

**SEEC FORM 30**

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2012



Electronic Filing

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Page 1 of 340

**COVER PAGE**

1. NAME OF COMMITTEE			2. TYPE OF COMMITTEE	
<b>Team Boughton</b>			<input checked="" type="checkbox"/> Candidate Committee	<input type="checkbox"/> Exploratory Committee
3. TREASURER NAME				
First <b>William</b>		MI <b>E.</b>	Last <b>Riemer</b>	
4. TREASURER ADDRESS				
Street Address <b>50 W District Rd</b>		City <b>Farmington</b>	State <b>CT</b>	Zip Code <b>06085</b>
5. ELECTION DATE	6. OFFICE SOUGHT (Complete only if Candidate Committee)			7. DISTRICT NUMBER (if applicable)
<b>11/04/2014</b>	<b>Governor</b>			
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)				
First <b>Mark</b>		MI <b>D.</b>	Last <b>Boughton</b>	
9. TYPE OF REPORT				
<b>April 10 Filing - Original</b>				
10. PERIOD COVERED				
Beginning Date  <b>01/01/2014</b>		Ending Date  <b>03/31/2014</b>		
11. CERTIFICATION				
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.				
<b>Electronic Filing</b>		<b>William Riemer</b>		<b>04/10/2014 11:17:46AM</b>
SIGNATURE		PRINT NAME OF THE SIGNER		DATE CERTIFIED
<b>PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.</b>				

**SEEC FORM 30**

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2012

**SUMMARY PAGE TOTALS**

NAME OF COMMITTEE	TYPE OF REPORT	
Team Boughton	April 10 Filing - Original	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		<b>\$0.00</b>
13. Balance on hand at the beginning of Reporting Period	<b>\$0.00</b>	
14. Contributions received from Individuals (Section A and B)	<b>\$93,171.00</b>	<b>\$93,171.00</b>
15. Receipts from Other Committees (Sections C1 and C2)	<b>\$27,888.25</b>	<b>\$27,888.25</b>
16. Other Monetary Receipts (Section D through I)	<b>\$30.69</b>	<b>\$30.69</b>
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	<b>\$0.00</b>	<b>\$0.00</b>
18. Total Monetary Receipts (add totals for lines 14 through 17)	<b>\$121,089.94</b>	<b>\$121,089.94</b>
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	<b>\$121,089.94</b>	<b>\$121,089.94</b>
20. Expenses Paid by Committee (Section N)	<b>\$63,119.16</b>	<b>\$63,119.16</b>
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col)	<b>\$57,970.78</b>	<b>\$57,970.78</b>
22. In-Kind Donations not Considered Contributions Received (Section J3)	<b>\$807.00</b>	<b>\$807.00</b>
23. In-Kind Contributions Received (Section K)	<b>\$0.00</b>	<b>\$0.00</b>
24. Refundable Deposit to Telephone Company (Section L)	<b>\$0.00</b>	<b>\$0.00</b>
25. Receipts of Organization Expenditures (Section M) OPTIONAL	<b>\$0.00</b>	<b>\$0.00</b>
26. Beginning Loan Balance	<b>\$0.00</b>	
26a. + Loans Received (Section D)	<b>\$0.00</b>	<b>\$0.00</b>
26b. + Interest and Penalties on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
26c. - Payments on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
26d. Total Outstanding Loan Amount	<b>\$0.00</b>	
27. Campaign Expenses Paid By Candidate (Section O)	<b>\$0.00</b>	<b>\$0.00</b>
28. Expenses Incurred on Committee Credit Card (Section P)	<b>\$0.00</b>	<b>\$0.00</b>
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	<b>\$1,341.20</b>	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	<b>\$1,341.20</b>	

I. MONETARY RECEIPTS (Section A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Team Boughton		April 10 Filing - Original	
A. Total Contributions from Small Contributors-Received this Period ONLY			For Nonparticipating Candidates ONLY <b>\$0.00</b>
B. Itemized Contributions from Individuals			
Last Name Turner		First Mary Ann	MI Contribution ID # 0001
Residential Street Address 7 Meadow Rd		City Enfield	State Zip Code CT 06082
Principal Occupation Manager		Name of Employer Projects Unlimited	
Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Is this contribution associated with a fundraising event listed in Section J1?  If yes, list Event #		Method of contribution:  Cash Money Order	Aggregate Contributions  \$50.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/01/2014
Amount of Contribution  <b>\$50.00</b>			
Last Name Klarides		First Themis	MI Contribution ID # 0002
Residential Street Address 22 Canfield Rd		City Seymour	State Zip Code CT 06483
Principal Occupation Attorney		Name of Employer Cohen & Wolf PC	
Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Is this contribution associated with a fundraising event listed in Section J1?  If yes, list Event #		Method of contribution:  Cash Money Order	Aggregate Contributions  \$100.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/01/2014
Amount of Contribution  <b>\$100.00</b>			
Last Name Adam		First Stephen	MI Contribution ID # 0003
Residential Street Address 79 Strawberry Hill Rd		City Bristol	State Zip Code CT 06010
Principal Occupation Underwriter		Name of Employer XL Insurance	
Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Is this contribution associated with a fundraising event listed in Section J1?  If yes, list Event #		Method of contribution:  Cash Money Order	Aggregate Contributions  \$25.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/02/2014
Amount of Contribution  <b>\$25.00</b>			

