisla		s contributor a lobbyist or dependent child of a	1 1 1	Aggregate contribution \$25.00	
Last Name Vicens	First Maria	MI	Method of Cont Cash	ribution	Contribution ID # 251	Amount of
Residential Street Address 675 Merritt St	City Bridgeport		State Connecticut	Zip Code 06606	Date Received 6/30/2008	Contribution \$25.00
Principal Occupation Clerk	Name of Employer St Vincentt's Med (Name of Employer St Vincentt's Med Center Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event#				
Is contributor a principal of state cor state contractor? If yes, Indicate wh of government the contract is with:	ntractor or perspective nich branch or branches ExecutiveLegisla	₹№ ∘	s contributor a lobbyist, or dependent child of a		Aggregate contribution \$25.00	
Last Name Alvarez	First ivon	МІ	Method of Cont Money Order		Contribution ID #	Amount of
Residential Street Address 113 marina Village	City Bridgeport		State Connecticut	Zip Code 06604	Date Received 6/30/2008	Contribution \$100.00
Principal Occupation NotaPublicry	Name of Employer Self			ution associated ent listed in Sec nt #		
Is contributor a principal of state contractor or perspective state contractor? If yes, Indicate which branch or branches of government the contract is with: Security Secu						
			- 12	te 18/15	7	