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Seaman		First Jonathan	MI	Contribution ID # 0004
Residential Street Address 257 Edson Dr		City Windham	State VT	Zip Code 05143
Principal Occupation Contractor		Name of Employer Seaman Mechanical Services Inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/02/2014	Aggregate Contributions \$100.00
Last Name Cronin		First Thomas	MI	Contribution ID # 0073
Residential Street Address 18 Josh Ln		City Danbury	State CT	Zip Code 06811
Principal Occupation Information Requested		Name of Employer Mastercard		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/02/2014	Aggregate Contributions \$50.00
Last Name Riemer		First William	MI	Contribution ID # 0072
Residential Street Address 50 W District Rd		City Farmington	State CT	Zip Code 06085
Principal Occupation IT Director		Name of Employer Harvey & Lewis		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/04/2014	Aggregate Contributions \$5.00
Last Name Setzler		First Nancy	MI	Contribution ID # 0005
Residential Street Address 1 Shore Dr		City New Fairfield	State CT	Zip Code 06812
Principal Occupation CSR Sales		Name of Employer MCS DPCO LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/06/2014	Aggregate Contributions \$35.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Beattie		First William	MI	Contribution ID # 0006
Residential Street Address 11 Rockwood Ln		City Danbury	State CT	Zip Code 06811
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/06/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Lawlor		First Edward	MI	Contribution ID # 0007
Residential Street Address 262 Oak Dr		City Watertown	State CT	Zip Code 06795
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/06/2014	Aggregate Contributions \$50.00
If yes, list Event #		\$50.00		
Last Name Grady		First Daniel	MI	Contribution ID # 0008
Residential Street Address 45 Secor Rd		City Brookfield	State CT	Zip Code 06804
Principal Occupation Consulting		Name of Employer C-Core Retail Consulting Group		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/06/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Oconnell		First Michael	MI	Contribution ID # 0009
Residential Street Address 230 Umpawaug Rd		City Redding	State CT	Zip Code 06896
Principal Occupation Trader		Name of Employer Glencore		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/06/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Devine		First Thomas	MI	Contribution ID # 0010
Residential Street Address 11 Windward Dr		City New Fairfield	State CT	Zip Code 06812
Principal Occupation Owner		Name of Employer Two Steps Downtown Grille		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/06/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name DiGilio		First Vincent	MI	Contribution ID # 0011
Residential Street Address 6 Wixon Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation VP		Name of Employer Union Savings Bank		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/06/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Fox		First Irving	MI	Contribution ID # 0012
Residential Street Address 58 Wedgewood Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Reporting Director		Name of Employer AIG		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/07/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Bloom		First Barbara	MI	Contribution ID # 0023
Residential Street Address 25 Philo Curtis Rd		City Sandy Hook	State CT	Zip Code 06482
Principal Occupation PCA		Name of Employer Danbury Nurses Registry		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/08/2014	Aggregate Contributions \$75.00
If yes, list Event #		\$75.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Summ		First Randolph	MI	Contribution ID # 0022
Residential Street Address 161 Brushy Hill Rd		City Danbury	State CT	Zip Code 06810
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/08/2014	Aggregate Contributions \$50.00
If yes, list Event # <u>01082014A</u>		\$50.00		
Last Name Cronin		First Susan	MI	Contribution ID # 0034
Residential Street Address 18 Josh Ln		City Danbury	State CT	Zip Code 06811
Principal Occupation Information Requested		Name of Employer Kraft Foods		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/08/2014	Aggregate Contributions \$20.00
If yes, list Event # <u>01082014A</u>		\$20.00		
Last Name Gentile		First John	MI	Contribution ID # 0015
Residential Street Address 23 Rose Ln		City Danbury	State CT	Zip Code 06811
Principal Occupation Technician		Name of Employer Verizon		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/08/2014	Aggregate Contributions \$50.00
If yes, list Event #		\$50.00		
Last Name Newman		First Jane	MI	Contribution ID # 0013
Residential Street Address 30 S Lakeshore Dr		City Brookfield	State CT	Zip Code 06804
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/08/2014	Aggregate Contributions \$50.00
If yes, list Event #		\$50.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Prunty		First Peter	MI	Contribution ID # 0025
Residential Street Address 4 Marc Rd		City Danbury	State CT	Zip Code 06810
Principal Occupation Aide		Name of Employer City of Danbury		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>01082014A</u>		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/08/2014	Aggregate Contributions \$25.00
Last Name Fahle		First Heath	MI	Contribution ID # 0024
Residential Street Address 90 Hog Hill Rd		City East Hampton	State CT	Zip Code 06424
Principal Occupation Policy Director		Name of Employer Yankee Institute		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>01082014A</u>		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/08/2014	Aggregate Contributions \$25.00
Last Name Wetmore		First Andrew	MI	Contribution ID # 0020
Residential Street Address 40 Mountainville Rd		City Danbury	State CT	Zip Code 06810
Principal Occupation Paralegal		Name of Employer Terbrusch Law Firm		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/08/2014	Aggregate Contributions \$50.00
Last Name Delia		First Chris	MI	Contribution ID # 0027
Residential Street Address 85 Prange Rd		City Brookfield	State CT	Zip Code 06804
Principal Occupation Intl Dir of Security		Name of Employer Information Requested		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>01082014A</u>		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/08/2014	Aggregate Contributions \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Foro		First Colleen	MI	Contribution ID # 0019
Residential Street Address 605 Salvia Ln		City Schenectady	State NY	Zip Code 12303
Principal Occupation Resident Care Coordinator		Name of Employer Teresian House		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event # <u>01082014A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/08/2014	Aggregate Contributions \$100.00
Last Name Eick		First Robert	MI	Contribution ID # 0032
Residential Street Address 269 West Ln		City Ridgefield	State CT	Zip Code 06877
Principal Occupation Information Requested		Name of Employer Information Requested		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>01082014A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/08/2014	Aggregate Contributions \$100.00
Last Name Garcia		First Jose	MI	Contribution ID # 0014
Residential Street Address 97-99 Park Ave Unit 71		City Danbury	State CT	Zip Code 06810
Principal Occupation IT Support Tech		Name of Employer EDR Inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event # <u>01082014A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/08/2014	Aggregate Contributions \$10.00
Last Name Fosina		First James	MI	Contribution ID # 0016
Residential Street Address 51 53 Kenosia Ave		City Danbury	State CT	Zip Code 06810
Principal Occupation Advertising Agency		Name of Employer Fosina Marketing Group		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event # <u>01082014A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/08/2014	Aggregate Contributions \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Roberto		First Donna	MI	Contribution ID # 0017
Residential Street Address 40052 Coliseum Way		City Murrieta	State CA	Zip Code 92562
Principal Occupation Certified Public Accountant		Name of Employer Self Employed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/08/2014	Aggregate Contributions \$100.00
Last Name Galante		First Suzanne	MI	Contribution ID # 0018
Residential Street Address 101 Rockwell Rd		City Bethel	State CT	Zip Code 06801
Principal Occupation Graphic Designer		Name of Employer Moore Medical		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/08/2014	Aggregate Contributions \$50.00
Last Name de Lucia		First Alexander	MI	Contribution ID # 0021
Residential Street Address 675A Lakeview Dr		City Southbury	State CT	Zip Code 06488
Principal Occupation Pawnbroker		Name of Employer A Yankee Peddler & Loan, LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/08/2014	Aggregate Contributions \$100.00
Last Name Grossi		First Sondra	MI	Contribution ID # 0026
Residential Street Address 4 Driftway Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation Sr Comp Tech		Name of Employer City of Danbury		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>01082014A</u>		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/08/2014	Aggregate Contributions \$50.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name O'Mahony		First Michael	MI	Contribution ID # 0028
Residential Street Address 20 Shadowlake Rd		City Ridgefield	State CT	Zip Code 06877
Principal Occupation Information Requested		Name of Employer Information Requested		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/08/2014	Aggregate Contributions \$100.00	
If yes, list Event # <u>01082014A</u>		\$100.00		
Last Name Park		First Jung Yong	MI	Contribution ID # 0029
Residential Street Address 6 Deal Dr		City Danbury	State CT	Zip Code 06810
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/08/2014	Aggregate Contributions \$100.00	
If yes, list Event # <u>01082014A</u>		\$100.00		
Last Name Boylan		First Zachary	MI	Contribution ID # 0030
Residential Street Address 25 Hawley Road Ext		City Danbury	State CT	Zip Code 06811
Principal Occupation Accountant		Name of Employer Praxair		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/08/2014	Aggregate Contributions \$100.00	
If yes, list Event # <u>01082014A</u>		\$100.00		
Last Name Bouclier		First Rose Marie	MI	Contribution ID # 0031
Residential Street Address 14 Kevin Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Secretary		Name of Employer Danbury Public Schools		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/08/2014	Aggregate Contributions \$100.00	
If yes, list Event # <u>01082014A</u>		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Patel		First Pinakin	MI	Contribution ID # 0033
Residential Street Address 24 Maplecrest Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Director		Name of Employer Fuel Cell Energy		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/08/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>01082014A</u>		\$100.00		
Last Name Piech		First John	MI	Contribution ID # 0035
Residential Street Address 8 Rose Ln Unit 26-17		City Danbury	State CT	Zip Code 06811
Principal Occupation Teacher		Name of Employer Danbury Board of Ed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/08/2014	Aggregate Contributions \$20.00
If yes, list Event # <u>01082014A</u>		\$20.00		
Last Name Hansen		First Erin	MI	Contribution ID # 0036
Residential Street Address 35 Benson Dr		City Danbury	State CT	Zip Code 00610
Principal Occupation Warehouse		Name of Employer Levine Automotive		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/08/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>01082014A</u>		\$100.00		
Last Name Seabury		First Gregg	MI	Contribution ID # 0040
Residential Street Address 40 Moody Ln		City Danbury	State CT	Zip Code 06811
Principal Occupation Information Requested		Name of Employer Information Requested		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/08/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>01082014A</u>		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Seabury		First Barbara	MI	Contribution ID # 0044
Residential Street Address 40 Moody Ln		City Danbury	State CT	Zip Code 06811
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/08/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>01082014A</u>		\$100.00		
Last Name Flynn		First Carol	MI	Contribution ID # 0049
Residential Street Address 18 Farview Rd		City Brookfield	State CT	Zip Code 06804
Principal Occupation Financial Analyst		Name of Employer IBM		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/08/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>01082014A</u>		\$100.00		
Last Name Ossenfort		First Linda	MI	Contribution ID # 0056
Residential Street Address 3 Jeffrey St		City Danbury	State CT	Zip Code 06810
Principal Occupation Marketing Manager		Name of Employer KLAFF's		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/08/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>01082014A</u>		\$100.00		
Last Name Piech		First Alexander	MI	Contribution ID # 0060
Residential Street Address 149 Triangle St		City Danbury	State CT	Zip Code 06810
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/08/2014	Aggregate Contributions \$50.00
If yes, list Event # <u>01082014A</u>		\$50.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Hearty		First Sean	MI	Contribution ID # 0039
Residential Street Address 5 Charcoal Ridge Rd		City New Fairfield	State CT	Zip Code 06812
Principal Occupation Director		Name of Employer City of Danbury		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event # <u>01082014A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/08/2014	Aggregate Contributions \$100.00
Last Name Switzer		First Ronald	MI	Contribution ID # 0041
Residential Street Address 6 Maplewood Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Manager		Name of Employer Praxair		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>01082014A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/08/2014	Aggregate Contributions \$100.00
Last Name Zilliox		First Joanne	MI	Contribution ID # 0059
Residential Street Address 10 Firelight Dr		City Danbury	State CT	Zip Code 06810
Principal Occupation Paraeducator		Name of Employer Information Requested		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>01082014A</u>		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/08/2014	Aggregate Contributions \$50.00
Last Name Camassar		First Scott	MI	Contribution ID # 0064
Residential Street Address 62 Ox Hill Rd		City Norwich	State CT	Zip Code 06360
Principal Occupation Attorney		Name of Employer The Law Firm of Stephen M Reck, LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event # <u>01082014A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/08/2014	Aggregate Contributions \$25.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Malwitz		First Margarite	MI	Contribution ID # 0046
Residential Street Address 1 Great Heron Ln		City Brookfield	State CT	Zip Code 06804
Principal Occupation Information Requested		Name of Employer Information Requested		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 01/08/2014	Aggregate Contributions \$100.00	
If yes, list Event # <u>01082014A</u>		\$100.00		
Last Name Mohamed		First Abdul	MI	Contribution ID # 0038
Residential Street Address 70 Whisconier Hill Rd		City Brookfield	State CT	Zip Code 00604
Principal Occupation Engineer		Name of Employer City of Danbury		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 01/08/2014	Aggregate Contributions \$100.00	
If yes, list Event # <u>01082014A</u>		\$100.00		
Last Name Benicewicz		First Andrew	MI	Contribution ID # 0045
Residential Street Address 37 E Lake Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation Samples		Name of Employer Chemical Marketing Concepts		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 01/08/2014	Aggregate Contributions \$100.00	
If yes, list Event # <u>01082014A</u>		\$100.00		
Last Name Robinson		First Margot	MI	Contribution ID # 0047
Residential Street Address 64 Drummer Ln		City Redding	State CT	Zip Code 05896
Principal Occupation Information Requested		Name of Employer Information Requested		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 01/08/2014	Aggregate Contributions \$100.00	
If yes, list Event # <u>01082014A</u>		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Backer		First Ted	MI	Contribution ID # 0048
Residential Street Address 16 Terra Glen Rd		City Danbury	State CT	Zip Code 06810
Principal Occupation Attorney		Name of Employer Cramer & Anderson		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/08/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>01082014A</u>		\$100.00		
Last Name O'Boyle		First Charles	MI	Contribution ID # 0050
Residential Street Address 16 Lower Lake Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/08/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>01082014A</u>		\$100.00		
Last Name Peatt		First Francyne	MI	Contribution ID # 0051
Residential Street Address 202-14 Mamanasco Rd		City Ridgefield	State CT	Zip Code 06877
Principal Occupation Nutritionist		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/08/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>01082014A</u>		\$100.00		
Last Name Peatt		First Ted	MI	Contribution ID # 0054
Residential Street Address 202-14 Mamanasco Rd		City Ridgefield	State CT	Zip Code 06877
Principal Occupation Firefighter		Name of Employer Town or Ridgefield		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/08/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>01082014A</u>		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Chambrovich		First Lorien	MI	Contribution ID # 0052
Residential Street Address 20 Mueller Dr		City Hamden	State CT	Zip Code 06514
Principal Occupation Director of Client Services		Name of Employer Premier Graphics		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/08/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>01082014A</u>		\$100.00		
Last Name Oppermann		First Thomas	MI	Contribution ID # 0055
Residential Street Address 1969 Edison Ave		City Bronx	State NY	Zip Code 10461
Principal Occupation Pilot		Name of Employer Information Requested		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/08/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>01082014A</u>		\$100.00		
Last Name Duren		First Edwin	MI	Contribution ID # 0057
Residential Street Address 11 High View Cir		City Danbury	State CT	Zip Code 06811
Principal Occupation Sales		Name of Employer USA Tools		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/08/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>01082014A</u>		\$100.00		
Last Name Nelson		First Wanda	MI	Contribution ID # 0058
Residential Street Address 31 Wells Ave		City Danbury	State CT	Zip Code 06810
Principal Occupation Dental Hygienist		Name of Employer Danbury Dental Group		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/08/2014	Aggregate Contributions \$50.00
If yes, list Event # <u>01082014A</u>		\$50.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Calgi		First Marlene	MI	Contribution ID # 0061
Residential Street Address 13 Colonial Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Consultant		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/08/2014	Aggregate Contributions \$50.00
If yes, list Event # <u>01082014A</u>		\$50.00		
Last Name Cordisco		First Jeffrey	MI	Contribution ID # 0062
Residential Street Address 30 Laurel Dr		City Brookfield	State CT	Zip Code 06804
Principal Occupation Firefighter		Name of Employer City of Bridgeport		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/08/2014	Aggregate Contributions \$50.00
If yes, list Event # <u>01082014A</u>		\$50.00		
Last Name Paige		First Kevin	MI	Contribution ID # 0042
Residential Street Address 10 Wheeler Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Information Requested		Name of Employer Butthead's Tobacco		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/08/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>01082014A</u>		\$100.00		
Last Name Cicchese		First Timothy	MI	Contribution ID # 0053
Residential Street Address 46 Powdermaker Dr		City Ridgefield	State CT	Zip Code 06877
Principal Occupation Owner		Name of Employer Premier Graphics		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/08/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>01082014A</u>		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Keats		First Ellen	MI	Contribution ID # 0037
Residential Street Address 42 Perkins Rd		City Greenwich	State CT	Zip Code 06830
Principal Occupation None		Name of Employer None		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/08/2014	Aggregate Contributions \$100.00
Last Name Carmen		First Joe	MI	Contribution ID # 0063
Residential Street Address 4 Dana Blvd		City Wallingford	State CT	Zip Code 06492
Principal Occupation Principal		Name of Employer Immaculate High School		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/08/2014	Aggregate Contributions \$75.00
Last Name Ellis		First Ron	MI	Contribution ID # 0065
Residential Street Address 18 Arapaho Rd		City Brookfield	State CT	Zip Code 06804
Principal Occupation Records Manager		Name of Employer Boehringer Ingelheim		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/08/2014	Aggregate Contributions \$100.00
Last Name Boughton		First Richard	MI	Contribution ID # 0066
Residential Street Address 35 Taunton Lake Rd		City Newtown	State CT	Zip Code 06470
Principal Occupation Director of Engineering		Name of Employer Pitney Bowes		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/08/2014	Aggregate Contributions \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Stanley		First Colleen	MI	Contribution ID # 0043
Residential Street Address 60 E Lake Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation Self		Name of Employer Self Employed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/08/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>01082014A</u>		\$100.00		
Last Name Skrzypczak		First Joseph	MI	Contribution ID # 0068
Residential Street Address 3 Glenmor Dr		City Newtown	State CT	Zip Code 06470
Principal Occupation RETIRED		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/09/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Joffre		First Lawrence	MI	Contribution ID # 0070
Residential Street Address 3233 Avalon Valley Dr		City Danbury	State CT	Zip Code 06810
Principal Occupation Senior Research Chemist		Name of Employer Akzo Nobel Surface Chemistry LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/09/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Boynton		First Ernest	MI	Contribution ID # 0074
Residential Street Address 25 McDermott St		City Danbury	State CT	Zip Code 06810
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/09/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Buccieri		First Anthony	MI	Contribution ID # 0080
Residential Street Address 440 Meriden Rd # 107		City Waterbury	State CT	Zip Code 06705
Principal Occupation Banker		Name of Employer Information Requested		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/09/2014	Aggregate Contributions \$100.00
Last Name Golaszewski		First Paul	MI	Contribution ID # 0083
Residential Street Address 18 Forty Acre Mountain Rd		City Brookfield	State CT	Zip Code 06804
Principal Occupation Director		Name of Employer Waterworks		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/09/2014	Aggregate Contributions \$25.00
Last Name Hensal		First Thomas	MI	Contribution ID # 0078
Residential Street Address 20 Arapaho Rd		City Brookfield	State CT	Zip Code 06804
Principal Occupation Real Estate Brokerage		Name of Employer Hensal Realty Corp		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/09/2014	Aggregate Contributions \$100.00
Last Name Arconti		First James	MI	Contribution ID # 0067
Residential Street Address 13 Fernbrook Dr		City Brookfield	State CT	Zip Code 06804
Principal Occupation Insurance sales		Name of Employer Rose & Kiernan, Inc.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/09/2014	Aggregate Contributions \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Prichard		First James	MI	Contribution ID # 0079
Residential Street Address 62 Main St		City Ellington	State CT	Zip Code 06029
Principal Occupation Owner		Name of Employer Star Hardware		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/09/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Mueller-London		First Joane	MI	Contribution ID # 0082
Residential Street Address 27 Kenwood Rd		City Wethersfield	State CT	Zip Code 06109
Principal Occupation Attorney		Name of Employer London & London		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/09/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Fournier		First Kelley	MI	Contribution ID # 0071
Residential Street Address 398 Oakwood Ave		City West Hartford	State CT	Zip Code 06110
Principal Occupation Consultant		Name of Employer Self Employed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/09/2014	Aggregate Contributions \$50.00
If yes, list Event #		\$50.00		
Last Name Acquanita		First Camille	MI	Contribution ID # 0081
Residential Street Address 7 Delno Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Office Manager		Name of Employer HVCEO		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/09/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Rosemark		First Daniel	MI	Contribution ID # 0075
Residential Street Address 15 Brighton St		City Danbury	State CT	Zip Code 06811
Principal Occupation Attorney		Name of Employer Rosemark Law LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/09/2014	Aggregate Contributions \$50.00
Last Name Hawley		First Richard	MI	Contribution ID # 0076
Residential Street Address 3 Terrace St		City Danbury	State CT	Zip Code 06811
Principal Occupation Director of Sales		Name of Employer Creative Converting		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/09/2014	Aggregate Contributions \$100.00
Last Name Hawley		First Elizabeth	MI	Contribution ID # 0077
Residential Street Address 3 Terrace St		City Danbury	State CT	Zip Code 06811
Principal Occupation Customer Service		Name of Employer City of Danbury / Berkshire Hathaway		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/09/2014	Aggregate Contributions \$100.00
Last Name Boughton		First Phyllis	MI	Contribution ID # 0069
Residential Street Address 23 Alan Ave		City Danbury	State CT	Zip Code 06811
Principal Occupation Business Owner		Name of Employer Ct. Kitchen and Bath		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/09/2014	Aggregate Contributions \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Rist		First Patricia	MI	Contribution ID # 0084
Residential Street Address 10 Shelter Rd Rd		City Bethel	State CT	Zip Code 06801
Principal Occupation Operations Manager		Name of Employer Oracle		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/10/2014	Aggregate Contributions \$50.00
Last Name Yamin		First Raymond	MI	Contribution ID # 0089
Residential Street Address 29 Fanton Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation Attorney at law		Name of Employer Yamin & Yamin, LLP		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/10/2014	Aggregate Contributions \$100.00
Last Name Downey		First John	MI	Contribution ID # 0088
Residential Street Address 3 Guardhouse Dr		City Redding	State CT	Zip Code 06896
Principal Occupation Attorney		Name of Employer Rome McGuigan		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/10/2014	Aggregate Contributions \$100.00
Last Name Prunty		First Peter	MI	Contribution ID # 0085
Residential Street Address 4 Marc Rd		City Danbury	State CT	Zip Code 06810
Principal Occupation Aide		Name of Employer City of Danbury		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/10/2014	Aggregate Contributions \$100.00
				\$75.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Reyer		First Kenneth		MI 0090
Residential Street Address 175 Judith Dr		City Stormville		State NY Zip Code 12582
Principal Occupation Engineer		Name of Employer IBM		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/10/2014	Aggregate Contributions \$100.00
Last Name Reyer		First Donna		MI 0091
Residential Street Address 175 Judith Dr		City Stormville		State NY Zip Code 12582
Principal Occupation Producer		Name of Employer Cablevision		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/10/2014	Aggregate Contributions \$100.00
Last Name Reyer		First Christopher		MI 0092
Residential Street Address 175 Judith Dr		City Stormville		State NY Zip Code 12582
Principal Occupation Cashier		Name of Employer A&P		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/10/2014	Aggregate Contributions \$100.00
Last Name Cimini		First Michael		MI 0086
Residential Street Address 8 Sidney Rd		City Sturbridge		State MA Zip Code 01566
Principal Occupation President		Name of Employer Austin Liquors Inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/10/2014	Aggregate Contributions \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Wunsch		First Alan	MI	Contribution ID # 0087
Residential Street Address 42 Tucker St		City Danbury	State CT	Zip Code 06810
Principal Occupation Information Requested		Name of Employer Information Requested		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 01/10/2014	Aggregate Contributions \$35.00	
If yes, list Event #		\$35.00		
Last Name Lerose		First Joseph	MI	Contribution ID # 0094
Residential Street Address 30 Hardscrabble Rd		City Sherman	State CT	Zip Code 06784
Principal Occupation Law Enforcement		Name of Employer City of Danbury		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 01/11/2014	Aggregate Contributions \$100.00	
If yes, list Event #		\$100.00		
Last Name Nisch		First James	MI	Contribution ID # 0093
Residential Street Address 14 Daniels Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Underwriter		Name of Employer Travelers		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 01/11/2014	Aggregate Contributions \$100.00	
If yes, list Event #		\$100.00		
Last Name Cutsumpas		First Theodore	MI	Contribution ID # 0096
Residential Street Address 145 Dewey St		City Bennington	State VT	Zip Code 05201
Principal Occupation markets		Name of Employer self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 01/11/2014	Aggregate Contributions \$100.00	
If yes, list Event #		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Tomanio		First Eugene	MI	Contribution ID # 0095
Residential Street Address 6A Cherryfield Ave		City Danbury	State CT	Zip Code 06810
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/11/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Casasanta		First Meg	MI	Contribution ID # 0097
Residential Street Address 217 Whitewood Dr		City Rocky Hill	State CT	Zip Code 06067
Principal Occupation Medical Secretary		Name of Employer Neurosurgical Associates		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/12/2014	Aggregate Contributions \$50.00
If yes, list Event #		\$50.00		
Last Name Casasanta		First Michael	MI	Contribution ID # 0098
Residential Street Address 217 Whitewood Dr		City Rocky Hill	State CT	Zip Code 06067
Principal Occupation CPA		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/12/2014	Aggregate Contributions \$50.00
If yes, list Event #		\$50.00		
Last Name Bertram		First Kathleen	MI	Contribution ID # 0108
Residential Street Address 541 Skyline Ridge Rd		City Bridgewater	State CT	Zip Code 06752
Principal Occupation RETIRED		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/13/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Krippner		First Ronald	MI	Contribution ID # 0105
Residential Street Address 434 Pepperidge Tree Ln		City Kinnelon	State NJ	Zip Code 07405
Principal Occupation Urgent Care Center Owner		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/13/2014	Aggregate Contributions \$100.00
Last Name Wolk		First Carl	MI	Contribution ID # 0110
Residential Street Address 140 Middle River Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation Student		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/13/2014	Aggregate Contributions \$100.00
Last Name Santos		First Farley	MI	Contribution ID # 0103
Residential Street Address 27 Westview Dr		City Danbury	State CT	Zip Code 06810
Principal Occupation ABMII		Name of Employer SBD		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/13/2014	Aggregate Contributions \$10.00
Last Name Bingham		First Ryan	MI	Contribution ID # 0100
Residential Street Address 360 Upper Valley Rd		City Torrington	State CT	Zip Code 06790
Principal Occupation Government Affairs		Name of Employer Winters Bros		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/13/2014	Aggregate Contributions \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Boughton		First Nancy	MI	Contribution ID # 0101
Residential Street Address 1705 Ebbets Dr		City Campbell	State CA	Zip Code 95008
Principal Occupation Lawyer		Name of Employer Varian Medical		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/13/2014	Aggregate Contributions \$100.00
Last Name Moody		First Jay	MI	Contribution ID # 0104
Residential Street Address 13 Frandon Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Real Estate		Name of Employer Moody Fintel Properties		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/13/2014	Aggregate Contributions \$100.00
Last Name Cocozza		First Louis	MI	Contribution ID # 0099
Residential Street Address 37 Tori Ln		City Brookfield	State CT	Zip Code 06804
Principal Occupation Business Representative		Name of Employer NE Regional Council of Carpenters		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/13/2014	Aggregate Contributions \$50.00
Last Name Zschunke		First David	MI	Contribution ID # 0102
Residential Street Address 10 Gallows Rd		City Brookfield	State CT	Zip Code 06804
Principal Occupation Equipment Sales		Name of Employer Davin Inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/13/2014	Aggregate Contributions \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Frese		First Lisa	MI	Contribution ID # 0106
Residential Street Address 1 Russell Rd		City North Salem	State NY	Zip Code 10560
Principal Occupation Teacher		Name of Employer Danbury Public Schools		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/13/2014	Aggregate Contributions \$100.00
Last Name Furey		First Christopher	MI	Contribution ID # 0107
Residential Street Address 4 Liberty St		City Danbury	State CT	Zip Code 06810
Principal Occupation Business owner		Name of Employer Virtual Density		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/13/2014	Aggregate Contributions \$100.00
Last Name Bertram		First Bert	MI	Contribution ID # 0109
Residential Street Address 541 Skyline Ridge Rd		City Bridgewater	State CT	Zip Code 96752
Principal Occupation RETIRED		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/13/2014	Aggregate Contributions \$100.00
Last Name Lee		First Daniel	MI	Contribution ID # 0111
Residential Street Address 8405 Greensboro Dr Ste 950		City McLean	State VA	Zip Code 22102
Principal Occupation Real Estate Developer		Name of Employer Greystar		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/14/2014	Aggregate Contributions \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Bartelme		First Matt	MI	Contribution ID # 0113
Residential Street Address 14 Lakeview Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Arborist		Name of Employer Barts Tree Service		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/14/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Giegler		First Jeffrey	MI	Contribution ID # 0112
Residential Street Address 10 Old Hayrake Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation Ski School Director/Race Director		Name of Employer Powder Ridge Mountain Park & Resort		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/14/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Williams		First Dorothy	MI	Contribution ID # 0117
Residential Street Address 20 Silver Hill Rd		City Ridgefield	State CT	Zip Code 06877
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/15/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Lynch		First Martin	MI	Contribution ID # 0118
Residential Street Address 11 Ichabod Ln		City Bethel	State CT	Zip Code 06801
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/15/2014	Aggregate Contributions \$50.00
If yes, list Event #		\$50.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Gulya-Stasny		First Dorathea	MI	Contribution ID # 0122
Residential Street Address 3 Wooster St		City Bethel	State CT	Zip Code 06801
Principal Occupation Public Works		Name of Employer City of Danbury		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/15/2014	Aggregate Contributions \$50.00
Last Name Michael		First Pamela	MI	Contribution ID # 0119
Residential Street Address 52 Deer Hill Ave		City Danbury	State CT	Zip Code 06810
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/15/2014	Aggregate Contributions \$100.00
Last Name Michael		First Gary	MI	Contribution ID # 0120
Residential Street Address 52 Deer Hill Ave		City Danbury	State CT	Zip Code 06810
Principal Occupation Attorney		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/15/2014	Aggregate Contributions \$100.00
Last Name Walsh		First Peter	MI	Contribution ID # 0121
Residential Street Address 103 Shuttle Meadow Ave		City New Britain	State CT	Zip Code 06051
Principal Occupation Computer Consultant		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/15/2014	Aggregate Contributions \$25.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Kelly		First Michael	MI	Contribution ID # 0116
Residential Street Address 66 Forty Acre Mountain Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation Owner		Name of Employer Global Precision Trade Inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/15/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Samaha		First Christina	MI	Contribution ID # 0114
Residential Street Address 721 Mainsail Ln		City Seacaucus	State NJ	Zip Code 07094
Principal Occupation Unemployed		Name of Employer Unemployed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/15/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Samaha		First Maurice	MI	Contribution ID # 0115
Residential Street Address 721 Mainsail Ln		City Seacaucus	State NJ	Zip Code 07094
Principal Occupation Sales		Name of Employer Pernod Ricard USA		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/15/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Boccaccio		First Gary	MI	Contribution ID # 0123
Residential Street Address 13 Great Heron Ln		City Brookfield	State CT	Zip Code 06804
Principal Occupation Administrator		Name of Employer Danbury Board of Education		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/15/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Kiani		First Farzin	MI	Contribution ID # 0125
Residential Street Address 512 Glen Rd		City Weston	State MA	Zip Code 02493
Principal Occupation Vice President		Name of Employer Veolia		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/16/2014	Aggregate Contributions \$100.00
Last Name Siergiej		First Edward	MI	Contribution ID # 0133
Residential Street Address 62 Forty Acre Mountain Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation Engineer		Name of Employer Unemployed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/16/2014	Aggregate Contributions \$100.00
Last Name Siergiej		First Joanne	MI	Contribution ID # 0134
Residential Street Address 62 Forty Acre Mountain Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation RN		Name of Employer Danbury Hospital		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/16/2014	Aggregate Contributions \$100.00
Last Name Doto		First Benjamin	MI	Contribution ID # 0174
Residential Street Address 17 Ridge Rd		City Danbury	State CT	Zip Code 06810
Principal Occupation Civil Engineer		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>01162014A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/16/2014	Aggregate Contributions \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Larson		First Donald	MI	Contribution ID # 0175
Residential Street Address 8 Dayton Rd		City Redding	State CT	Zip Code 06896
Principal Occupation Financial Advisor		Name of Employer Morgan Stanley		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>01162014A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/16/2014	Aggregate Contributions \$100.00
Last Name Milligan		First Colin	MI	Contribution ID # 0176
Residential Street Address 20 E Pembroke Rd Unit 49		City Danbury	State CT	Zip Code 06811
Principal Occupation Aviation Management		Name of Employer Epic Blue		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>01162014A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/16/2014	Aggregate Contributions \$100.00
Last Name Perrino		First Kenneth	MI	Contribution ID # 0177
Residential Street Address 310 Silvermine Ave		City Norwalk	State CT	Zip Code 06805
Principal Occupation Trader		Name of Employer Perrino & Company Inc.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>01162014A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/16/2014	Aggregate Contributions \$100.00
Last Name Klein		First Gerald	MI	Contribution ID # 0178
Residential Street Address 6 High View Ln		City Sherman	State CT	Zip Code 06784
Principal Occupation CEO		Name of Employer Mahopac Bank		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>01162014A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/16/2014	Aggregate Contributions \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Torti		First Thomas	MI	Contribution ID # 0180
Residential Street Address 22 Abby Ln		City Danbury	State CT	Zip Code 06810
Principal Occupation Information Requested		Name of Employer Information Requested		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 01/16/2014	Aggregate Contributions \$100.00	
If yes, list Event # <u>01162014A</u>		\$100.00		
Last Name Scozzafava		First Donna	MI	Contribution ID # 0184
Residential Street Address 68 Driftway Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 01/16/2014	Aggregate Contributions \$100.00	
If yes, list Event #		\$100.00		
Last Name Kay		First Michael	MI	Contribution ID # 0254
Residential Street Address 512 Chestnut Tree Hill Rd		City Southbury	State CT	Zip Code 06488
Principal Occupation Sales		Name of Employer United Alarm Services		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 01/16/2014	Aggregate Contributions \$100.00	
If yes, list Event #		\$100.00		
Last Name O'Brien		First Christopher	MI	Contribution ID # 0171
Residential Street Address 7 Brookdale St Apt 5		City Wolcott	State CT	Zip Code 06716
Principal Occupation EMT		Name of Employer Campion Ambulance		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 01/16/2014	Aggregate Contributions \$50.00	
If yes, list Event # <u>01162014A</u>		\$50.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Genilson		First Palmares	MI	Contribution ID # 0127
Residential Street Address 32 Farview Ave		City Danbury	State CT	Zip Code 06810
Principal Occupation Owner		Name of Employer Amazon Concrete Inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/16/2014	Aggregate Contributions \$100.00
Last Name Bacelar		First Celia	MI	Contribution ID # 0128
Residential Street Address 32 Farview Ave		City Danbury	State CT	Zip Code 06810
Principal Occupation Publisher		Name of Employer Tribuna Newspaper		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/16/2014	Aggregate Contributions \$100.00
Last Name Emanuela		First Leaf	MI	Contribution ID # 0129
Residential Street Address 32 Farview Ave		City Danbury	State CT	Zip Code 06810
Principal Occupation Office Manager		Name of Employer Amazon Concrete Inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/16/2014	Aggregate Contributions \$100.00
Last Name Russo		First Albert	MI	Contribution ID # 0130
Residential Street Address 220 Franklin Street Ext		City Danbury	State CT	Zip Code 06811
Principal Occupation Sergeant		Name of Employer Danbury Police Department		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/16/2014	Aggregate Contributions \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Russo		First Dorothea	MI	Contribution ID # 0131
Residential Street Address 220 Franklin Street Ext		City Danbury	State CT	Zip Code 06811
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/16/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Magilton		First Edward	MI	Contribution ID # 0126
Residential Street Address 216 Baker Rd		City Roxbury	State CT	Zip Code 06783
Principal Occupation Information Requested		Name of Employer Information Requested		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/16/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Priola		First John	MI	Contribution ID # 0172
Residential Street Address 27 Heritage Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Accountant		Name of Employer Reynolds & Rowella		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/16/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>01162014A</u>		\$100.00		
Last Name Ron-Priola		First Veronica	MI	Contribution ID # 0173
Residential Street Address 27 Heritage Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Physician		Name of Employer Danbury Hospital		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/16/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>01162014A</u>		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Yamin		First Dianne	MI	Contribution ID # 0132
Residential Street Address 66 Barnum Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation Judge		Name of Employer State of CT		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/16/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Wagner		First Ann	MI	Contribution ID # 0135
Residential Street Address 90 Transylvania Rd		City Roxbury	State CT	Zip Code 06783
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/16/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Wasserman		First Julia	MI	Contribution ID # 0124
Residential Street Address 113 Walnut Tree Hill Rd		City Sandy Hook	State CT	Zip Code 06482
Principal Occupation Hearing Officer		Name of Employer State of CT		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/16/2014	Aggregate Contributions \$75.00
If yes, list Event #		\$75.00		
Last Name Levy		First Warren	MI	Contribution ID # 0179
Residential Street Address 5 Pilgrim Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation CEO		Name of Employer Danbury Metal Finishing Inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/16/2014	Aggregate Contributions \$100.00
If yes, list Event # <b>01162014A</b>		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Torti		First Nancy	MI	Contribution ID # 0181
Residential Street Address 22 Abby Ln		City Danbury	State CT	Zip Code 06810
Principal Occupation Office Manager		Name of Employer Sierra Vista Construction		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/16/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>01162014A</u>		\$100.00		
Last Name Wilson		First Christopher	MI	Contribution ID # 0182
Residential Street Address 55 Benedict Rd		City South Salem	State NY	Zip Code 10590
Principal Occupation General Contractor		Name of Employer ADI East Inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/16/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>01162014A</u>		\$100.00		
Last Name Tamburri		First Robert	MI	Contribution ID # 0183
Residential Street Address 16 Greta Dr		City Danbury	State CT	Zip Code 06810
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/16/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>01162014A</u>		\$100.00		
Last Name Knudsen		First Marie	MI	Contribution ID # 0140
Residential Street Address 5 Coventry Ln		City Harwinton	State CT	Zip Code 06791
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/17/2014	Aggregate Contributions \$25.00
If yes, list Event #		\$25.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Lynn		First Janet	MI	Contribution ID # 0139
Residential Street Address 454 Wells Hill Rd		City Lakeville	State CT	Zip Code 06039
Principal Occupation Registrar of Voters		Name of Employer Self/Town		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/17/2014	Aggregate Contributions \$25.00
Last Name Haddad		First Michael	MI	Contribution ID # 0145
Residential Street Address 14 Farview Ave		City Danbury	State CT	Zip Code 06810
Principal Occupation HVAC Product Manager		Name of Employer Plimpton & Hills		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/17/2014	Aggregate Contributions \$100.00
Last Name Fink		First Pat	MI	Contribution ID # 0149
Residential Street Address 3 Meadowbrook Rd		City New Fairfield	State CT	Zip Code 06812
Principal Occupation Realtor - Broker - Office Leader		Name of Employer Berkshire Hathaway NE Properties		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/17/2014	Aggregate Contributions \$75.00
Last Name Kallas		First Michael	MI	Contribution ID # 0150
Residential Street Address 99 Chambers Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/17/2014	Aggregate Contributions \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Kallas		First Bernadette	MI	Contribution ID # 0152
Residential Street Address 99 Chambers Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/17/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Fahle		First Heath	MI	Contribution ID # 0143
Residential Street Address 90 Hog Hill Rd		City East Hampton	State CT	Zip Code 06424
Principal Occupation Policy Director		Name of Employer Yankee Institute		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/17/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$75.00		
Last Name Fahle		First Emily	MI	Contribution ID # 0151
Residential Street Address 90 Hog Hill Rd		City East Hampton	State CT	Zip Code 06424
Principal Occupation Unemployed		Name of Employer Unemployed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/17/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Flanagan		First Greg	MI	Contribution ID # 0138
Residential Street Address 2B Shortwoods Rd		City New Fairfield	State CT	Zip Code 06812
Principal Occupation Executive Recruiter		Name of Employer Emerging Healthcare Partners		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/17/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Cote		First Joseph	MI	Contribution ID # 0136
Residential Street Address 29 Hollendale Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation Appliance Tech		Name of Employer Joseph Cote & Co LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/17/2014	Aggregate Contributions \$100.00
Last Name Harding		First Stephen	MI	Contribution ID # 0137
Residential Street Address 56 Mist Hill Dr		City Brookfield	State CT	Zip Code 06804
Principal Occupation Attorney		Name of Employer Law Office of Cecilia Buck-Taylor, P.C.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/17/2014	Aggregate Contributions \$50.00
Last Name Cordovano		First Steven	MI	Contribution ID # 0141
Residential Street Address 134 Highland Ave		City Rowayton	State CT	Zip Code 06853
Principal Occupation Founder/VP Communications		Name of Employer BioAegis Therapeutics		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/17/2014	Aggregate Contributions \$25.00
Last Name Peloquin		First Nancy	MI	Contribution ID # 0142
Residential Street Address 12 Stoney Farm Ln		City Brookfield	State CT	Zip Code 06804
Principal Occupation Self-employed - (Co-owner)		Name of Employer Ridgefield Overhead Doors, LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/17/2014	Aggregate Contributions \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Boullianne		First J. Reed	MI	Contribution ID # 0144
Residential Street Address 12 Hollis Dr		City Brookfield	State CT	Zip Code 06804
Principal Occupation Firefighter		Name of Employer City of Danbury		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/17/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Barna		First Gale	MI	Contribution ID # 0146
Residential Street Address 359 Charter Oak Rd		City Southbury	State CT	Zip Code 06488
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/17/2014	Aggregate Contributions \$25.00
If yes, list Event #		\$25.00		
Last Name Mcauliffe		First Justin	MI	Contribution ID # 0147
Residential Street Address 10 High Meadow HI		City Danbury	State CT	Zip Code 06811
Principal Occupation Operations Manager		Name of Employer Continuum International		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/17/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Alexander		First James	MI	Contribution ID # 0148
Residential Street Address 7 Kelly Ct		City Sandy Hook	State CT	Zip Code 06482
Principal Occupation Golf Professional		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/17/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Hanks		First Ken	MI	Contribution ID # 0155
Residential Street Address 19 Hillcrest Ave		City Naugatuck	State CT	Zip Code 06770
Principal Occupation Fire Chief		Name of Employer Borough of Naugatuck		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/17/2014	Aggregate Contributions \$75.00
Last Name Bertram		First Daniel	MI	Contribution ID # 0157
Residential Street Address 17015 Pine Ave		City Los Gatos	State CA	Zip Code 95032
Principal Occupation Real Estate Developer		Name of Employer BRT		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/18/2014	Aggregate Contributions \$100.00
Last Name Bertram		First Susan	MI	Contribution ID # 0158
Residential Street Address 17015 Pine Ave		City Los Gatos	State CA	Zip Code 95032
Principal Occupation Homemaker		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/18/2014	Aggregate Contributions \$100.00
Last Name McCann		First Kevin	MI	Contribution ID # 0156
Residential Street Address 170 Lisa Dr		City South Windsor	State CT	Zip Code 06074
Principal Occupation Attorney		Name of Employer Kahan Kerensky & Capossela, LLP		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/18/2014	Aggregate Contributions \$25.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Estefan		First Paul	MI	Contribution ID # 0153
Residential Street Address 156 Triangle St		City Danbury	State CT	Zip Code 06810
Principal Occupation Airport Administrator		Name of Employer City of Danbury		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>01082014A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/18/2014	Aggregate Contributions \$100.00
Last Name Estefan		First Sally	MI	Contribution ID # 0154
Residential Street Address 156 Triangle St		City Danbury	State CT	Zip Code 06810
Principal Occupation Clinical Associate		Name of Employer MCS		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>01082014A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/18/2014	Aggregate Contributions \$100.00
Last Name LeRose		First Pamela	MI	Contribution ID # 0159
Residential Street Address 30 Hardscrabble Rd		City Sherman	State CT	Zip Code 06784
Principal Occupation N/A		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event # <u>01082014A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/19/2014	Aggregate Contributions \$100.00
Last Name Pereira		First Larry	MI	Contribution ID # 0161
Residential Street Address 11 Brookfield Mdws		City Brookfield	State CT	Zip Code 06804
Principal Occupation Attorney		Name of Employer Baker Law Firm, P.C.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event # <u>01082014A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/20/2014	Aggregate Contributions \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name DiGilio		First Jacqueline	MI	Contribution ID # 0162
Residential Street Address 6 Wixon Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation Admin		Name of Employer Cartus		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/20/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Meehan		First Bernie	MI	Contribution ID # 0160
Residential Street Address 31 Hemlock Rd		City Roxbury	State CT	Zip Code 06783
Principal Occupation Firefighter		Name of Employer City of Danbury		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/20/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Fish		First Daniel	MI	Contribution ID # 0166
Residential Street Address 400 North St		City Ridgefield	State CT	Zip Code 06877
Principal Occupation Physician		Name of Employer Orthopaedic Specialists of CT		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/21/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Nolan		First James	MI	Contribution ID # 0167
Residential Street Address 16 Southern Blvd		City Danbury	State CT	Zip Code 06810
Principal Occupation Real Estate		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/21/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Leaf		First Thomas	MI	Contribution ID # 0170
Residential Street Address 32 Farview Ave Apt 2		City Danbury	State CT	Zip Code 06810
Principal Occupation Attorney		Name of Employer Ventura Ribeiro & Smith		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/21/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Gottschalk		First Eric	MI	Contribution ID # 0186
Residential Street Address 6 Heritage Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/21/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Barath		First Jeffrey	MI	Contribution ID # 0187
Residential Street Address 11 Marianna Farm Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/21/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Barath		First Elayne	MI	Contribution ID # 0188
Residential Street Address 11 Marianna Farm Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Pilot		Name of Employer United Airlines		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/21/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Blaszka		First Paul	MI	Contribution ID # 0185
Residential Street Address 1 Rubson Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Senior Consultant		Name of Employer PepsiCo		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/21/2014	Aggregate Contributions \$50.00
Last Name Ornasta		First Mark	MI	Contribution ID # 0163
Residential Street Address 16 Driftway Point Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation Training Officer		Name of Employer Danbury Fire Department		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/21/2014	Aggregate Contributions \$100.00
Last Name Gomes		First Victor	MI	Contribution ID # 0168
Residential Street Address 32 Farview Ave		City Danbury	State CT	Zip Code 06810
Principal Occupation Student		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/21/2014	Aggregate Contributions \$100.00
Last Name Palmares		First Eric	MI	Contribution ID # 0169
Residential Street Address 32 Farview Ave		City Danbury	State CT	Zip Code 06810
Principal Occupation Student		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/21/2014	Aggregate Contributions \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Sandhu		First Jeet	MI	Contribution ID # 0164
Residential Street Address 90 Chestnut Hill Rd		City Ridgefield	State CT	Zip Code 06877
Principal Occupation Physician		Name of Employer DRA		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/21/2014	Aggregate Contributions \$100.00
Last Name Mazzucco		First Ward	MI	Contribution ID # 0165
Residential Street Address 44 Wood Rd		City Redding	State CT	Zip Code 06896
Principal Occupation Lawyer		Name of Employer Chipman Mazzucco		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/21/2014	Aggregate Contributions \$50.00
Last Name Kornhaas		First Robert	MI	Contribution ID # 0189
Residential Street Address 3 Pond Crest Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation CPA		Name of Employer Fiorita, Kornhaas & Co		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/22/2014	Aggregate Contributions \$100.00
Last Name Lincoln		First Betty	MI	Contribution ID # 0190
Residential Street Address 246 Whistletown Rd		City East Lyme	State CT	Zip Code 06333
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/22/2014	Aggregate Contributions \$50.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Seibert		First Timothy	MI	Contribution ID # 0191
Residential Street Address 13 Pineview Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Insurance/Benefits		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/23/2014	Aggregate Contributions \$25.00
Last Name Ramey		First Donna	MI	Contribution ID # 0192
Residential Street Address 47 Hanover Rd		City Newtown	State CT	Zip Code 06470
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/23/2014	Aggregate Contributions \$100.00
Last Name Virbickas		First Dainius	MI	Contribution ID # 0250
Residential Street Address 120 Cedar Hill Rd		City Bridgewater	State CT	Zip Code 06752
Principal Occupation Engineer		Name of Employer Artel Engineering Group LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>01232014A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/23/2014	Aggregate Contributions \$100.00
Last Name Smiles		First Aaron	MI	Contribution ID # 0245
Residential Street Address 54 Westchester Dr		City Rocky Point	State NY	Zip Code 11778
Principal Occupation RE Broker		Name of Employer Matrix		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>01232014A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/23/2014	Aggregate Contributions \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Scalzo		First Paul	MI	Contribution ID # 0247
Residential Street Address 32 Tori Ln		City Brookfield	State CT	Zip Code 06804
Principal Occupation Owner		Name of Employer Scalzo Property Management		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/23/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>01232014A</u>		\$100.00		
Last Name Scalzo		First Andrea	MI	Contribution ID # 0235
Residential Street Address 32 Tori Ln		City Brookfield	State CT	Zip Code 06804
Principal Occupation Information Requested		Name of Employer Scalzo Property Management		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/23/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>01232014A</u>		\$100.00		
Last Name Rossman		First Robert	MI	Contribution ID # 0244
Residential Street Address 2 Southridge Rd		City Brookfield	State CT	Zip Code 06804
Principal Occupation Information Requested		Name of Employer United Alarm Services		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/23/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>01232014A</u>		\$100.00		
Last Name Giaquinto		First Joseph	MI	Contribution ID # 0238
Residential Street Address 253 Rosewood Pl		City Bridgeport	State CT	Zip Code 06610
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/23/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>01232014A</u>		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Team Boughton	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Handshy	First Martin	MI	Contribution ID # 0242
Residential Street Address 46 Casey Ln	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Builder	Name of Employer Martin Construction Management Inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/23/2014
If yes, list Event # <u>01232014A</u>		Aggregate Contributions \$100.00	

Last Name Scalzo	First Peter	MI	Contribution ID # 0252
Residential Street Address 34B Obtuse Rd S	City Brookfield	State CT	Zip Code 06804
Principal Occupation Attorney	Name of Employer Gager Emerson et al		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/23/2014
If yes, list Event # <u>01232014A</u>		Aggregate Contributions \$100.00	

Last Name Yamin	First Robert	MI	Contribution ID # 0231
Residential Street Address 66 Barnum Rd	City Danbury	State CT	Zip Code 06811
Principal Occupation Attorney	Name of Employer Yamin & Yamin, LLP		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/23/2014
If yes, list Event # <u>01232014A</u>		Aggregate Contributions \$100.00	

Last Name Impronta	First Paul	MI	Contribution ID # 0240
Residential Street Address 11 Highview Ter	City Bethel	State CT	Zip Code 06801
Principal Occupation Insurance Agent	Name of Employer Underwriters Inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/23/2014
If yes, list Event # <u>01232014A</u>		Aggregate Contributions \$100.00	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Bernard		First Alfred	MI	Contribution ID # 0239
Residential Street Address 6 Highview Ter		City Bethel	State CT	Zip Code 06801
Principal Occupation Real Estate		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/23/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>01232014A</u>		\$100.00		
Last Name Rist		First Patricia	MI	Contribution ID # 0232
Residential Street Address 10 Shelter Rock Rd		City Bethel	State CT	Zip Code 06801
Principal Occupation Operations Manager		Name of Employer Oracle		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/23/2014	Aggregate Contributions \$50.00
If yes, list Event # <u>01232014A</u>		\$50.00		
Last Name Murphy		First Susan	MI	Contribution ID # 0228
Residential Street Address 12 Cottontail Ln		City Brookfield	State CT	Zip Code 06804
Principal Occupation Executive Director		Name of Employer Brookfield Chamber of Commerce		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/23/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>01232014A</u>		\$100.00		
Last Name Murphy		First Jerome	MI	Contribution ID # 0241
Residential Street Address 12 Cottontail Ln		City Brookfield	State CT	Zip Code 06804
Principal Occupation Realtor		Name of Employer Scalzo Realty		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/23/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>01232014A</u>		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Cascio		First Bernard	MI	Contribution ID # 0229
Residential Street Address 6 Larch Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Information Requested		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 01/23/2014	Aggregate Contributions \$100.00	
If yes, list Event # <u>01232014A</u>		\$100.00		
Last Name Nuccitelli		First Richard	MI	Contribution ID # 0230
Residential Street Address 20 Orchard St Apt 205		City Brookfield	State CT	Zip Code 06804
Principal Occupation Realtor		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/23/2014	Aggregate Contributions \$100.00	
If yes, list Event # <u>01232014A</u>		\$100.00		
Last Name Colucci		First John	MI	Contribution ID # 0233
Residential Street Address 5 Saugatuck Ridge Rd		City Danbury	State CT	Zip Code 06810
Principal Occupation Sales Management		Name of Employer Westchester Modular Homes Inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 01/23/2014	Aggregate Contributions \$100.00	
If yes, list Event # <u>01232014A</u>		\$100.00		
Last Name Urquhart		First Norman	MI	Contribution ID # 0234
Residential Street Address 220 Willow St		City Waterbury	State CT	Zip Code 06710
Principal Occupation Real Estate		Name of Employer Coldwell Banker		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 01/23/2014	Aggregate Contributions \$100.00	
If yes, list Event # <u>01232014A</u>		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name vonMetzsch		First Axel	MI	Contribution ID # 0236
Residential Street Address 11 Candlewood Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Sales		Name of Employer Axels Auto Parts		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/23/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>01232014A</u>		\$100.00		
Last Name Santoro		First Dominick	MI	Contribution ID # 0237
Residential Street Address 28 Old Lantern Rd		City Danbury	State CT	Zip Code 06810
Principal Occupation Financial Advisor		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/23/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>01232014A</u>		\$100.00		
Last Name Stone		First Dennis	MI	Contribution ID # 0243
Residential Street Address 14 Black Swan		City Brookfield	State CT	Zip Code 06804
Principal Occupation Real Estate		Name of Employer Charter Group		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/23/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>01232014A</u>		\$100.00		
Last Name Muonio		First Alfie	MI	Contribution ID # 0246
Residential Street Address 28 Farm Rd		City Sherman	State CT	Zip Code 06784
Principal Occupation Information Requested		Name of Employer Information Requested		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/23/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>01232014A</u>		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Mattei		First Alan	MI	Contribution ID # 0248
Residential Street Address 99 Ppertree Hill Rd		City Southbury	State CT	Zip Code 06488
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/23/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>01232014A</u>		\$100.00		
Last Name Flynn		First Kristen	MI	Contribution ID # 0249
Residential Street Address 8 Butterfield Ln		City Katonah	State NY	Zip Code 10536
Principal Occupation General Counsel		Name of Employer Litchfield Crossing LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/23/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>01232014A</u>		\$100.00		
Last Name Duff		First William	MI	Contribution ID # 0251
Residential Street Address 32 Long Meadow Ln		City Bethel	State CT	Zip Code 06801
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/23/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>01232014A</u>		\$100.00		
Last Name Rollison		First Howard	MI	Contribution ID # 0253
Residential Street Address 89 Milwaukee Ave		City Bethel	State CT	Zip Code 06801
Principal Occupation Owner		Name of Employer KRA Field Services		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/23/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>01232014A</u>		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Enright		First Joseph	MI	Contribution ID # 0256
Residential Street Address 6 Farm Rd		City Sherman	State CT	Zip Code 06784
Principal Occupation Construction		Name of Employer Westchester Modular Homes Inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/23/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>01232014A</u>		\$100.00		
Last Name Ferguson		First Marisa	MI	Contribution ID # 0200
Residential Street Address 4 Old Hayrake Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation Student		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/24/2014	Aggregate Contributions \$20.00
If yes, list Event #		\$20.00		
Last Name Ferguson		First Scott	MI	Contribution ID # 0201
Residential Street Address 4 Old Hayrake Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation Tax Collector		Name of Employer City of Danbury		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/24/2014	Aggregate Contributions \$50.00
If yes, list Event #		\$50.00		
Last Name Ferguson		First Mary Ann	MI	Contribution ID # 0202
Residential Street Address 4 Old Hayrake Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation Payroll Supervisor		Name of Employer Student Transportation of America		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/24/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Zordan		First Gerry	MI	Contribution ID # 0194
Residential Street Address 232 Klug Hill Rd		City Torrington	State CT	Zip Code 06790
Principal Occupation Management		Name of Employer Borgeson		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/24/2014	Aggregate Contributions \$100.00
Last Name Pucilauskas		First Charles	MI	Contribution ID # 0327
Residential Street Address 39 Horton Hill Rd Apt 2G		City Naugatuck	State CT	Zip Code 06770
Principal Occupation Information Requested		Name of Employer Bug Busters Inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/24/2014	Aggregate Contributions \$25.00
Last Name Young		First Mary Jo	MI	Contribution ID # 0199
Residential Street Address 18 Golden Hill Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation Processor		Name of Employer Blue Star Group		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/24/2014	Aggregate Contributions \$100.00
Last Name Snyder		First Steven	MI	Contribution ID # 0193
Residential Street Address 212 Half Sunset Ter		City Scott's Valley	State CA	Zip Code 95066
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/24/2014	Aggregate Contributions \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Edwards		First Robin	MI	Contribution ID # 0195
Residential Street Address 22 N Beach Dr		City New Fairfield	State CT	Zip Code 06812
Principal Occupation Asst Corporation Counsel		Name of Employer City of Danbury		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/24/2014	Aggregate Contributions \$100.00
Last Name Deakin		First Michael	MI	Contribution ID # 0196
Residential Street Address 3 Sycamore Ln		City Brookfield	State CT	Zip Code 06804
Principal Occupation Bartender		Name of Employer O'Leary Inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/24/2014	Aggregate Contributions \$100.00
Last Name Hajjar		First Susan	MI	Contribution ID # 0197
Residential Street Address 5 Pond Crest Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation IT Exec		Name of Employer IBM		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/24/2014	Aggregate Contributions \$100.00
Last Name Hajjar		First Dick	MI	Contribution ID # 0198
Residential Street Address 5 Pond Crest Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation Information Requested		Name of Employer Information Requested		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/24/2014	Aggregate Contributions \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Casagrande		First Daniel	MI	Contribution ID # 0203
Residential Street Address 58 Milwaukee Ave		City Bethel	State CT	Zip Code 06810
Principal Occupation Attorney		Name of Employer Cramer & Anderson LLP		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/24/2014	Aggregate Contributions \$100.00
Last Name Otto		First Katrina	MI	Contribution ID # 0204
Residential Street Address 6 Cushing Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Property Manager		Name of Employer Rock Ridge Est. Management		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/24/2014	Aggregate Contributions \$50.00
Last Name Salem		First Tim	MI	Contribution ID # 0205
Residential Street Address 10 Connecticut Ave		City Danbury	State CT	Zip Code 06810
Principal Occupation Education		Name of Employer Ridgefield Public Schools		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/25/2014	Aggregate Contributions \$50.00
Last Name Salvador		First Dominica	MI	Contribution ID # 0209
Residential Street Address 16 Zachery Ln		City New Milford	State CT	Zip Code 06776
Principal Occupation CNA		Name of Employer Masonicare		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/25/2014	Aggregate Contributions \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Salvador		First Justin	MI	Contribution ID # 0211
Residential Street Address 16 Zachery Ln		City New Milford	State CT	Zip Code 06776
Principal Occupation Manager		Name of Employer Nielson Co		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/25/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Moran		First Timothy	MI	Contribution ID # 0210
Residential Street Address 17 Evans St		City Waterbury	State CT	Zip Code 06708
Principal Occupation Owner		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/25/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Moran		First Jonathan	MI	Contribution ID # 0212
Residential Street Address 222 Old Hawleyville Rd		City Bethel	State CT	Zip Code 06801
Principal Occupation Manager		Name of Employer Benfield Electric		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/25/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Nahom		First Maria	MI	Contribution ID # 0215
Residential Street Address 21 Summit St		City New Milford	State CT	Zip Code 06776
Principal Occupation Information Requested		Name of Employer Eastern Connector Specialty		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/25/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Nahom		First Edmund	MI	Contribution ID # 0216
Residential Street Address 21 Summit St		City New Milford	State CT	Zip Code 06776
Principal Occupation N/A		Name of Employer None		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/25/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Nahom		First Michael	MI	Contribution ID # 0214
Residential Street Address 18 Hickory Hearth Ln		City New Milford	State CT	Zip Code 06776
Principal Occupation Sales		Name of Employer Eastern Connector Specialty		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/25/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Riemer		First William	MI	Contribution ID # 0218
Residential Street Address 50 W District Rd		City Farmington	State CT	Zip Code 06085
Principal Occupation IT Director		Name of Employer Harvey & Lewis		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/25/2014	Aggregate Contributions \$95.00
If yes, list Event #		\$90.00		
Last Name Formica		First Paul	MI	Contribution ID # 0213
Residential Street Address 20A Bush Hill Dr		City Niantic	State CT	Zip Code 06357
Principal Occupation First Selectman		Name of Employer Town of East Lyme		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/25/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Michael		First Louise	MI	Contribution ID # 0208
Residential Street Address 87 Deer Hill Ave		City Danbury	State CT	Zip Code 06810
Principal Occupation Clerk		Name of Employer City of Danbury		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/25/2014	Aggregate Contributions \$25.00
Last Name Janney		First Eric	MI	Contribution ID # 0206
Residential Street Address 975 Stonington Rd		City Pawcatuck	State CT	Zip Code 06379
Principal Occupation Attorney		Name of Employer Block Janney & Pascal LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/25/2014	Aggregate Contributions \$100.00
Last Name Janney		First Kay	MI	Contribution ID # 0207
Residential Street Address 97 Three Acre Rd		City Groton	State CT	Zip Code 06340
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/25/2014	Aggregate Contributions \$100.00
Last Name Chory		First Mark	MI	Contribution ID # 0217
Residential Street Address 14 Eastwood Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation VP - Commercial Lending		Name of Employer Union Savings Bank		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/25/2014	Aggregate Contributions \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Peters		First Donald	MI	Contribution ID # 0219
Residential Street Address 16 Dorothy St		City Enfield	State CT	Zip Code 06082
Principal Occupation Software Developer		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/26/2014	Aggregate Contributions \$50.00
Last Name Bryant		First Alexis	MI	Contribution ID # 0220
Residential Street Address 2055 Twin Hills Dr		City Santa Cruz	State CA	Zip Code 95065
Principal Occupation Information Requested		Name of Employer Information Requested		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/26/2014	Aggregate Contributions \$100.00
Last Name Snyder		First Robert	MI	Contribution ID # 0221
Residential Street Address 2055 Twin Hills Dr		City Santa Cruz	State CA	Zip Code 95065
Principal Occupation Information Requested		Name of Employer Information Requested		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/26/2014	Aggregate Contributions \$100.00
Last Name Dye		First Kyleen	MI	Contribution ID # 0222
Residential Street Address 1729 Creekside Ln		City Vista	State CA	Zip Code 92081
Principal Occupation Online Studio Manager		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/26/2014	Aggregate Contributions \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Dye		First James	MI	Contribution ID # 0223
Residential Street Address 1729 Creekside Ln		City Vista	State CA	Zip Code 92081
Principal Occupation Attorney		Name of Employer Fisher & Phillips, LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/26/2014	Aggregate Contributions \$100.00
If yes, list Event # 01282014A		\$100.00		
Last Name Pace		First Jim	MI	Contribution ID # 0224
Residential Street Address 23886 Huntington Ct		City Murrieta	State CA	Zip Code 92562
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/27/2014	Aggregate Contributions \$25.00
If yes, list Event # 01282014A		\$25.00		
Last Name Chapman		First Susan	MI	Contribution ID # 0225
Residential Street Address 6 Old Bridge Rd W		City New Fairfield	State CT	Zip Code 06812
Principal Occupation First Selectman		Name of Employer Town of New Fairfield		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/27/2014	Aggregate Contributions \$100.00
If yes, list Event # 01282014A		\$100.00		
Last Name Fleishell		First James	MI	Contribution ID # 0265
Residential Street Address 34 Legendary Rd		City East Lyme	State CT	Zip Code 06333
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/28/2014	Aggregate Contributions \$25.00
If yes, list Event # 01282014A		\$25.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Sistare		First F. Kent	MI	Contribution ID # 0263
Residential Street Address 22 Westchester Dr		City East Lyme	State CT	Zip Code 06333
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>01282014A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/28/2014	Aggregate Contributions \$50.00
Last Name Steward		First Katherine	MI	Contribution ID # 0258
Residential Street Address 37 Riverside Dr		City Waterford	State CT	Zip Code 06385
Principal Occupation Teacher		Name of Employer Waterford BOE		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>01282014A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/28/2014	Aggregate Contributions \$100.00
Last Name Fraser		First Wayne	MI	Contribution ID # 0255
Residential Street Address 22 Gurley Rd		City East Lyme	State CT	Zip Code 06333
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>01282014A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/28/2014	Aggregate Contributions \$50.00
Last Name Seery		First Kevin	MI	Contribution ID # 0259
Residential Street Address 25 Quailcrest Rd		City East Lyme	State CT	Zip Code 06333
Principal Occupation State Trooper		Name of Employer State of CT		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>01282014A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/28/2014	Aggregate Contributions \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Kleinhans		First Eleanor	MI	Contribution ID # 0260
Residential Street Address 64 Old Black Point Rd		City Niantic	State CT	Zip Code 06357
Principal Occupation Realtor		Name of Employer Coldwell Banker		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/28/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>01282014A</u>		\$100.00		
Last Name Giuliano		First Marilyn	MI	Contribution ID # 0268
Residential Street Address 43 Cricket Ct		City Old Saybrook	State CT	Zip Code 06475
Principal Occupation Legislator		Name of Employer State of CT		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/28/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>01282014A</u>		\$100.00		
Last Name Percy		First Stephen	MI	Contribution ID # 0257
Residential Street Address 14 New Shore Rd		City Waterford	State CT	Zip Code 06385
Principal Occupation Information Requested		Name of Employer Information Requested		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/28/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>01282014A</u>		\$100.00		
Last Name Davis		First Linda	MI	Contribution ID # 0227
Residential Street Address 91 Inchcliffe Dr		City Gales Ferry	State CT	Zip Code 06335
Principal Occupation Real Estate		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/28/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Kelley		First Steven	MI	Contribution ID # 0262
Residential Street Address 8 Joval St		City East Lyme	State CT	Zip Code 06333
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/28/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>01282014A</u>		\$100.00		
Last Name Darcy		First William	MI	Contribution ID # 0226
Residential Street Address 35 Pompey Hollow Rd		City Ashford	State CT	Zip Code 06278
Principal Occupation Attorney		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/28/2014	Aggregate Contributions \$50.00
If yes, list Event # <u>01282014A</u>		\$50.00		
Last Name Palazzo		First Rita	MI	Contribution ID # 0266
Residential Street Address 43 Sleepy Hollow Rd		City Niantic	State CT	Zip Code 06357
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/28/2014	Aggregate Contributions \$50.00
If yes, list Event # <u>01282014A</u>		\$50.00		
Last Name Holbrook		First Sid	MI	Contribution ID # 0267
Residential Street Address 455 Essex Rd		City Westbrook	State CT	Zip Code 06498
Principal Occupation Executive Director		Name of Employer GNHPCA		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/28/2014	Aggregate Contributions \$75.00
If yes, list Event # <u>01282014A</u>		\$75.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Sailer		First Alice	MI	Contribution ID # 0261
Residential Street Address 7 Gooseberry Ln		City Niantic	State CT	Zip Code 06357
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>01282014A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/28/2014	Aggregate Contributions \$100.00
Last Name Ennis		First Mark	MI	Contribution ID # 0264
Residential Street Address 34 Jeremy Dr		City East Lyme	State CT	Zip Code 06333
Principal Occupation Owner		Name of Employer Thomas L. Neilan & Sons		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>01282014A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/28/2014	Aggregate Contributions \$100.00
Last Name Vincent		First Lee	MI	Contribution ID # 0269
Residential Street Address 1 New London Rd		City Mystic	State CT	Zip Code 06355
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>01282014A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/28/2014	Aggregate Contributions \$25.00
Last Name Copp		First Cheryl Ann	MI	Contribution ID # 0315
Residential Street Address 138 Plant St		City New London	State CT	Zip Code 06320
Principal Occupation Receptionist		Name of Employer L&M Hospital		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>01292014A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/29/2014	Aggregate Contributions \$25.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Dombek		First Janet	MI	Contribution ID # 0316
Residential Street Address 23 Judge Ln		City Newington	State CT	Zip Code 06111
Principal Occupation HIM Director		Name of Employer L&M Hospital		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/29/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>01292014A</u>		\$100.00		
Last Name Marku		First Petrit	MI	Contribution ID # 0317
Residential Street Address 19 Westwood Dr		City Waterford	State CT	Zip Code 06385
Principal Occupation Information Requested		Name of Employer A Beautiful Co LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/29/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>01292014A</u>		\$100.00		
Last Name Tom		First Geraldine	MI	Contribution ID # 0318
Residential Street Address 16 Old Black Point Rd		City Niantic	State CT	Zip Code 06357
Principal Occupation Owner		Name of Employer Barry's Cleaners Inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/29/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>01292014A</u>		\$100.00		
Last Name Sprecace		First Adam	MI	Contribution ID # 0320
Residential Street Address 124 Gardner Ave		City New London	State CT	Zip Code 06320
Principal Occupation Mechanical Engineer		Name of Employer General Dynamics		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/29/2014	Aggregate Contributions \$25.00
If yes, list Event # <u>01292014A</u>		\$25.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Kopchik		First Ken	MI	Contribution ID # 0322
Residential Street Address 125 Fairchild Rd		City Stratford	State CT	Zip Code 06614
Principal Occupation Administrator		Name of Employer Mystic Healthcare		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/29/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>01292014A</u>		\$100.00		
Last Name Robbins		First Keith	MI	Contribution ID # 0325
Residential Street Address 118 Gardner Ave		City New London	State CT	Zip Code 06320
Principal Occupation Sales		Name of Employer GCE		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/29/2014	Aggregate Contributions \$50.00
If yes, list Event # <u>01292014A</u>		\$50.00		
Last Name Cruthers		First David	MI	Contribution ID # 0326
Residential Street Address 5 Prospect St		City Groton	State CT	Zip Code 06340
Principal Occupation Assoc. Dir. of Development		Name of Employer Pine Point School		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/29/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>01292014A</u>		\$100.00		
Last Name Patten		First Robert	MI	Contribution ID # 0319
Residential Street Address 12 Memory Ln		City Waterford	State CT	Zip Code 06385
Principal Occupation Financial Advisor		Name of Employer Morgan Stanley		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/29/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>01292014A</u>		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Ribas		First Francisco	MI	Contribution ID # 0323
Residential Street Address 52 New Shore Rd		City Waterford	State CT	Zip Code 06385
Principal Occupation Civil Engineer		Name of Employer Gannett Fleming Inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/29/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>01292014A</u>		\$100.00		
Last Name LaCombe		First Richard	MI	Contribution ID # 0321
Residential Street Address 165 Clark Ln		City Waterford	State CT	Zip Code 06385
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/29/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>01292014A</u>		\$100.00		
Last Name Greco		First Vincenzo	MI	Contribution ID # 0270
Residential Street Address 36 London Ave		City Oneonta	State NY	Zip Code 13820
Principal Occupation Teacher		Name of Employer JCS		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/29/2014	Aggregate Contributions \$25.00
If yes, list Event #		\$25.00		
Last Name Alosco		First Mario	MI	Contribution ID # 0271
Residential Street Address 7 Harold Ave		City Wilmington	State MA	Zip Code 01887
Principal Occupation Partner		Name of Employer Radius Partners		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/29/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Proteau		First Kathryn	MI	Contribution ID # 0274
Residential Street Address 181 Ball Pond Rd		City New Fairfield	State CT	Zip Code 06812
Principal Occupation Mortgage Processor		Name of Employer Newtown Savings Bank		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/29/2014	Aggregate Contributions \$100.00
Last Name Proteau		First Jacques	MI	Contribution ID # 0275
Residential Street Address 181 Ball Pond Rd		City New Fairfield	State CT	Zip Code 06812
Principal Occupation Construction		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/29/2014	Aggregate Contributions \$100.00
Last Name DeMayo		First Donna	MI	Contribution ID # 0276
Residential Street Address 20 E Pembroke Rd Unit 59		City Danbury	State CT	Zip Code 06811
Principal Occupation Teacher		Name of Employer Danbury Public Schools		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/29/2014	Aggregate Contributions \$100.00
Last Name Laber		First Robert	MI	Contribution ID # 0277
Residential Street Address 14 Driftway Point Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation Sales		Name of Employer Ingersoll Auto of Danbury		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/29/2014	Aggregate Contributions \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Hansen		First David	MI	Contribution ID # 0278
Residential Street Address 31 Longview Ave		City Danbury	State CT	Zip Code 06811
Principal Occupation Engineer		Name of Employer United Technologies		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/29/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Curran		First Val	MI	Contribution ID # 0279
Residential Street Address 149 Captaine Graves		City Williamsburg	State VA	Zip Code 23185
Principal Occupation Radiologist		Name of Employer Peninsula Radiological Associates		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/29/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Pearlman		First Pauline	MI	Contribution ID # 0273
Residential Street Address 14 Marion St		City Danbury	State CT	Zip Code 06810
Principal Occupation N/A		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/29/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Doyle		First Michael	MI	Contribution ID # 0324
Residential Street Address 67 Faire Harbor Pl		City New London	State CT	Zip Code 06320
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/29/2014	Aggregate Contributions \$100.00
If yes, list Event # <b>01292014A</b>		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Whitcomb		First John	MI	Contribution ID # 0272
Residential Street Address 198 Southern Blvd		City Danbury	State CT	Zip Code 06810
Principal Occupation Manager		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/29/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Fluskey-Lattin		First Annrose	MI	Contribution ID # 0280
Residential Street Address 19 W Pine Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Teacher		Name of Employer Bedford Central Schools		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/29/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Hoffstaetter		First Frederick	MI	Contribution ID # 0293
Residential Street Address 6 N Nabby Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation N/A		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/30/2014	Aggregate Contributions \$20.00
If yes, list Event #		\$20.00		
Last Name Farley		First John	MI	Contribution ID # 0286
Residential Street Address 111 Oneida Dr		City Greenwich	State CT	Zip Code 06830
Principal Occupation Real Estate		Name of Employer Farley Enterprises		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/30/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Bruno		First Jennifer	MI	Contribution ID # 0299
Residential Street Address 45 Codfish Hill Rd		City Bethel	State CT	Zip Code 06801
Principal Occupation Homemaker		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/30/2014	Aggregate Contributions \$100.00
Last Name Wetmore		First Barbara	MI	Contribution ID # 0288
Residential Street Address 117 Great Plain Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation Food Services		Name of Employer Danbury School Lunch Program		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/30/2014	Aggregate Contributions \$100.00
Last Name Malloy		First Thomas	MI	Contribution ID # 0283
Residential Street Address 80 Sekelsky Dr		City Stratford	State CT	Zip Code 06614
Principal Occupation International Security		Name of Employer Altusmg		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/30/2014	Aggregate Contributions \$100.00
Last Name Elmer		First Palma	MI	Contribution ID # 0294
Residential Street Address 9 Apple Blossom Ln		City Danbury	State CT	Zip Code 06811
Principal Occupation Owner		Name of Employer Elmer's Diner		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/30/2014	Aggregate Contributions \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Honiss		First James	MI	Contribution ID # 0281
Residential Street Address 50 Wagon Rd		City Glastonbury	State CT	Zip Code 06033
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/30/2014	Aggregate Contributions \$10.00
Last Name Vitetta		First Connie	MI	Contribution ID # 0292
Residential Street Address 10 Old Farm Rd		City Danbury	State CT	Zip Code 06810
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/30/2014	Aggregate Contributions \$25.00
Last Name Ingham		First Paula	MI	Contribution ID # 0285
Residential Street Address 7 Roger Ave		City Danbury	State CT	Zip Code 06810
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/30/2014	Aggregate Contributions \$100.00
Last Name Brandt		First DeeDee	MI	Contribution ID # 0282
Residential Street Address 739 Placid Cove Way		City Salem	State SC	Zip Code 29676
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/30/2014	Aggregate Contributions \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Hawk		First James	MI	Contribution ID # 0284
Residential Street Address 7 Marbil Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation Accountant		Name of Employer Montanari Fuel		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/30/2014	Aggregate Contributions \$25.00
Last Name Marrinan		First Patricia	MI	Contribution ID # 0291
Residential Street Address 15 Indian Spg		City Danbury	State CT	Zip Code 06811
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/30/2014	Aggregate Contributions \$100.00
Last Name Isabelle		First Serge	MI	Contribution ID # 0295
Residential Street Address 3 Westwood Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Tree Service		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/30/2014	Aggregate Contributions \$100.00
Last Name Isabelle		First Valerie	MI	Contribution ID # 0296
Residential Street Address 3 Westwood Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Tree Service		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/30/2014	Aggregate Contributions \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Gandiaga		First Franklyn	MI	Contribution ID # 0297
Residential Street Address 77 Atwater Ave Apt 6		City Derby	State CT	Zip Code 06418
Principal Occupation Revenue Agent		Name of Employer IRS		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/30/2014	Aggregate Contributions \$100.00
Last Name Peterson		First Clarence	MI	Contribution ID # 0300
Residential Street Address 4 Boulder Creek Rd		City Newtown	State CT	Zip Code 06470
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/30/2014	Aggregate Contributions \$100.00
Last Name Somers		First Mark	MI	Contribution ID # 0298
Residential Street Address 67 Ramsdell St		City Groton	State CT	Zip Code 06340
Principal Occupation Physician		Name of Employer LMMG		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/30/2014	Aggregate Contributions \$100.00
Last Name Somers		First Heather	MI	Contribution ID # 0287
Residential Street Address 67 Ramsdell St		City Groton	State CT	Zip Code 06340
Principal Occupation VP International Sales		Name of Employer Hydrofera		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/30/2014	Aggregate Contributions \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Young		First William	MI	Contribution ID # 0289
Residential Street Address 43 Cobb City Rd		City Colebrook	State CT	Zip Code 06021
Principal Occupation Plumber		Name of Employer West State Mechanical		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/30/2014	Aggregate Contributions \$100.00
Last Name Young		First John	MI	Contribution ID # 0290
Residential Street Address 43 Cobb City Rd		City Colebrook	State CT	Zip Code 06021
Principal Occupation Driver		Name of Employer Shared Services		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/30/2014	Aggregate Contributions \$100.00
Last Name Kennerson		First Alesia	MI	Contribution ID # 0301
Residential Street Address 198 Gillette Rd		City New Hartford	State CT	Zip Code 06057
Principal Occupation Tax Auditor		Name of Employer State of CT		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/31/2014	Aggregate Contributions \$25.00
Last Name Park		First Myoung-hee	MI	Contribution ID # 0303
Residential Street Address 6 Deal Dr		City Danbury	State CT	Zip Code 06810
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/01/2014	Aggregate Contributions \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Mingione		First Michael	MI	Contribution ID # 0302
Residential Street Address 133 Eleven Levels Rd		City Ridgefield	State CT	Zip Code 06877
Principal Occupation CPA		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/01/2014	Aggregate Contributions \$50.00
If yes, list Event #		\$50.00		
Last Name Casagrande		First Rick	MI	Contribution ID # 0304
Residential Street Address 29 E Hayestown Rd Unit 29		City Danbury	State CT	Zip Code 06811
Principal Occupation Teacher		Name of Employer New Milford Public Schools		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/01/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Perry		First Mark	MI	Contribution ID # 0305
Residential Street Address 6 Skyline Dr		City Danbury	State CT	Zip Code 06810
Principal Occupation Firefighter		Name of Employer City of Danbury		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/02/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Perry		First Clare	MI	Contribution ID # 0306
Residential Street Address 6 Skyline Dr		City Danbury	State CT	Zip Code 06810
Principal Occupation Admin Asst		Name of Employer Physicians for Women		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/02/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Chelso		First George	MI	Contribution ID # 0307
Residential Street Address 22 Main St Unit 13		City Danbury	State CT	Zip Code 06810
Principal Occupation N/A		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/02/2014	Aggregate Contributions \$100.00
Last Name Davis		First Benjamin	MI	Contribution ID # 0308
Residential Street Address 65 Porriello Dr		City Southington	State CT	Zip Code 06489
Principal Occupation Pharmacist		Name of Employer Walgreens		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/02/2014	Aggregate Contributions \$100.00
Last Name Davis		First Kim	MI	Contribution ID # 0309
Residential Street Address 65 Porriello Dr		City Southington	State CT	Zip Code 06489
Principal Occupation Pharmacist		Name of Employer Walgreens		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/02/2014	Aggregate Contributions \$100.00
Last Name Camacho		First Estela	MI	Contribution ID # 0311
Residential Street Address 4 Lily Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Director		Name of Employer Danbury Public Schools		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/03/2014	Aggregate Contributions \$50.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Linares		First Art	MI	Contribution ID # 0310
Residential Street Address 242 Toby Hill Rd		City Westbrook	State CT	Zip Code 06498
Principal Occupation State Senator		Name of Employer State of CT		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/03/2014	Aggregate Contributions \$100.00
Last Name Morris		First Robert	MI	Contribution ID # 0312
Residential Street Address 98 Riverside Ave		City Riverside	State CT	Zip Code 06878
Principal Occupation CPA		Name of Employer O'Connor Davies LLP		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/03/2014	Aggregate Contributions \$100.00
Last Name Ferguson		First Michael	MI	Contribution ID # 0314
Residential Street Address 4 Old Hayrake Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation Student		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/04/2014	Aggregate Contributions \$100.00
Last Name Fiengo		First Nicholas	MI	Contribution ID # 0313
Residential Street Address 45 Saunders Dr		City Niantic	State CT	Zip Code 06357
Principal Occupation Busboy		Name of Employer Illianos Pizza		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/04/2014	Aggregate Contributions \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Smyth		First Kori	MI	Contribution ID # 0328
Residential Street Address 11138 Accra Ln		City San Diego	State CA	Zip Code 92131
Principal Occupation Homemaker		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/05/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Smyth		First Ryan	MI	Contribution ID # 0329
Residential Street Address 11138 Accra Ln		City San Diego	State CA	Zip Code 92131
Principal Occupation Consultant		Name of Employer Promontory Financial Group		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/05/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Prunty		First Timothy	MI	Contribution ID # 0330
Residential Street Address 160 Crescent Ave		City Waldwick	State NJ	Zip Code 07463
Principal Occupation Sr. Comms Consultant		Name of Employer Lonza		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/06/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Metzgar		First Matthew	MI	Contribution ID # 0331
Residential Street Address 160 Gordonhurst Ave Apt E1		City Montclair	State NJ	Zip Code 07043
Principal Occupation Fundraiser		Name of Employer Hartwick College		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/06/2014	Aggregate Contributions \$40.00
If yes, list Event #		\$40.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Struna		First J. Michael	MI	Contribution ID # 0332
Residential Street Address 39 Katrina Cir		City Bethel	State CT	Zip Code 06801
Principal Occupation Real Estate		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/06/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>01232014A</u>		\$100.00		
Last Name Farrell		First Michael	MI	Contribution ID # 0333
Residential Street Address 9 Hillside Dr		City New Fairfield	State CT	Zip Code 06812
Principal Occupation Police Office		Name of Employer City of Danbury		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/07/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Chelso		First Gregory	MI	Contribution ID # 0334
Residential Street Address 2 Main Dr		City Brookfield	State CT	Zip Code 06804
Principal Occupation Investigator		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/07/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Shaker		First Harry	MI	Contribution ID # 0395
Residential Street Address 87 Long Meadow Hill Rd		City Brookfield	State CT	Zip Code 06804
Principal Occupation Contractor		Name of Employer Yankee Paint		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/07/2014	Aggregate Contributions \$30.00
If yes, list Event # <u>02072014A</u>		\$30.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Tinsley		First Mary	MI	Contribution ID # 0393
Residential Street Address 14 Evergreens Dr		City Brookfield	State CT	Zip Code 06804
Principal Occupation Secretary		Name of Employer Western CT Medical Group		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/07/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>02072014A</u>		\$100.00		
Last Name DeMarco		First Rose	MI	Contribution ID # 0399
Residential Street Address 20 Sunset Hill Rd		City Brookfield	State CT	Zip Code 06804
Principal Occupation Print Specialist		Name of Employer RR Donnelley		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/07/2014	Aggregate Contributions \$50.00
If yes, list Event # <u>02072014A</u>		\$50.00		
Last Name Appleby		First Robert	MI	Contribution ID # 0392
Residential Street Address 43 Candlewood Shores Rd		City Brookfield	State CT	Zip Code 06804
Principal Occupation Dispatcher		Name of Employer Town of Brookfield		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/07/2014	Aggregate Contributions \$20.00
If yes, list Event # <u>02072014A</u>		\$20.00		
Last Name Harding		First Stephen	MI	Contribution ID # 0400
Residential Street Address 56 Mist Hill Dr		City Brookfield	State CT	Zip Code 06804
Principal Occupation Attorney		Name of Employer Buck-Taylor Law Office		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/07/2014	Aggregate Contributions \$80.00
If yes, list Event # <u>02072014A</u>		\$30.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Foncello		First Martin	MI	Contribution ID # 0394
Residential Street Address 11 Drover Rd		City Brookfield	State CT	Zip Code 06804
Principal Occupation Officer		Name of Employer US Government		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/07/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>02072014A</u>		\$100.00		
Last Name Appleby		First Robin	MI	Contribution ID # 0396
Residential Street Address 1 Applefry Farm Rd		City Brookfield	State CT	Zip Code 06804
Principal Occupation Information Requested		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/07/2014	Aggregate Contributions \$20.00
If yes, list Event # <u>02072014A</u>		\$20.00		
Last Name Corbin		First Date	MI	Contribution ID # 0397
Residential Street Address 44 Old Middle Rd		City Brookfield	State CT	Zip Code 06804
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/07/2014	Aggregate Contributions \$20.00
If yes, list Event # <u>02072014A</u>		\$20.00		
Last Name Taylor		First Linda	MI	Contribution ID # 0398
Residential Street Address 10 Phobee Ln		City Brookfield	State CT	Zip Code 06804
Principal Occupation Nurse		Name of Employer Womens Health Care		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/07/2014	Aggregate Contributions \$50.00
If yes, list Event # <u>02072014A</u>		\$50.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Seagraves		First Edward	MI	Contribution ID # 0336
Residential Street Address 26 Chipmunk Ln		City Ridgefield	State CT	Zip Code 06877
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/08/2014	Aggregate Contributions \$35.00
Last Name Simone		First Gary	MI	Contribution ID # 0340
Residential Street Address 93 Park Ave Apt 403		City Danbury	State CT	Zip Code 06810
Principal Occupation Parks and Rec Director		Name of Employer Town of Easton		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/08/2014	Aggregate Contributions \$100.00
Last Name Carver		First Paul	MI	Contribution ID # 0341
Residential Street Address 100 Old Post Rd		City Old Saybrook	State CT	Zip Code 06475
Principal Occupation Rate Specialist		Name of Employer State of CT		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/08/2014	Aggregate Contributions \$100.00
Last Name Carver		First Lisa	MI	Contribution ID # 0342
Residential Street Address 100 Old Post Rd		City Old Saybrook	State CT	Zip Code 06475
Principal Occupation Finance Director		Name of Employer Town of Old Saybrook		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/08/2014	Aggregate Contributions \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Palanzo		First Paul	MI	Contribution ID # 0344
Residential Street Address 32 Cornell Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation VP Sales		Name of Employer Rose & Kiernan Inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/08/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Ward		First Edward	MI	Contribution ID # 0346
Residential Street Address 99 Wooster Heights Rd		City Danbury	State CT	Zip Code 06810
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/08/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Brinson		First Corey	MI	Contribution ID # 0348
Residential Street Address 19 Stony Ridge Rd		City Norwich	State CT	Zip Code 06360
Principal Occupation Attorney		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/08/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Michael		First Georgette	MI	Contribution ID # 0343
Residential Street Address 87 Deer Hill Ave		City Danbury	State CT	Zip Code 06810
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/08/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Michael		First Louise	MI	Contribution ID # 0345
Residential Street Address 87 Deer Hill Ave		City Danbury	State CT	Zip Code 06810
Principal Occupation Purchasing		Name of Employer City of Danbury		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/08/2014	Aggregate Contributions \$100.00
Last Name Marano		First Carlo	MI	Contribution ID # 0338
Residential Street Address 10 Lakecrest Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Information Requested		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/08/2014	Aggregate Contributions \$100.00
Last Name Marano		First Christine	MI	Contribution ID # 0339
Residential Street Address 10 Lakecrest Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Accountant		Name of Employer Lyons & Lyons PC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/08/2014	Aggregate Contributions \$100.00
Last Name McLachlan		First Michael	MI	Contribution ID # 0350
Residential Street Address 47 W Wooster St		City Danbury	State CT	Zip Code 06813
Principal Occupation State Senator		Name of Employer State of CT		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/08/2014	Aggregate Contributions \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Houck		First Kenneth	MI	Contribution ID # 0349
Residential Street Address 314 Grant Hill Rd		City Tolland	State CT	Zip Code 06084
Principal Occupation N/A		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/08/2014	Aggregate Contributions \$50.00
If yes, list Event #		\$50.00		
Last Name Schaffrick		First Gary	MI	Contribution ID # 0335
Residential Street Address 515-14 Emmett St		City Bristol	State CT	Zip Code 06010
Principal Occupation Disabled		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/08/2014	Aggregate Contributions \$10.00
If yes, list Event #		\$10.00		
Last Name Boehm		First William	MI	Contribution ID # 0347
Residential Street Address 1 E Hayestown Rd # 68		City Danbury	State CT	Zip Code 06811
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/08/2014	Aggregate Contributions \$50.00
If yes, list Event #		\$50.00		
Last Name Janey		First Denise	MI	Contribution ID # 0337
Residential Street Address 40 Smoke Hill Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Chief Examiner		Name of Employer City of Danbury		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/08/2014	Aggregate Contributions \$75.00
If yes, list Event #		\$75.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Macaulay		First Sheila	MI	Contribution ID # 0351
Residential Street Address 59 Judith Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/08/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Macaulay		First Dennis	MI	Contribution ID # 0352
Residential Street Address 59 Judith Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/08/2014	Aggregate Contributions \$50.00
If yes, list Event #		\$50.00		
Last Name Gerace		First Jessica	MI	Contribution ID # 0353
Residential Street Address 40 Mountainville Rd		City Danbury	State CT	Zip Code 06810
Principal Occupation Teacher		Name of Employer Danbury Public Schools		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/09/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Cilley		First Charlotte	MI	Contribution ID # 0354
Residential Street Address 23 Middle River Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation Life Planner		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/09/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Ofiero		First Regina	MI	Contribution ID # 0355
Residential Street Address 1 Humber Hill Rd		City Danbury	State CT	Zip Code 06810
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event # <u>02272014A</u>		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/09/2014	Aggregate Contributions \$100.00
Last Name Purcaro		First Michael	MI	Contribution ID # 0356
Residential Street Address 15 Foster Dr		City Ellington	State CT	Zip Code 06029
Principal Occupation Director of Business and Finance		Name of Employer Vernon Public Schools		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>02272014A</u>		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/09/2014	Aggregate Contributions \$100.00
Last Name Cannon		First Patrick	MI	Contribution ID # 0401
Residential Street Address 77 Beaver Brook Rd		City Ridgefield	State CT	Zip Code 06877
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>02092014A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/09/2014	Aggregate Contributions \$100.00
Last Name Kennedy		First Laura	MI	Contribution ID # 0402
Residential Street Address 111 Aunt Hack Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation Admin Asst		Name of Employer Walnut Hill Community Church		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>02092014A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/09/2014	Aggregate Contributions \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Grispin		First Wendy	MI	Contribution ID # 0403
Residential Street Address 6 Pond Crest Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation Attorney		Name of Employer Pinney Payne PC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/09/2014	Aggregate Contributions \$50.00
If yes, list Event # <u>02092014A</u>		\$50.00		
Last Name Dorsch		First Misty	MI	Contribution ID # 0404
Residential Street Address 12 Bernlou Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Teller		Name of Employer Newtown Savings Bank		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/09/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>02092014A</u>		\$100.00		
Last Name McNally		First Edward	MI	Contribution ID # 0405
Residential Street Address 17 Jarrod Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Consultant		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/09/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>02092014A</u>		\$100.00		
Last Name McNally		First Glenna	MI	Contribution ID # 0410
Residential Street Address 17 Jarrod Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Recruiter		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/09/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>02092014A</u>		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Hyde		First Thomas	MI	Contribution ID # 0406
Residential Street Address 16 10th St		City Derby	State CT	Zip Code 06418
Principal Occupation Unemployed		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/09/2014	Aggregate Contributions \$25.00
If yes, list Event # <u>02092014A</u>		\$25.00		
Last Name Pardee		First Darrin	MI	Contribution ID # 0407
Residential Street Address 39 Middle River Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation Chiropractor		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/09/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>02092014A</u>		\$100.00		
Last Name Pardee		First Joanne	MI	Contribution ID # 0408
Residential Street Address 39 Middle River Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation Information Requested		Name of Employer Information Requested		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/09/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>02092014A</u>		\$100.00		
Last Name Gehan		First Brian	MI	Contribution ID # 0409
Residential Street Address 50 Saw Mill Rd # 12102		City Danbury	State CT	Zip Code 06810
Principal Occupation Golf Professional		Name of Employer Richter Park Authority		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/09/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>02092014A</u>		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Helmus		First Danielle	MI	Contribution ID # 0357
Residential Street Address 1 E Hayestown Rd Unit 29		City Danbury	State CT	Zip Code 06811
Principal Occupation Accountant		Name of Employer GE		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/10/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name LeRose		First Donald	MI	Contribution ID # 0358
Residential Street Address 1 Glenn Hill Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/10/2014	Aggregate Contributions \$50.00
If yes, list Event #		\$50.00		
Last Name Palmer		First Shawn	MI	Contribution ID # 0359
Residential Street Address 48 Jolin Ln		City Colchester	State CT	Zip Code 06415
Principal Occupation SVP, Chief Revenue Officer		Name of Employer Record Journal Publishing Company		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/10/2014	Aggregate Contributions \$25.00
If yes, list Event #		\$25.00		
Last Name Schultz		First AJ	MI	Contribution ID # 0360
Residential Street Address 3 Bellevue Ter		City Cromwell	State CT	Zip Code 06416
Principal Occupation Sales Director		Name of Employer Big Sky Fitness		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/12/2014	Aggregate Contributions \$50.00
If yes, list Event #		\$50.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Dreher		First Quentin	MI	Contribution ID # 0361
Residential Street Address 333 Dover St		City Bridgeport	State CT	Zip Code 06610
Principal Occupation Manager		Name of Employer Sikorsky Aircraft		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/12/2014	Aggregate Contributions \$10.00
If yes, list Event #		\$10.00		
Last Name Joy		First David	MI	Contribution ID # 0363
Residential Street Address 100 Bramblebrae		City South Windsor	State CT	Zip Code 06074
Principal Occupation N/A		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/12/2014	Aggregate Contributions \$10.00
If yes, list Event #		\$10.00		
Last Name Ehrhard		First Daniel	MI	Contribution ID # 0362
Residential Street Address 32 Candlewood Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Sales		Name of Employer Northeast Ltg		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/12/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Houck		First Kenneth	MI	Contribution ID # 0368
Residential Street Address 314 Grant Hill Rd		City Tolland	State CT	Zip Code 06084
Principal Occupation N/A		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/13/2014	Aggregate Contributions \$75.00
If yes, list Event #		\$25.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Francis		First Laura	MI	Contribution ID # 0370
Residential Street Address 65 Laurelbrook Rd		City Durham	State CT	Zip Code 06422
Principal Occupation First Selectman		Name of Employer Town of Durham		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/13/2014	Aggregate Contributions \$50.00
Last Name Rutsky		First Curtiss	MI	Contribution ID # 0364
Residential Street Address 29 Industrial Park Rd		City New Hartford	State CT	Zip Code 06057
Principal Occupation President		Name of Employer Syntac Coated Products		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/13/2014	Aggregate Contributions \$25.00
Last Name Volovski		First Daniel	MI	Contribution ID # 0365
Residential Street Address 2 Greenfield St		City Waterford	State CT	Zip Code 06385
Principal Occupation Insurance		Name of Employer HAI Group		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/13/2014	Aggregate Contributions \$10.00
Last Name Clifford		First Edward	MI	Contribution ID # 0366
Residential Street Address 58 Tally Ho Rd		City Ridgefield	State CT	Zip Code 06877
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/13/2014	Aggregate Contributions \$25.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Cundiff		First Jennifer	MI	Contribution ID # 0367
Residential Street Address 10 Sharon Ct		City Bethel	State CT	Zip Code 06801
Principal Occupation Consultant		Name of Employer EMpower Devices		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/13/2014	Aggregate Contributions \$10.00
If yes, list Event #		\$10.00		
Last Name Ferrarone		First Shirley	MI	Contribution ID # 0369
Residential Street Address 8 Rose Ln Unit 24-5		City Danbury	State CT	Zip Code 06811
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/13/2014	Aggregate Contributions \$50.00
If yes, list Event #		\$50.00		
Last Name Insinna		First Claire	MI	Contribution ID # 0371
Residential Street Address 32 Glendale Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Receptionist		Name of Employer Dermatology Group		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/13/2014	Aggregate Contributions \$25.00
If yes, list Event #		\$25.00		
Last Name Pederson		First Michael	MI	Contribution ID # 0372
Residential Street Address 6 Fox Hollow Rd		City New Fairfield	State CT	Zip Code 06812
Principal Occupation Police Officer		Name of Employer City of Danbury		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/14/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Yaglenski		First Lydia	MI	Contribution ID # 0384
Residential Street Address 61 Padanaram Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/14/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Natale		First Deborah	MI	Contribution ID # 0385
Residential Street Address 61 Padanaram Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation Sales Manager		Name of Employer Hollandia Nurseries LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/14/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Alosco		First Alberta	MI	Contribution ID # 0376
Residential Street Address 9 Bernlou Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation N/A		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/14/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Cowell		First Valorie	MI	Contribution ID # 0373
Residential Street Address 3 Fairway Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/14/2014	Aggregate Contributions \$25.00
If yes, list Event #		\$25.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Cowell		First Joe	MI	Contribution ID # 0374
Residential Street Address 3 Fairway Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/14/2014	Aggregate Contributions \$25.00
Last Name Korres		First George	MI	Contribution ID # 0412
Residential Street Address 8 Richardson Dr		City Ridgefield	State CT	Zip Code 06877
Principal Occupation Food Services		Name of Employer LCK Food Service		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/14/2014	Aggregate Contributions \$100.00
Last Name Vitetta		First Connie	MI	Contribution ID # 0411
Residential Street Address 10 Old Farm Rd		City Danbury	State CT	Zip Code 06810
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/14/2014	Aggregate Contributions \$50.00
\$25.00				
Last Name Natale		First Randy	MI	Contribution ID # 0387
Residential Street Address 11 Nicholas Sq		City New Milford	State CT	Zip Code 06776
Principal Occupation Electrical Tech		Name of Employer Sperry		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/14/2014	Aggregate Contributions \$100.00
\$100.00				

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Botelho		First Gracinda	MI	Contribution ID # 0389
Residential Street Address 4 Francis Rd		City Danbury	State CT	Zip Code 06810
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/14/2014	Aggregate Contributions \$50.00
If yes, list Event #		\$50.00		
Last Name Collischon		First Helen	MI	Contribution ID # 0413
Residential Street Address 153 Penny Ln		City Cobleskill	State NY	Zip Code 12043
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/14/2014	Aggregate Contributions \$25.00
If yes, list Event #		\$25.00		
Last Name Randhawa		First Gurminder	MI	Contribution ID # 0414
Residential Street Address 124 W King St		City Danbury	State CT	Zip Code 06811
Principal Occupation Business Director		Name of Employer Randhawa Corporation		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/14/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Randhawa		First Taranjit	MI	Contribution ID # 0415
Residential Street Address 124 W King St		City Danbury	State CT	Zip Code 06811
Principal Occupation Business Director		Name of Employer Randhawa Corporation		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/14/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Randhawa		First Simar	MI	Contribution ID # 0416
Residential Street Address 124 W King St		City Danbury	State CT	Zip Code 06811
Principal Occupation Business Director		Name of Employer Mill Plain Oil Inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/14/2014	Aggregate Contributions \$100.00
Last Name Randhawa		First Sumeet	MI	Contribution ID # 0417
Residential Street Address 124 W King St		City Danbury	State CT	Zip Code 06811
Principal Occupation Business Director		Name of Employer Mill Plain Oil Inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/14/2014	Aggregate Contributions \$100.00
Last Name Aourangajb		First Mohiuddin	MI	Contribution ID # 0418
Residential Street Address 23 Scupp Rd # 1-12		City Danbury	State CT	Zip Code 06811
Principal Occupation Station Attendant		Name of Employer Randhawa Corporation		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/14/2014	Aggregate Contributions \$50.00
Last Name Mabrouk		First Ashraf	MI	Contribution ID # 0419
Residential Street Address 366 Main St Apt 2		City Danbury	State CT	Zip Code 06810
Principal Occupation Supervisor		Name of Employer Randhawa Corporation		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/14/2014	Aggregate Contributions \$50.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Sikder		First Abdur	MI	Contribution ID # 0420
Residential Street Address 24 Mill Plain Rd Unit 1D		City Danbury	State CT	Zip Code 06811
Principal Occupation Information Requested		Name of Employer Mill Plain Oil Inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 02/14/2014	Aggregate Contributions \$50.00	\$50.00
If yes, list Event #				
Last Name Sayabe		First Shafiq	MI	Contribution ID # 0427
Residential Street Address 5 Nabby Rd Unit B81		City Danbury	State CT	Zip Code 06811
Principal Occupation Station Attendant		Name of Employer Mill Plain Oil Inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 02/14/2014	Aggregate Contributions \$50.00	\$50.00
If yes, list Event #				
Last Name Roehrs		First Hanna	MI	Contribution ID # 0377
Residential Street Address 12 Kelly Ct		City Sandy Hook	State CT	Zip Code 06482
Principal Occupation Homemaker		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 02/14/2014	Aggregate Contributions \$100.00	\$100.00
If yes, list Event #				
Last Name Arcure		First John	MI	Contribution ID # 0378
Residential Street Address 20 Maloney Dr		City Wappingers Falls	State NY	Zip Code 12590
Principal Occupation Carpenter		Name of Employer A+M Flooring		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 02/14/2014	Aggregate Contributions \$100.00	\$100.00
If yes, list Event #				

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Micitello		First Anthony	MI	Contribution ID # 0379
Residential Street Address 49 Mayfair Rd		City Poughquag	State NY	Zip Code 12570
Principal Occupation Floor Installer		Name of Employer Westchester Floors		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/14/2014	Aggregate Contributions \$100.00
Last Name Hernandez		First Jorge	MI	Contribution ID # 0382
Residential Street Address 31 Midland Pl		City Tuckahoe	State NY	Zip Code 10707
Principal Occupation Information Requested		Name of Employer Information Requested		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/14/2014	Aggregate Contributions \$100.00
Last Name Edelstein		First Jodi	MI	Contribution ID # 0383
Residential Street Address 115 N Lake Shore Dr		City Brookfield	State CT	Zip Code 06804
Principal Occupation None		Name of Employer None		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/14/2014	Aggregate Contributions \$100.00
Last Name Natale		First Robert	MI	Contribution ID # 0386
Residential Street Address 115 N Lake Shore Dr		City Brookfield	State CT	Zip Code 06804
Principal Occupation Deputy Fire Marshal		Name of Employer Town of Greenwich		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/14/2014	Aggregate Contributions \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Trepado		First Stella	MI	Contribution ID # 0388
Residential Street Address 20 Wixted Ave		City Danbury	State CT	Zip Code 06810
Principal Occupation Information Requested		Name of Employer Information Requested		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 02/14/2014	Aggregate Contributions \$50.00	
If yes, list Event #		\$50.00		
Last Name Butts		First Brian	MI	Contribution ID # 0390
Residential Street Address 1 Carolines Way		City New Milford	State CT	Zip Code 06776
Principal Occupation Excavation		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 02/14/2014	Aggregate Contributions \$50.00	
If yes, list Event #		\$50.00		
Last Name Butts		First Gordon	MI	Contribution ID # 0391
Residential Street Address 159 Sawyer Hill Rd		City New Milford	State CT	Zip Code 06776
Principal Occupation Excavation		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 02/14/2014	Aggregate Contributions \$50.00	
If yes, list Event #		\$50.00		
Last Name Segan		First Philip	MI	Contribution ID # 0380
Residential Street Address 110 Deer Hill Ave		City Danbury	State CT	Zip Code 06810
Principal Occupation Information Requested		Name of Employer Information Requested		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 02/14/2014	Aggregate Contributions \$100.00	
If yes, list Event #		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Jesse		First John	MI	Contribution ID # 0381
Residential Street Address 110 Deer Hill Ave		City Danbury	State CT	Zip Code 06810
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/14/2014	Aggregate Contributions \$100.00
Last Name Guida		First Gregory	MI	Contribution ID # 0375
Residential Street Address 13 Pellbridge Dr		City Hopewell Junction	State NY	Zip Code 12533
Principal Occupation Design / Sales		Name of Employer CT Kitchen & Bath		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/14/2014	Aggregate Contributions \$100.00
Last Name Gemza		First Tancy	MI	Contribution ID # 0421
Residential Street Address 12A Spruce Mountain Rd		City Danbury	State CT	Zip Code 06810
Principal Occupation Arbonne sales		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/16/2014	Aggregate Contributions \$100.00
Last Name Galasso		First Stacey	MI	Contribution ID # 0422
Residential Street Address 361 Rimmon Hill Rd		City Beacon Falls	State CT	Zip Code 06403
Principal Occupation Teacher		Name of Employer Stratford BOE		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/16/2014	Aggregate Contributions \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Carlson		First Bill	MI	Contribution ID # 0424
Residential Street Address 7 Wheeler Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/17/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Bontempi		First Elizabeth	MI	Contribution ID # 0425
Residential Street Address 175 Kohanza St		City Danbury	State CT	Zip Code 06811
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/17/2014	Aggregate Contributions \$25.00
If yes, list Event #		\$25.00		
Last Name David		First Cynthia	MI	Contribution ID # 0423
Residential Street Address 52 N Main St		City Essex	State CT	Zip Code 06426
Principal Occupation Consulting		Name of Employer Cynthia David & Associates		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/17/2014	Aggregate Contributions \$50.00
If yes, list Event #		\$50.00		
Last Name Reinhardt		First Beth	MI	Contribution ID # 0426
Residential Street Address 23 Crestview Ln		City Danbury	State CT	Zip Code 06810
Principal Occupation Manager		Name of Employer PepsiCo		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/18/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Rotiroti		First Paul	MI	Contribution ID # 0428
Residential Street Address 36 Dartmouth Pl		City Newington	State CT	Zip Code 06111
Principal Occupation Attorney		Name of Employer State of CT		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/18/2014	Aggregate Contributions \$100.00
Last Name Asch		First Theresa	MI	Contribution ID # 0433
Residential Street Address 18 Britannia Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/19/2014	Aggregate Contributions \$100.00
Last Name Klarsfeld		First Rhoda	MI	Contribution ID # 0431
Residential Street Address 38 Farview Farm Rd		City Redding	State CT	Zip Code 06896
Principal Occupation Homemaker		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/19/2014	Aggregate Contributions \$100.00
Last Name Cutsumpas		First Nicoletta	MI	Contribution ID # 0429
Residential Street Address 12 Maplecrest Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/19/2014	Aggregate Contributions \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name DeCaro		First Fred	MI	Contribution ID # 0432
Residential Street Address 3 Sweet Briar Ln		City Cos Cob	State CT	Zip Code 06807
Principal Occupation Consultant		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/19/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Heelan		First Sam	MI	Contribution ID # 0430
Residential Street Address 6 Cherokee Dr		City Brookfield	State CT	Zip Code 06804
Principal Occupation Sales		Name of Employer Iovino Brothers		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/19/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Mirra		First Gerald	MI	Contribution ID # 0434
Residential Street Address 511 Normandy Vlg		City Nanuet	State NY	Zip Code 10954
Principal Occupation Sales		Name of Employer Mass Mutual		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/20/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Mirra		First Eileen	MI	Contribution ID # 0436
Residential Street Address 511 Normandy Vlg		City Nanuet	State NY	Zip Code 10954
Principal Occupation N/A		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/20/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Turner		First Stephen	MI	Contribution ID # 0438
Residential Street Address 67 Londonderry Dr		City Greenwich	State CT	Zip Code 06830
Principal Occupation N/A		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 02/20/2014	Aggregate Contributions \$50.00	
If yes, list Event #		\$50.00		
Last Name Turner		First Claudine	MI	Contribution ID # 0439
Residential Street Address 67 Londonderry Dr		City Greenwich	State CT	Zip Code 06830
Principal Occupation N/A		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 02/20/2014	Aggregate Contributions \$100.00	
If yes, list Event #		\$100.00		
Last Name Wilson		First Thomas	MI	Contribution ID # 0440
Residential Street Address 78 Cooper Rd		City Ridgefield	State CT	Zip Code 06877
Principal Occupation Owner		Name of Employer Minuteman of Danbury		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 02/20/2014	Aggregate Contributions \$100.00	
If yes, list Event #		\$100.00		
Last Name Johnson		First Theodore	MI	Contribution ID # 0443
Residential Street Address 310 Seabury Dr		City Bloomfield	State CT	Zip Code 06002
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 02/20/2014	Aggregate Contributions \$100.00	
If yes, list Event #		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Johnson		First Nancy	MI	Contribution ID # 0444
Residential Street Address 310 Seabury Dr		City Bloomfield	State CT	Zip Code 06002
Principal Occupation Public Policy Advisor		Name of Employer Baker Donelson		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/20/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Arconti		First Carol	MI	Contribution ID # 0435
Residential Street Address 4 Ridgewood Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Partner		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/20/2014	Aggregate Contributions \$25.00
If yes, list Event #		\$25.00		
Last Name Hearty		First Brian	MI	Contribution ID # 0442
Residential Street Address 5 Charcoal Ridge Rd E		City New Fairfield	State CT	Zip Code 06812
Principal Occupation Electrician		Name of Employer City of Danbury		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/20/2014	Aggregate Contributions \$50.00
If yes, list Event #		\$50.00		
Last Name Bunko		First Michael	MI	Contribution ID # 0441
Residential Street Address 195 Hobart St		City Southington	State CT	Zip Code 06489
Principal Occupation Real Estate		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/20/2014	Aggregate Contributions \$50.00
If yes, list Event #		\$50.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Lyman		First Emmett	MI	Contribution ID # 0437
Residential Street Address 136 Town St		City East Haddam	State CT	Zip Code 06423
Principal Occupation Retired/Grandfather		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/20/2014	Aggregate Contributions \$50.00
If yes, list Event # <u>0</u>		\$50.00		
Last Name Blessey		First Richard	MI	Contribution ID # 0594
Residential Street Address 6 Dunsinane Rd		City Brookfield	State CT	Zip Code 06804
Principal Occupation CEO		Name of Employer Aldine Metal Products Corp		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/22/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>0</u>		\$100.00		
Last Name Steinmetz		First Paul	MI	Contribution ID # 0451
Residential Street Address 269 Old Litchfield Rd		City Washington	State CT	Zip Code 06793
Principal Occupation Fundraising		Name of Employer WCSU		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/22/2014	Aggregate Contributions \$50.00
If yes, list Event # <u>0</u>		\$50.00		
Last Name Dabney		First Emily	MI	Contribution ID # 0448
Residential Street Address 7 Hefflon Farm Rd		City Old Lyme	State CT	Zip Code 06371
Principal Occupation Student		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/22/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>02232014A</u>		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Charette		First Carole	MI	Contribution ID # 0446
Residential Street Address 33 Burlington Rd		City Unionville	State CT	Zip Code 06085
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/22/2014	Aggregate Contributions \$100.00
Last Name Charette		First Wilbur	MI	Contribution ID # 0447
Residential Street Address 33 Burlington Rd		City Unionville	State CT	Zip Code 06085
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/22/2014	Aggregate Contributions \$100.00
Last Name Williams		First Sydney	MI	Contribution ID # 0445
Residential Street Address 15 Smith Neck Rd		City Old Lyme	State CT	Zip Code 06370
Principal Occupation Stock Brokers		Name of Employer Monness, Crespi, Hardt		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/22/2014	Aggregate Contributions \$100.00
Last Name Dabney		First William	MI	Contribution ID # 0449
Residential Street Address 5214 Tilton Dr		City Evans	State GA	Zip Code 30809
Principal Occupation Systems Engineer		Name of Employer Department of Defense		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>02232014A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/22/2014	Aggregate Contributions \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Ward-Dabney		First Beverly	MI	Contribution ID # 0450
Residential Street Address 129 W Lynne Dr		City Martinez	State GA	Zip Code 30907
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/22/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>02232014A</u>		\$100.00		
Last Name Bonoyer		First Emily	MI	Contribution ID # 0452
Residential Street Address 5 Saint Clemens St		City Medford	State MA	Zip Code 02155
Principal Occupation Nanny		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/23/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Levinson		First Barry	MI	Contribution ID # 0453
Residential Street Address 5599 Shadow Lawn Dr		City Sarasota	State FL	Zip Code 34242
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/23/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Renz		First Nancy	MI	Contribution ID # 0454
Residential Street Address 8 Eustis Ave		City Danbury	State CT	Zip Code 06811
Principal Occupation Finance		Name of Employer Bethel Public Schools		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/23/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Bysko		First John	MI	Contribution ID # 0520
Residential Street Address 30 Burr Rd		City Lyme	State CT	Zip Code 06371
Principal Occupation Firefighter		Name of Employer North Haven Fire Dept		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/23/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>02232014A</u>		\$100.00		
Last Name Cinami		First Steven	MI	Contribution ID # 0521
Residential Street Address 62A Buttonball Rd		City Old Lyme	State CT	Zip Code 06371
Principal Occupation Consultant		Name of Employer PCMS		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/23/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>02232014A</u>		\$100.00		
Last Name Pappalardo		First Frank	MI	Contribution ID # 0529
Residential Street Address 70 Eastview Dr		City Coventry	State CT	Zip Code 06238
Principal Occupation Owner		Name of Employer Innovative Environmental		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/23/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>02232014A</u>		\$100.00		
Last Name Coffee		First Eileen	MI	Contribution ID # 0532
Residential Street Address 130-1 Sill Ln		City Old Lyme	State CT	Zip Code 06371
Principal Occupation Information Requested		Name of Employer Town of Old Lyme		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/23/2014	Aggregate Contributions \$25.00
If yes, list Event # <u>02232014A</u>		\$25.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Buchanan		First Wayne	MI	Contribution ID # 0534
Residential Street Address 17 Sargent Rd		City South Lyme	State CT	Zip Code 06376
Principal Occupation Research Proj Mgr		Name of Employer US Coast Guard		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>02232014A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/23/2014	Aggregate Contributions \$100.00
Last Name Sibley		First Arthur	MI	Contribution ID # 0536
Residential Street Address 15 Riverbend		City Old Lyme	State CT	Zip Code 06371
Principal Occupation Owner		Name of Employer Independent Explosives		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>02232014A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/23/2014	Aggregate Contributions \$50.00
Last Name Ziolkovski		First Brian	MI	Contribution ID # 0537
Residential Street Address 2 Butterwick Ln		City Old Lyme	State CT	Zip Code 06371
Principal Occupation Police Officer		Name of Employer Town of Old Saybrook		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>02232014A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/23/2014	Aggregate Contributions \$100.00
Last Name Diebolt		First Mark	MI	Contribution ID # 0538
Residential Street Address 6967 Mill Pond Cir		City Naples	State FL	Zip Code 34104
Principal Occupation Owner		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>02232014A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/23/2014	Aggregate Contributions \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Scott		First Caroline	MI	Contribution ID # 0541
Residential Street Address 148 Saybrook Rd		City Essex	State CT	Zip Code 06426
Principal Occupation Consultant		Name of Employer Information Requested		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/23/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>02232014A</u>		\$100.00		
Last Name Ramey		First Charles	MI	Contribution ID # 0543
Residential Street Address 461 Bank St # 608		City New London	State CT	Zip Code 06320
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/23/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>02232014A</u>		\$100.00		
Last Name Bysko		First Jillian	MI	Contribution ID # 0544
Residential Street Address 20 Irvingdell Pl		City East Lyme	State CT	Zip Code 06333
Principal Occupation Registered Nurse		Name of Employer Backus Hospital		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/23/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>02232014A</u>		\$100.00		
Last Name Griswold		First Mark	MI	Contribution ID # 0546
Residential Street Address 14 Griswold Point Rd		City Old Lyme	State CT	Zip Code 06371
Principal Occupation Sales		Name of Employer Perkin Elmer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/23/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>02232014A</u>		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Ruppenicker		First Harry	MI	Contribution ID # 0549
Residential Street Address 17 Hammick Rd S		City Westbrook	State CT	Zip Code 06498
Principal Occupation Information Requested		Name of Employer Harry's Marina		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>02232014A</u>		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/23/2014	Aggregate Contributions \$25.00
Last Name Lehrer		First Leon	MI	Contribution ID # 0548
Residential Street Address 22 Fenwood Dr		City Old Saybrook	State CT	Zip Code 06475
Principal Occupation Information Requested		Name of Employer Information Requested		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>02232014A</u>		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/23/2014	Aggregate Contributions \$100.00
Last Name DeRisio		First Margaret	MI	Contribution ID # 0522
Residential Street Address 12 Jericho Dr		City Old Lyme	State CT	Zip Code 06371
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>02232014A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/23/2014	Aggregate Contributions \$25.00
Last Name Bysko		First John	MI	Contribution ID # 0479
Residential Street Address 4 Lantern Ln		City Old Lyme	State CT	Zip Code 06371
Principal Occupation CPA/Investment Advisor		Name of Employer John A. Bysko Associates		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>02232014A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/23/2014	Aggregate Contributions \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Bysko		First Janet	MI	Contribution ID # 0480
Residential Street Address 4 Lantern Ln		City Old Lyme	State CT	Zip Code 06371
Principal Occupation Administrator		Name of Employer John A. Bysko Associates		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/23/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>02232014A</u>		\$100.00		
Last Name Perks		First Michael	MI	Contribution ID # 0545
Residential Street Address 77 Neck Rd		City Old Lyme	State CT	Zip Code 06371
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/23/2014	Aggregate Contributions \$25.00
If yes, list Event # <u>02232014A</u>		\$25.00		
Last Name Tooker		First Judith	MI	Contribution ID # 0530
Residential Street Address 67 Lyme St		City Old Lyme	State CT	Zip Code 06371
Principal Occupation Tax Collector		Name of Employer Town of Old Lyme		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/23/2014	Aggregate Contributions \$20.00
If yes, list Event # <u>02232014A</u>		\$20.00		
Last Name Griswold		First David	MI	Contribution ID # 0531
Residential Street Address 3 Chadwick Dr		City Old Lyme	State CT	Zip Code 06371
Principal Occupation Information Requested		Name of Employer Information Requested		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/23/2014	Aggregate Contributions \$50.00
If yes, list Event # <u>02232014A</u>		\$50.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Johnson		First Clifford	MI	Contribution ID # 0535
Residential Street Address 15 Lyme St		City Old Lyme	State CT	Zip Code 06371
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/23/2014	Aggregate Contributions \$50.00
If yes, list Event # <u>02232014A</u>		\$50.00		
Last Name Shriver		First Richard	MI	Contribution ID # 0533
Residential Street Address 1 Pilgrims Lndg		City Old Lyme	State CT	Zip Code 06371
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/23/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>02232014A</u>		\$100.00		
Last Name Kelsey		First J. David	MI	Contribution ID # 0528
Residential Street Address 3 Lake Dr		City Old Lyme	State CT	Zip Code 06371
Principal Occupation Investment Mgmt		Name of Employer Hamilton Point Investments		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/23/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>02232014A</u>		\$100.00		
Last Name Callahan		First Margaret	MI	Contribution ID # 0539
Residential Street Address 222 Tyler Ave		City Groton	State CT	Zip Code 06340
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/23/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>02232014A</u>		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Serapilia		First Margaret	MI	Contribution ID # 0547
Residential Street Address 86 Swan Ave		City Old Lyme	State CT	Zip Code 06371
Principal Occupation Realtor		Name of Employer Berkshire Hathaway		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/23/2014	Aggregate Contributions \$30.00
If yes, list Event # <u>02232014A</u>		\$30.00		
Last Name Carney		First Devin	MI	Contribution ID # 0540
Residential Street Address 18 Cottage Pl		City Old Saybrook	State CT	Zip Code 06475
Principal Occupation Realtor		Name of Employer Coldwell Banker		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/23/2014	Aggregate Contributions \$50.00
If yes, list Event # <u>02232014A</u>		\$50.00		
Last Name Oliveira		First Frank	MI	Contribution ID # 0525
Residential Street Address 7 Hefflon Farm Rd		City Old Lyme	State CT	Zip Code 06371
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/23/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>02232014A</u>		\$100.00		
Last Name Torrenti		First John	MI	Contribution ID # 0524
Residential Street Address 9 Mallard Dr		City Old Saybrook	State CT	Zip Code 06475
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/23/2014	Aggregate Contributions \$50.00
If yes, list Event # <u>02232014A</u>		\$50.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Delinks		First Charles	MI	Contribution ID # 0527
Residential Street Address 20 Homestead Cir		City Old Lyme	State CT	Zip Code 06371
Principal Occupation Self		Name of Employer Caliber Computing		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/23/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>02232014A</u>		\$100.00		
Last Name Griswold		First Emily	MI	Contribution ID # 0542
Residential Street Address 13-1 Griswold Pt		City Old Lyme	State CT	Zip Code 06371
Principal Occupation Information Requested		Name of Employer Information Requested		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/23/2014	Aggregate Contributions \$50.00
If yes, list Event # <u>02232014A</u>		\$50.00		
Last Name Griswold		First Timothy	MI	Contribution ID # 0523
Residential Street Address 13 Griswold Pt		City Old Lyme	State CT	Zip Code 06371
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/23/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>02232014A</u>		\$100.00		
Last Name Alaimo		First Nicholas	MI	Contribution ID # 0526
Residential Street Address 117 Seaside Ave		City Westbrook	State CT	Zip Code 06498
Principal Occupation Buyer		Name of Employer Universal Design		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/23/2014	Aggregate Contributions \$30.00
If yes, list Event # <u>02232014A</u>		\$30.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Libby		First Stacia	MI	Contribution ID # 0478
Residential Street Address 155 Main St		City Ivoryton	State CT	Zip Code 06442
Principal Occupation Insurance		Name of Employer Thompson & Peck		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/23/2014	Aggregate Contributions \$20.00
If yes, list Event # <u>02232014A</u>		\$20.00		
Last Name Forbis		First John	MI	Contribution ID # 0477
Residential Street Address 43 Lyme St		City Old Lyme	State CT	Zip Code 06371
Principal Occupation Consultant		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/23/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>02232014A</u>		\$100.00		
Last Name Forbis		First Alison	MI	Contribution ID # 0481
Residential Street Address 43 Lyme St		City Old Lyme	State CT	Zip Code 06371
Principal Occupation N/A		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/23/2014	Aggregate Contributions \$50.00
If yes, list Event # <u>02232014A</u>		\$50.00		
Last Name Ward		First Scott	MI	Contribution ID # 0455
Residential Street Address 48 Old Hawleyville Rd		City Bethel	State CT	Zip Code 06801
Principal Occupation Self		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/24/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Wiatr		First Francis	MI	Contribution ID # 0456
Residential Street Address 23 Steeple View Ln		City Woodbury	State CT	Zip Code 06798
Principal Occupation Consultant		Name of Employer WSB		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/24/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Burgos-Rodriguez		First Abner	MI	Contribution ID # 0457
Residential Street Address 8 Corntassel Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation Manager		Name of Employer Standard Petroleum		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/25/2014	Aggregate Contributions \$50.00
If yes, list Event #		\$50.00		
Last Name Blansfield		First James	MI	Contribution ID # 0459
Residential Street Address 2 High Fields Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation President		Name of Employer Blausfield Builders Inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/25/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Blansfield		First Margie	MI	Contribution ID # 0460
Residential Street Address 2 High Fields Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Vice President		Name of Employer Blausfield Builders Inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/25/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Siklos		First Joseph	MI	Contribution ID # 0461
Residential Street Address 36 Federal Rd		City Danbury	State CT	Zip Code 06810
Principal Occupation CEO		Name of Employer Marlin Controls Inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/25/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Grossman		First Robert	MI	Contribution ID # 0462
Residential Street Address 45 Mt Pleasant Rd		City Newtown	State CT	Zip Code 06570
Principal Occupation Self		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/25/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Figueroa		First Laura	MI	Contribution ID # 0471
Residential Street Address 6 Parkwood Terrace Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Administrative Asst		Name of Employer NAE, Inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/25/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Sjursen		First Arnold	MI	Contribution ID # 0472
Residential Street Address 14 Wood Ridge Hills Rd		City Old Lyme	State CT	Zip Code 06371
Principal Occupation VP Sales		Name of Employer Copol Intl.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/25/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Sjursen		First Ruth	MI	Contribution ID # 0473
Residential Street Address 14 Wood Ridge Hills Rd		City Old Lyme	State CT	Zip Code 06371
Principal Occupation VP Sales		Name of Employer Copol Intl.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/25/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Pietrafesa		First Ralph	MI	Contribution ID # 0466
Residential Street Address 36 Hawley Road Ext		City Danbury	State CT	Zip Code 06811
Principal Occupation Director of Sales		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/25/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Casey		First Linda	MI	Contribution ID # 0463
Residential Street Address 137 Triangle St		City Danbury	State CT	Zip Code 06810
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/25/2014	Aggregate Contributions \$50.00
If yes, list Event #		\$50.00		
Last Name Casey		First Michael	MI	Contribution ID # 0464
Residential Street Address 137 Triangle St		City Danbury	State CT	Zip Code 06810
Principal Occupation Head Custodian		Name of Employer Danbury Board of Ed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/25/2014	Aggregate Contributions \$50.00
If yes, list Event #		\$50.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Roy		First Manik	MI	Contribution ID # 0458
Residential Street Address 10 E Gate Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation Owner		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/25/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Wise		First Hope	MI	Contribution ID # 0465
Residential Street Address 1 Keeler Close		City Ridgefield	State CT	Zip Code 06877
Principal Occupation Elections		Name of Employer Town of Ridgefield		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/25/2014	Aggregate Contributions \$50.00
If yes, list Event #		\$50.00		
Last Name Ruggiero		First Celeste	MI	Contribution ID # 0467
Residential Street Address 3 Pondfield Rd		City New Fairfield	State CT	Zip Code 06812
Principal Occupation Clerk		Name of Employer Danbury Probate Court		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/25/2014	Aggregate Contributions \$50.00
If yes, list Event #		\$50.00		
Last Name Benicewicz		First Anthony	MI	Contribution ID # 0469
Residential Street Address 56 Clapboard Ridge Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation Information Requested		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/25/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Heagney		First Robert	MI	Contribution ID # 0468
Residential Street Address 8 Fawnbrook Ln		City Simsbury	State CT	Zip Code 06070
Principal Occupation Attorney		Name of Employer ARK Underwriting Inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/25/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Benicewicz		First Linda	MI	Contribution ID # 0470
Residential Street Address 37 E Lake Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation Secretary		Name of Employer Danbury Public Schools		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/25/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Griswold		First Karen	MI	Contribution ID # 0474
Residential Street Address 65 Cottage St		City Groton	State CT	Zip Code 06340
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/26/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Patel		First Gary	MI	Contribution ID # 0475
Residential Street Address 118 Waverly Ave		City Millington	State NJ	Zip Code 07946
Principal Occupation Hotel Owner		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/27/2014	Aggregate Contributions \$100.00
If yes, list Event # <b>02272014A</b>		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Brennan		First Melissa	MI	Contribution ID # 0485
Residential Street Address 20 Blanket Meadow Rd		City Monroe	State CT	Zip Code 06468
Principal Occupation N/A		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/27/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Pisciotta		First Christine	MI	Contribution ID # 0482
Residential Street Address 35 1/2 Milltown Rd		City New Fairfield	State CT	Zip Code 06812
Principal Occupation Cashier		Name of Employer Danbury High School		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/27/2014	Aggregate Contributions \$50.00
If yes, list Event #		\$50.00		
Last Name Finn		First Michael	MI	Contribution ID # 0488
Residential Street Address 12 Hollis Dr		City Brookfield	State CT	Zip Code 06804
Principal Occupation Fireman		Name of Employer Danbury Fire Department		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/27/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Rotella		First Terri	MI	Contribution ID # 0491
Residential Street Address 62 Rockwell Rd		City Bethel	State CT	Zip Code 06801
Principal Occupation Realtor		Name of Employer Sotheby Intl Realty		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/27/2014	Aggregate Contributions \$20.00
If yes, list Event #		\$20.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Cafe		First Martin	MI	Contribution ID # 0492
Residential Street Address 130 Halleran Dr		City Newington	State CT	Zip Code 06111
Principal Occupation Sales		Name of Employer C&C		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/27/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>02272014A</u>		\$100.00		
Last Name Cafe		First Kenneth	MI	Contribution ID # 0493
Residential Street Address 130 Halleran Dr		City Newington	State CT	Zip Code 06111
Principal Occupation Sales		Name of Employer C&C		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/27/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>02272014A</u>		\$100.00		
Last Name Champagne		First Daniel	MI	Contribution ID # 0500
Residential Street Address 30 Lawler Rd		City Vernon	State CT	Zip Code 06066
Principal Occupation Mayor		Name of Employer Town of Vernon		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/27/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>02272014A</u>		\$100.00		
Last Name McCoy		First Angela	MI	Contribution ID # 0498
Residential Street Address 216 Skinner Rd		City Vernon	State CT	Zip Code 06066
Principal Occupation Sales		Name of Employer CLS		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/27/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>02272014A</u>		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Ackert		First Teddie	MI	Contribution ID # 0502
Residential Street Address 67 Deer Hill Ln		City Coventry	State CT	Zip Code 06238
Principal Occupation Broker Services		Name of Employer United Healthcare		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>02272014A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/27/2014	Aggregate Contributions \$100.00
Last Name Palmer		First August	MI	Contribution ID # 0504
Residential Street Address 11 Red Barn Rd		City Oxford	State CT	Zip Code 06478
Principal Occupation Engineer		Name of Employer Richard Dudgeon Inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/27/2014	Aggregate Contributions \$100.00
Last Name Guertin		First Mary	MI	Contribution ID # 0489
Residential Street Address 3 Winthrop Rd		City Bethel	State CT	Zip Code 06801
Principal Occupation Realtor		Name of Employer Sotheby Intl Realty		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/27/2014	Aggregate Contributions \$100.00
Last Name Bush		First Laura	MI	Contribution ID # 0494
Residential Street Address 219 Risley Rd		City Vernon	State CT	Zip Code 06066
Principal Occupation Teacher		Name of Employer Andover BOE		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>02272014A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/27/2014	Aggregate Contributions \$20.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Chory		First Tony	MI	Contribution ID # 0505
Residential Street Address 26 Dale Rd		City Trumbull	State CT	Zip Code 06611
Principal Occupation Engineer		Name of Employer Sikorsky Aircraft		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/27/2014	Aggregate Contributions \$50.00
If yes, list Event # <u>02272014A</u>		\$50.00		
Last Name Breslau		First William	MI	Contribution ID # 0503
Residential Street Address 60 Haylin Dr		City Vernon	State CT	Zip Code 06066
Principal Occupation Attorney		Name of Employer Kahan Kerensky & Capossela		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/27/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>02272014A</u>		\$100.00		
Last Name Riscassi		First Victor	MI	Contribution ID # 0499
Residential Street Address 71 Bette Cir		City Vernon	State CT	Zip Code 06066
Principal Occupation Self		Name of Employer Information Requested		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/27/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>02272014A</u>		\$100.00		
Last Name Bianca		First Anthony	MI	Contribution ID # 0497
Residential Street Address 55 Kilbourne Ave		City New Britain	State CT	Zip Code 06053
Principal Occupation Homebuilder		Name of Employer ATB Construction		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/27/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>02272014A</u>		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Grossi		First Sondra	MI	Contribution ID # 0476
Residential Street Address 4 Driftway Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation Sr Comp Tech		Name of Employer City of Danbury		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/27/2014	Aggregate Contributions \$100.00
Last Name Zaccara		First Carol	MI	Contribution ID # 0483
Residential Street Address 62 Barker Rd		City New Milford	State CT	Zip Code 06776
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/27/2014	Aggregate Contributions \$100.00
Last Name Zaccara		First Henry	MI	Contribution ID # 0484
Residential Street Address 62 Barker Rd		City New Milford	State CT	Zip Code 06776
Principal Occupation Owner		Name of Employer Chuck's Steak House		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/27/2014	Aggregate Contributions \$100.00
Last Name McNally		First Brian	MI	Contribution ID # 0486
Residential Street Address 49 Clearview Ave		City Danbury	State CT	Zip Code 06811
Principal Occupation Contractor		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/27/2014	Aggregate Contributions \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Dika		First Reggie	MI	Contribution ID # 0487
Residential Street Address 7 Sugar Maple Ln		City New Fairfield	State CT	Zip Code 06812
Principal Occupation Restaurant		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/27/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Kelly		First Patricia	MI	Contribution ID # 0490
Residential Street Address 34 Aunt Patty's Ln W		City Bethel	State CT	Zip Code 06801
Principal Occupation Realtor		Name of Employer Sotheby Intl Realty		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/27/2014	Aggregate Contributions \$30.00
If yes, list Event #		\$30.00		
Last Name Huffman		First Glynnis	MI	Contribution ID # 0495
Residential Street Address 711 Prospect Ave		City West Hartford	State CT	Zip Code 06109
Principal Occupation Owner		Name of Employer Cutting Edge Pizza		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/27/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>02272014A</u>		\$100.00		
Last Name Huffman		First Terry	MI	Contribution ID # 0496
Residential Street Address 711 Prospect Ave		City West Hartford	State CT	Zip Code 06109
Principal Occupation Owner		Name of Employer Cutting Edge Pizza		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/27/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>02272014A</u>		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name LaFountaine		First Cory	MI	Contribution ID # 0501
Residential Street Address 28 Maiden Ln		City Vernon	State CT	Zip Code 06066
Principal Occupation Logistics Coordinator		Name of Employer Vernon BOE		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>02272014A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/27/2014	Aggregate Contributions \$50.00
Last Name Oros		First Joan	MI	Contribution ID # 0508
Residential Street Address 1169 Flanders Rd		City Coventry	State CT	Zip Code 06238
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event # <u>02272014A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/01/2014	Aggregate Contributions \$50.00
Last Name Walker		First Kerrie	MI	Contribution ID # 0506
Residential Street Address 132 Mile Creek Rd		City Old Lyme	State CT	Zip Code 06371
Principal Occupation Administrative Asst		Name of Employer Chamber of Commerce of Eastern Connecticut		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>02232014A</u>		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/01/2014	Aggregate Contributions \$100.00
Last Name Cafe		First David	MI	Contribution ID # 0509
Residential Street Address 130 Halleran Dr		City Newington	State CT	Zip Code 06111
Principal Occupation Customer Service		Name of Employer C&C		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>02272014A</u>		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/02/2014	Aggregate Contributions \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Fish		First Geraldine	MI	Contribution ID # 0507
Residential Street Address 400 North St		City Ridgefield	State CT	Zip Code 06877
Principal Occupation Mom		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/02/2014	Aggregate Contributions \$100.00
Last Name Ferraro		First Darleen	MI	Contribution ID # 0510
Residential Street Address 62 Beech Rd		City New Canaan	State CT	Zip Code 06840
Principal Occupation Teacher		Name of Employer Bedford Central Schools		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/03/2014	Aggregate Contributions \$100.00
Last Name Ferraro		First Jason	MI	Contribution ID # 0511
Residential Street Address 62 Beech Rd		City New Canaan	State CT	Zip Code 06840
Principal Occupation Lieutenant		Name of Employer New Canaan Police		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/03/2014	Aggregate Contributions \$100.00
Last Name Hartsburg		First Matthew	MI	Contribution ID # 0512
Residential Street Address 40 Lake Avenue Ext		City Danbury	State CT	Zip Code 06811
Principal Occupation Chiropractor		Name of Employer Hartsburg Chiropractic		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/04/2014	Aggregate Contributions \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Cammisa		First Frank	MI	Contribution ID # 0513
Residential Street Address 8 Linden Ln		City Plymouth	State MA	Zip Code 02360
Principal Occupation Education		Name of Employer SSEC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/04/2014	Aggregate Contributions \$100.00
Last Name Bailey		First Patty	MI	Contribution ID # 0514
Residential Street Address 159 Sunny Valley Rd		City New Milford	State CT	Zip Code 06776
Principal Occupation Adminstrative		Name of Employer Personal Tax Systems, Inc.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/04/2014	Aggregate Contributions \$25.00
Last Name Orwick		First Neil	MI	Contribution ID # 0515
Residential Street Address 221 Charter Oak Rd		City Southbury	State CT	Zip Code 06488
Principal Occupation Designer		Name of Employer CT Kitchen & Bath		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/04/2014	Aggregate Contributions \$100.00
Last Name Boynton		First Kenneth	MI	Contribution ID # 0516
Residential Street Address 100-25 Dobson Rd		City Vernon	State CT	Zip Code 06066
Principal Occupation Developer		Name of Employer Boynton Construction Inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/04/2014	Aggregate Contributions \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Korres		First Christopher	MI	Contribution ID # 0517
Residential Street Address 8 Richardson Dr		City Ridgefield	State CT	Zip Code 06877
Principal Occupation Manager		Name of Employer LLK Food Service Corp		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/04/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Vigar		First Judith	MI	Contribution ID # 0518
Residential Street Address 19 Mimosa Pl		City Ridgefield	State CT	Zip Code 06877
Principal Occupation VP Research & Development		Name of Employer PepsiCo		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/04/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Vigar		First James	MI	Contribution ID # 0519
Residential Street Address 19 Mimosa Pl		City Ridgefield	State CT	Zip Code 06877
Principal Occupation N/A		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/04/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Heagney		First Addison	MI	Contribution ID # 0552
Residential Street Address 8 Fawnbrook Ln		City Simsbury	State CT	Zip Code 06070
Principal Occupation Jr. Underwriter		Name of Employer ARK Underwriting Inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/05/2014	Aggregate Contributions \$10.00
If yes, list Event #		\$10.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Heagney		First Emmet	MI	Contribution ID # 0553
Residential Street Address 8 Fawnbrook Ln		City Simsbury	State CT	Zip Code 06070
Principal Occupation Student		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/05/2014	Aggregate Contributions \$10.00
Last Name Newbury		First Ann	MI	Contribution ID # 0551
Residential Street Address 23 Hatters Ln		City Farmington	State CT	Zip Code 06032
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/05/2014	Aggregate Contributions \$50.00
Last Name Tinsley		First Bill	MI	Contribution ID # 0550
Residential Street Address 14 Evergreen Dr		City Brookfield	State CT	Zip Code 06804
Principal Occupation First Selectman		Name of Employer Town of Brookfield		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/05/2014	Aggregate Contributions \$100.00
Last Name Fahle		First Brenda	MI	Contribution ID # 0554
Residential Street Address 3220 Meadow Ln		City Collegeville	State PA	Zip Code 19426
Principal Occupation N/A		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/06/2014	Aggregate Contributions \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Fahle		First Rickey	MI	Contribution ID # 0555
Residential Street Address 3220 Meadow Ln		City Collegeville	State PA	Zip Code 19426
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/06/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Cerminara		First Felice	MI	Contribution ID # 0556
Residential Street Address 2A Country Way		City Danbury	State CT	Zip Code 06811
Principal Occupation President		Name of Employer F&M Electrical Supply Co		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/06/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Wilbur		First Mike	MI	Contribution ID # 0557
Residential Street Address 4 Joseph St		City Acushnet	State MA	Zip Code 02743
Principal Occupation Driver		Name of Employer Enos Oxygen & Medical Supplies		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/06/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Peck		First Brian	MI	Contribution ID # 0558
Residential Street Address 200 N Farms Rd		City Middlebury	State CT	Zip Code 06762
Principal Occupation Doctor		Name of Employer Arthritis Center of CT		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/06/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Addessi		First Mathilde	MI	Contribution ID # 0559
Residential Street Address 15 E Hayestown Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation Homemaker		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/06/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Keeler		First Michael	MI	Contribution ID # 0560
Residential Street Address 104 Miry Brook Rd		City Danbury	State CT	Zip Code 06810
Principal Occupation Information Requested		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/06/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Buzaid		First Cynthia	MI	Contribution ID # 0562
Residential Street Address 9 Lakecrest Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Secretary		Name of Employer Mutual Appliance		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/06/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Patel		First Minaxi	MI	Contribution ID # 0561
Residential Street Address 24 Maplecrest Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Hairdresser		Name of Employer C&C Unisex		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/06/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Mehta		First Nalishha	MI	Contribution ID # 0563
Residential Street Address 3601 Wisconsin Ave NW		City Washington	State DC	Zip Code 20016
Principal Occupation Program Officer		Name of Employer Solidarity Center		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/07/2014	Aggregate Contributions \$100.00
Last Name Fedele		First Michael	MI	Contribution ID # 0564
Residential Street Address 64 Huckleberry Holw		City Stamford	State CT	Zip Code 06903
Principal Occupation President/CEO		Name of Employer The Pinnacle Group		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/08/2014	Aggregate Contributions \$100.00
Last Name Fedele		First Carol	MI	Contribution ID # 0565
Residential Street Address 64 Huckleberry Holw		City Stamford	State CT	Zip Code 06903
Principal Occupation N/A		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/08/2014	Aggregate Contributions \$100.00
Last Name Fedele		First Alesandra	MI	Contribution ID # 0566
Residential Street Address 64 Huckleberry Holw		City Stamford	State CT	Zip Code 06903
Principal Occupation Coordinator		Name of Employer Stamford Hospital		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/08/2014	Aggregate Contributions \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Forbes		First Elizabeth	MI	Contribution ID # 0567
Residential Street Address 2 Candlewood Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation RN		Name of Employer WCHN/Danbury Hospital		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/09/2014	Aggregate Contributions \$100.00
Last Name Cabral		First Duarte	MI	Contribution ID # 0568
Residential Street Address 31 Beachland Ave		City Milford	State CT	Zip Code 06460
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/10/2014	Aggregate Contributions \$100.00
Last Name Blackstock		First Alan	MI	Contribution ID # 0569
Residential Street Address 4 Limekiln Ct		City Bethel	State CT	Zip Code 06801
Principal Occupation Associate Director, Treasury		Name of Employer Praxair, Inc.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/10/2014	Aggregate Contributions \$100.00
Last Name Farrenkopf		First Douglas	MI	Contribution ID # 0571
Residential Street Address 26 Benedict Rd		City Bethel	State CT	Zip Code 06801
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/10/2014	Aggregate Contributions \$25.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Rego		First Manuel	MI	Contribution ID # 0570
Residential Street Address 18 Wicks Manor Dr		City Danbury	State CT	Zip Code 06810
Principal Occupation Printer		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/10/2014	Aggregate Contributions \$100.00
Last Name Shah		First Ajay	MI	Contribution ID # 0579
Residential Street Address 110 Coalpit Hill Rd Unit B10		City Danbury	State CT	Zip Code 06810
Principal Occupation Realtor		Name of Employer Nationwide Homes		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/11/2014	Aggregate Contributions \$100.00
Last Name Harrigan		First Anne	MI	Contribution ID # 0572
Residential Street Address 17 Richter Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation N/A		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/11/2014	Aggregate Contributions \$50.00
Last Name Harrigan		First John	MI	Contribution ID # 0573
Residential Street Address 17 Richter Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation N/A		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/11/2014	Aggregate Contributions \$50.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Kapitan		First Janet	MI	Contribution ID # 0578
Residential Street Address 36 N Benham Rd		City Seymour	State CT	Zip Code 06483
Principal Occupation Accountant		Name of Employer Winters Bros Waste		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/11/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Kelsey		First Gregory	MI	Contribution ID # 0574
Residential Street Address 27 White Pine Dr		City Brookfield	State CT	Zip Code 06804
Principal Occupation Sales		Name of Employer Return Path Inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/11/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Papuga		First David	MI	Contribution ID # 0577
Residential Street Address 156 Bailey Woods Rd		City Brooklyn	State CT	Zip Code 06234
Principal Occupation Information Requested		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/11/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Mehta		First Ravindra	MI	Contribution ID # 0580
Residential Street Address 8 Powder Horn Hl		City Brookfield	State CT	Zip Code 06804
Principal Occupation Engineer		Name of Employer Boehringer Ingelheim		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/11/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Steck		First Charles	MI	Contribution ID # 0575
Residential Street Address 131 Putnam Park Rd		City Bethel	State CT	Zip Code 06801
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/11/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Oros		First William	MI	Contribution ID # 0576
Residential Street Address 1169 Flanders Rd		City Coventry	State CT	Zip Code 06238
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/11/2014	Aggregate Contributions \$50.00
If yes, list Event #		\$50.00		
Last Name Feeley		First Kenneth	MI	Contribution ID # 0581
Residential Street Address 58 Partridge Ln		City East Falmouth	State MA	Zip Code 02536
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/11/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Sulmasy		First Marla	MI	Contribution ID # 0664
Residential Street Address 14 Seaside Ln		City Old Lyme	State CT	Zip Code 06371
Principal Occupation Accountant		Name of Employer Girl Scouts of CT		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/11/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Camastro		First Bob	MI	Contribution ID # 0582
Residential Street Address 36 Sunrise Ter		City Lagrangeville	State NY	Zip Code 12540
Principal Occupation Auto Dealer		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/12/2014	Aggregate Contributions \$100.00
Last Name Camastro		First Laurie	MI	Contribution ID # 0583
Residential Street Address 36 Sunrise Ter		City Lagrangeville	State NY	Zip Code 12540
Principal Occupation N/A		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/12/2014	Aggregate Contributions \$100.00
Last Name Rochman		First Joanne	MI	Contribution ID # 0586
Residential Street Address 82 Taunton Hill Rd		City Newtown	State CT	Zip Code 06470
Principal Occupation Writer		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/12/2014	Aggregate Contributions \$100.00
Last Name Rochman		First Pierre	MI	Contribution ID # 0587
Residential Street Address 82 Taunton Hill Rd		City Newtown	State CT	Zip Code 06470
Principal Occupation Dry Cleaning		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/12/2014	Aggregate Contributions \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Patel		First Jagat	MI	Contribution ID # 0588
Residential Street Address 27 Percheron Dr		City Monroe	State CT	Zip Code 06468
Principal Occupation Dentist		Name of Employer Danbury Dental Associates		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/12/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Albright		First James	MI	Contribution ID # 0589
Residential Street Address 51 Brookside Blvd		City West Hartford	State CT	Zip Code 06107
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/12/2014	Aggregate Contributions \$50.00
If yes, list Event #		\$50.00		
Last Name Fager		First Donald	MI	Contribution ID # 0592
Residential Street Address 39 Canaan Close		City New Canaan	State CT	Zip Code 06840
Principal Occupation Attorney		Name of Employer Fager & Amsler		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/12/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Amalfitano		First Joseph	MI	Contribution ID # 0999
Residential Street Address 3 Golden Heights Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/12/2014	Aggregate Contributions \$25.00
If yes, list Event #		\$25.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Hayes		First David	MI	Contribution ID # 0591
Residential Street Address 740 Ocean Ave		City New London	State CT	Zip Code 06320
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/12/2014	Aggregate Contributions \$100.00
Last Name Underhill		First Ann	MI	Contribution ID # 0584
Residential Street Address 20 Pond Crest Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation Bakery Delivery		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/12/2014	Aggregate Contributions \$25.00
Last Name Heagney		First Barbara	MI	Contribution ID # 0593
Residential Street Address 8 Fawnbrook Ln		City Simsbury	State CT	Zip Code 06070
Principal Occupation Teacher		Name of Employer Farmington Public Schools		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/12/2014	Aggregate Contributions \$100.00
Last Name Mehta		First Jayshree	MI	Contribution ID # 0585
Residential Street Address 8 Powder Horn Hl		City Brookfield	State CT	Zip Code 06804
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/12/2014	Aggregate Contributions \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Sander		First Lincoln	MI	Contribution ID # 0590
Residential Street Address 211 Walnut Tree Hill Rd		City Sandy Hook	State CT	Zip Code 06482
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/12/2014	Aggregate Contributions \$100.00
Last Name Sengle		First Philip	MI	Contribution ID # 0603
Residential Street Address 25 James Vincent Dr		City Clinton	State CT	Zip Code 06413
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/13/2014	Aggregate Contributions \$50.00
Last Name Hope		First George	MI	Contribution ID # 0599
Residential Street Address 53 Secor Rd		City Brookfield	State CT	Zip Code 06804
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/13/2014	Aggregate Contributions \$50.00
Last Name Orchulli		First Jack	MI	Contribution ID # 0595
Residential Street Address 446 Hollow Tree Ridge Rd		City Darien	State CT	Zip Code 06820
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/13/2014	Aggregate Contributions \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Geist		First Faith	MI	Contribution ID # 0598
Residential Street Address 122 Dowd St		City Newington	State CT	Zip Code 06111
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/13/2014	Aggregate Contributions \$25.00
Last Name Soares		First Kathleen	MI	Contribution ID # 0605
Residential Street Address 36 Lindencrest Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Realtor		Name of Employer ERA Goodfellow Homes		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/13/2014	Aggregate Contributions \$50.00
Last Name Knight		First Doris	MI	Contribution ID # 0604
Residential Street Address 414 Old Tavern Rd		City Orange	State CT	Zip Code 06477
Principal Occupation Office Clerk		Name of Employer Knight's Inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/13/2014	Aggregate Contributions \$25.00
Last Name Srinivasan		First Prasad	MI	Contribution ID # 0597
Residential Street Address 268 Grandview Dr		City Glastonbury	State CT	Zip Code 06033
Principal Occupation MD		Name of Employer Allergy Associates of Hartford		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/13/2014	Aggregate Contributions \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Benicewicz		First Isabelle	MI	Contribution ID # 0596
Residential Street Address 116 Clapboard Ridge Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation Information Requested		Name of Employer Information Requested		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 03/13/2014	Aggregate Contributions \$50.00	
If yes, list Event #		\$50.00		
Last Name Nero		First Vincent	MI	Contribution ID # 0600
Residential Street Address 12 Kristy Dr		City Bethel	State CT	Zip Code 06801
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 03/13/2014	Aggregate Contributions \$50.00	
If yes, list Event #		\$50.00		
Last Name Prusak		First Joseph	MI	Contribution ID # 0601
Residential Street Address 4 Circle Dr E		City Danbury	State CT	Zip Code 06811
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 03/13/2014	Aggregate Contributions \$25.00	
If yes, list Event #		\$25.00		
Last Name Meyer		First Gertrude	MI	Contribution ID # 0602
Residential Street Address 6 Yogananda St		City Sandy Hook	State CT	Zip Code 06482
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 03/13/2014	Aggregate Contributions \$50.00	
If yes, list Event #		\$50.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Batista		First Steve	MI	Contribution ID # 0606
Residential Street Address 51 Hine Hill Rd		City New Milford	State CT	Zip Code 06776
Principal Occupation Franchisee		Name of Employer Dunkin Donuts		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/13/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Batista		First Eduardo	MI	Contribution ID # 0607
Residential Street Address 21 Equestrian Ridge Rd		City Newtown	State CT	Zip Code 06470
Principal Occupation Owner		Name of Employer Dunkin Donuts		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/13/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Bastos		First Neuzani	MI	Contribution ID # 0608
Residential Street Address 134 Deer Hill Ave Apt 7		City Danbury	State CT	Zip Code 06810
Principal Occupation Owner		Name of Employer Dunkin Donuts		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/13/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Carilli		First Jeffrey	MI	Contribution ID # 0609
Residential Street Address 907 Half Moon Bay Dr		City Croton On Hudson	State NY	Zip Code 10520
Principal Occupation Self		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/13/2014	Aggregate Contributions \$50.00
If yes, list Event #		\$50.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Hannon		First J. David	MI	Contribution ID # 0610
Residential Street Address 38 Knox Rd		City Litchfield	State CT	Zip Code 06759
Principal Occupation Regional Planning		Name of Employer Housatonic Valley Council of Elected Officials		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/13/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Hance		First Mark	MI	Contribution ID # 0611
Residential Street Address 156 Minuteman Rd		City Ridgefield	State CT	Zip Code 06877
Principal Occupation Marketing		Name of Employer IBM		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/13/2014	Aggregate Contributions \$25.00
If yes, list Event #		\$25.00		
Last Name Pinkham		First Marilyn	MI	Contribution ID # 0613
Residential Street Address 27 N Turkey Hill Rd		City Westport	State CT	Zip Code 06880
Principal Occupation CFO		Name of Employer LVA School		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/14/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Wiehl		First Richard	MI	Contribution ID # 0614
Residential Street Address 5 Hatch Rd		City Trumbull	State CT	Zip Code 06611
Principal Occupation Executive		Name of Employer Consumers Petroleum		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/14/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Reynolds		First Robert	MI	Contribution ID # 0615
Residential Street Address 185 Southern Blvd		City Danbury	State CT	Zip Code 06810
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/14/2014	Aggregate Contributions \$25.00
Last Name Shepard		First David	MI	Contribution ID # 0622
Residential Street Address 8M Beach St		City Bethel	State CT	Zip Code 06801
Principal Occupation Sales Rep		Name of Employer Jewelry Designs		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/14/2014	Aggregate Contributions \$100.00
Last Name Snyder		First Kurt	MI	Contribution ID # 0623
Residential Street Address 30 Upper Reservoir Rd		City New Milford	State CT	Zip Code 06776
Principal Occupation Manager		Name of Employer Jewelry Designs		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/14/2014	Aggregate Contributions \$100.00
Last Name Underhill		First Robert	MI	Contribution ID # 0624
Residential Street Address 5 8th Ave		City Danbury	State CT	Zip Code 06810
Principal Occupation Jeweler		Name of Employer Jewelry Designs		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/14/2014	Aggregate Contributions \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Underhill		First Lindsay	MI	Contribution ID # 0626
Residential Street Address 5 8th Ave		City Danbury	State CT	Zip Code 06810
Principal Occupation Gemologist		Name of Employer Jewelry Designs		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/14/2014	Aggregate Contributions \$100.00
Last Name Cordeiro		First Tony	MI	Contribution ID # 0625
Residential Street Address 61 Hickory Rd		City Naugatuck	State CT	Zip Code 06770
Principal Occupation Marketing/IT		Name of Employer Jewelry Designs		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/14/2014	Aggregate Contributions \$100.00
Last Name Balzi		First Francis	MI	Contribution ID # 0627
Residential Street Address 17 Hanover Ridge Rd		City Brookfield	State CT	Zip Code 06804
Principal Occupation Operations		Name of Employer Jewelry Designs		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/14/2014	Aggregate Contributions \$100.00
Last Name Underhill		First Karen	MI	Contribution ID # 0628
Residential Street Address 30 Shamrock Dr		City Brookfield	State CT	Zip Code 06804
Principal Occupation Gemologist		Name of Employer Jewelry Designs		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/14/2014	Aggregate Contributions \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Underhill		First Robert	MI	Contribution ID # 0629
Residential Street Address 30 Shamrock Dr		City Brookfield	State CT	Zip Code 06804
Principal Occupation Jeweler		Name of Employer Jewelry Designs		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/14/2014	Aggregate Contributions \$100.00
Last Name Santos		First Adelia	MI	Contribution ID # 0630
Residential Street Address 24 Virginia Ave		City Danbury	State CT	Zip Code 06810
Principal Occupation Realtor		Name of Employer Wm Pitt Sotheby's Realty		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/14/2014	Aggregate Contributions \$20.00
Last Name Lehrer		First Samuel	MI	Contribution ID # 0633
Residential Street Address 400 Sharon Dr		City New Orleans	State LA	Zip Code 70124
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/14/2014	Aggregate Contributions \$100.00
Last Name Leavenworth		First Lucy	MI	Contribution ID # 0634
Residential Street Address 6 Revere Rd		City New Milford	State CT	Zip Code 06776
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/14/2014	Aggregate Contributions \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Rogers		First Steven	MI	Contribution ID # 0618
Residential Street Address 234 Bayberry Dr		City Thomaston	State CT	Zip Code 06787
Principal Occupation Firefighter		Name of Employer City of Danbury		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/14/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>03082014A</u>		\$100.00		
Last Name Brandimarte		First Matthew	MI	Contribution ID # 0619
Residential Street Address 15 Palma Cir		City Waterbury	State CT	Zip Code 06704
Principal Occupation Construction		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/14/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>03082014A</u>		\$100.00		
Last Name Bunko		First Michael	MI	Contribution ID # 0620
Residential Street Address 195 Hobart St		City Southington	State CT	Zip Code 06489
Principal Occupation Real Estate		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/14/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>03082014A</u>		\$50.00		
Last Name Kaplanis		First Nicole	MI	Contribution ID # 0631
Residential Street Address 20 Marc Rd		City Danbury	State CT	Zip Code 06810
Principal Occupation RN		Name of Employer NYPH - WC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/14/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>03082014A</u>		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Suprin		First Kathleen	MI	Contribution ID # 0632
Residential Street Address 140 Great Neck Rd		City Waterford	State CT	Zip Code 06385
Principal Occupation Principal		Name of Employer Learn Inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>02232014A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/14/2014	Aggregate Contributions \$50.00
Last Name Lombardi		First Thomas	MI	Contribution ID # 0621
Residential Street Address 41 Oak St		City Southington	State CT	Zip Code 06489
Principal Occupation CPA		Name of Employer Centerplan Development		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>03082014A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/14/2014	Aggregate Contributions \$100.00
Last Name Hylenski		First Peter	MI	Contribution ID # 0616
Residential Street Address 13 Firelight Dr		City Danbury	State CT	Zip Code 06810
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/14/2014	Aggregate Contributions \$100.00
Last Name Hylenski		First Angela	MI	Contribution ID # 0617
Residential Street Address 13 Firelight Dr		City Danbury	State CT	Zip Code 06810
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/14/2014	Aggregate Contributions \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Cirone		First Anthony	MI	Contribution ID # 0612
Residential Street Address 4 Briarwood Ln		City Newtown	State CT	Zip Code 06470
Principal Occupation CPA		Name of Employer Equale & Chrome LLP		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/14/2014	Aggregate Contributions \$100.00
Last Name Fonteyne		First Paul	MI	Contribution ID # 0639
Residential Street Address 4 Deepwood Ln		City Westport	State CT	Zip Code 06880
Principal Occupation Management		Name of Employer Boehringer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/15/2014	Aggregate Contributions \$100.00
Last Name Wieland		First Richard	MI	Contribution ID # 0638
Residential Street Address 44 Turney Rd		City Redding	State CT	Zip Code 06896
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/15/2014	Aggregate Contributions \$100.00
Last Name Hughes		First Harold	MI	Contribution ID # 0640
Residential Street Address 32 Hillside Ave		City Danbury	State CT	Zip Code 06811
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/15/2014	Aggregate Contributions \$10.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Wiedl		First Thomas	MI	Contribution ID # 0645
Residential Street Address 12 Brighton St		City Danbury	State CT	Zip Code 06811
Principal Occupation Fire Department		Name of Employer City of Danbury		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/15/2014	Aggregate Contributions \$50.00
Last Name Caldwell		First Beth	MI	Contribution ID # 0636
Residential Street Address 1 Hill View Ln		City Woodbury	State CT	Zip Code 06798
Principal Occupation Account Executive		Name of Employer Fidelity National Title Insurance Company		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/15/2014	Aggregate Contributions \$50.00
Last Name Winkler		First Timothy	MI	Contribution ID # 0643
Residential Street Address 7 Patricia Ln		City Danbury	State CT	Zip Code 06811
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/15/2014	Aggregate Contributions \$100.00
Last Name Bento		First Raymond	MI	Contribution ID # 0641
Residential Street Address 5 Myrtle Ave		City Danbury	State CT	Zip Code 06810
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/15/2014	Aggregate Contributions \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Llodra		First E. Patricia	MI	Contribution ID # 0637
Residential Street Address 90 Riverside Rd		City Sandy Hook	State CT	Zip Code 06482
Principal Occupation First Selectman		Name of Employer Town of Newtown		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/15/2014	Aggregate Contributions \$50.00
Last Name Milana		First Joseph	MI	Contribution ID # 0635
Residential Street Address 8 Lakecrest Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Accountant		Name of Employer Compass Group Management		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/15/2014	Aggregate Contributions \$100.00
Last Name Tomanio		First Lydia	MI	Contribution ID # 0642
Residential Street Address 50 Meadowbrook Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation N/A		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/15/2014	Aggregate Contributions \$50.00
Last Name Heibling		First John	MI	Contribution ID # 0644
Residential Street Address 43 Columbia Dr		City New Fairfield	State CT	Zip Code 06812
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/15/2014	Aggregate Contributions \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Caraluzzi		First Mark	MI	Contribution ID # 0647
Residential Street Address 6 Sail Harbor Dr		City Sherman	State CT	Zip Code 06784
Principal Occupation Retail		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/16/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Massoud		First Ihab	MI	Contribution ID # 0649
Residential Street Address 3 Marc Ln		City Westport	State CT	Zip Code 06880
Principal Occupation MD		Name of Employer Anholt Services USA		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/16/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Tate		First Eric	MI	Contribution ID # 0648
Residential Street Address 32 Crows Nest Ln Unit 4		City Danbury	State CT	Zip Code 06810
Principal Occupation VP		Name of Employer AIReS		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/16/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Walsh		First James	MI	Contribution ID # 0646
Residential Street Address 2 Mountainview Ter Unit 2131		City Danbury	State CT	Zip Code 06810
Principal Occupation Sales		Name of Employer Hilti North America		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/16/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Llodra		First E. Patricia	MI	Contribution ID # 0656
Residential Street Address 90 Riverside Rd		City Sandy Hook	State CT	Zip Code 06482
Principal Occupation First Selectman		Name of Employer Town of Newtown		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/17/2014	Aggregate Contributions \$100.00
Last Name Koehlert		First Michele	MI	Contribution ID # 0653
Residential Street Address 51 Olive St		City Danbury	State CT	Zip Code 06810
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/17/2014	Aggregate Contributions \$75.00
Last Name Hughes		First Nancy	MI	Contribution ID # 0658
Residential Street Address 10 Marvel Rd		City New Haven	State CT	Zip Code 06515
Principal Occupation Technical Supervisor		Name of Employer Verizon Wireless		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/17/2014	Aggregate Contributions \$100.00
Last Name Steichen		First Dale	MI	Contribution ID # 0654
Residential Street Address 3C E Lake Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation VP New Technology		Name of Employer Akzo Nobel		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/17/2014	Aggregate Contributions \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Steichen		First Sandy	MI	Contribution ID # 0655
Residential Street Address 3C E Lake Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation N/A		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/17/2014	Aggregate Contributions \$100.00
Last Name Bizzarro		First Gennaro	MI	Contribution ID # 0650
Residential Street Address 180 Ten Acre Rd		City New Britain	State CT	Zip Code 06052
Principal Occupation Lawyer		Name of Employer GB Law Group LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/17/2014	Aggregate Contributions \$100.00
Last Name Ryan		First Francis	MI	Contribution ID # 0652
Residential Street Address 100 Park Ave		City Danbury	State CT	Zip Code 06810
Principal Occupation Disabled		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/17/2014	Aggregate Contributions \$20.00
Last Name Finelli		First Angela	MI	Contribution ID # 0651
Residential Street Address 577 Candlewood Lake Rd		City Brookfield	State CT	Zip Code 06804
Principal Occupation Information Requested		Name of Employer IBM		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/17/2014	Aggregate Contributions \$50.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Anburajan		First Subramanian	MI	Contribution ID # 0657
Residential Street Address 9 Rita Dr		City New Fairfield	State CT	Zip Code 06812
Principal Occupation Engineer		Name of Employer Pratt and Whitney		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/17/2014	Aggregate Contributions \$100.00
Last Name Jamroga		First Walt	MI	Contribution ID # 0661
Residential Street Address 40 Joal Ct		City Newtown	State CT	Zip Code 06470
Principal Occupation Contractor		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/18/2014	Aggregate Contributions \$100.00
Last Name Fahrbach		First Ruth	MI	Contribution ID # 0660
Residential Street Address 592 Poquonock Ave		City Windsor	State CT	Zip Code 06095
Principal Occupation N/A		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/18/2014	Aggregate Contributions \$100.00
Last Name Manfreda		First Carolyn	MI	Contribution ID # 0718
Residential Street Address 8 Racebrook Dr		City Bethel	State CT	Zip Code 06801
Principal Occupation Financial Officer		Name of Employer Match Drive		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/18/2014	Aggregate Contributions \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Chiocchio		First Bob	MI	Contribution ID # 0663
Residential Street Address 14 Laura Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Risk Manager		Name of Employer GE Capital		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/18/2014	Aggregate Contributions \$100.00
Last Name Pawlick		First Sarah	MI	Contribution ID # 0662
Residential Street Address 880 Pequot Trl		City Stonington	State CT	Zip Code 06378
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/18/2014	Aggregate Contributions \$100.00
Last Name Girgasky		First Joseph	MI	Contribution ID # 0659
Residential Street Address 7 Lake Rd		City Newtown	State CT	Zip Code 06470
Principal Occupation Project Manager		Name of Employer AFA Protective Systems Inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/18/2014	Aggregate Contributions \$10.00
Last Name Devino		First Kenneth	MI	Contribution ID # 0667
Residential Street Address 33 N Forty Rd		City Woodbury	State CT	Zip Code 06798
Principal Occupation Information Requested		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/19/2014	Aggregate Contributions \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Baldwin		First June	MI	Contribution ID # 0669
Residential Street Address 144 Middle River Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/19/2014	Aggregate Contributions \$25.00
If yes, list Event #		\$25.00		
Last Name Crawford		First Foster	MI	Contribution ID # 0666
Residential Street Address 12 Marc Rd		City Danbury	State CT	Zip Code 06810
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/19/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Moss		First William	MI	Contribution ID # 0670
Residential Street Address 446 State Route 37		City New Fairfield	State CT	Zip Code 06812
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/19/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Deldin		First Robert	MI	Contribution ID # 0665
Residential Street Address 43 Country Farm Ln		City New Milford	State CT	Zip Code 06776
Principal Occupation Insurance		Name of Employer Bruen Deldin Didio		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/19/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Strzalkowski		First Joseph	MI	Contribution ID # 0668
Residential Street Address 26 Westminster Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation Optician		Name of Employer A+J Eyecare Inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/19/2014	Aggregate Contributions \$25.00
If yes, list Event #		\$25.00		
Last Name Platz		First Warren	MI	Contribution ID # 0671
Residential Street Address 186 Southern Blvd		City Danbury	State CT	Zip Code 06810
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/19/2014	Aggregate Contributions \$25.00
If yes, list Event #		\$25.00		
Last Name Amalfitano		First Michael	MI	Contribution ID # 0672
Residential Street Address 14 Tobins Ct		City Danbury	State CT	Zip Code 06810
Principal Occupation CPA		Name of Employer Chemtura		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/20/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Soderquist		First Frederick	MI	Contribution ID # 0673
Residential Street Address 14 Housatonic Dr		City Sandy Hook	State CT	Zip Code 06482
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/20/2014	Aggregate Contributions \$10.00
If yes, list Event #		\$10.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Monaccio		First John	MI	Contribution ID # 0675
Residential Street Address 1186 Middle Tpke W Apt C1		City Manchester	State CT	Zip Code 06040
Principal Occupation Postal Carrier		Name of Employer USPS		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/20/2014	Aggregate Contributions \$100.00
Last Name Caraluzzi		First Anthony	MI	Contribution ID # 0676
Residential Street Address 24011 Via Castella Dr # 2502		City Bonita Springs	State FL	Zip Code 34134
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/20/2014	Aggregate Contributions \$100.00
Last Name Chow		First Sarah	MI	Contribution ID # 0678
Residential Street Address 271 Ridgebury Rd		City Ridgefield	State CT	Zip Code 06877
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/20/2014	Aggregate Contributions \$25.00
Last Name Donnelly		First Eugene	MI	Contribution ID # 0679
Residential Street Address 60 Tuckahoe Rd		City Easton	State CT	Zip Code 06612
Principal Occupation Information Requested		Name of Employer Information Requested		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/20/2014	Aggregate Contributions \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Johnson		First Janet	MI	Contribution ID # 0682
Residential Street Address 24 Hi Barlow Rd		City Newtown	State CT	Zip Code 06470
Principal Occupation N/A		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/20/2014	Aggregate Contributions \$25.00
If yes, list Event #		\$25.00		
Last Name Bundy		First Sandra	MI	Contribution ID # 0683
Residential Street Address 15 Lembo Dr		City Wethersfield	State CT	Zip Code 06109
Principal Occupation Deputy Warden		Name of Employer Dept of Correction		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/20/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Jennings		First Alfred	MI	Contribution ID # 0684
Residential Street Address 8 Cipolla Ln		City Brookfield	State CT	Zip Code 06804
Principal Occupation Teacher		Name of Employer Danbury Board of Ed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/20/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Jennings		First Robert	MI	Contribution ID # 0685
Residential Street Address 14 Schoolhouse Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Owner		Name of Employer Jennings Oil Co		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/20/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Badaracco		First Anthony	MI	Contribution ID # 0686
Residential Street Address 48 E Pembroke Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation Waiter		Name of Employer Kusulyn		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/20/2014	Aggregate Contributions \$50.00
If yes, list Event #		\$50.00		
Last Name Cooper		First Alyssa	MI	Contribution ID # 0687
Residential Street Address 184 Great Plain Rd Apt B		City Danbury	State CT	Zip Code 06810
Principal Occupation Hostess		Name of Employer Koo Restaurant		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/20/2014	Aggregate Contributions \$50.00
If yes, list Event #		\$50.00		
Last Name Xu		First Chuan Long	MI	Contribution ID # 0689
Residential Street Address 756 45th St		City New York	State NY	Zip Code 11220
Principal Occupation Chef		Name of Employer FUCI Inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/20/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Chen		First Xiao Ping	MI	Contribution ID # 0690
Residential Street Address 29 E Pembroke Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation Cashier		Name of Employer Red Wood Inn Inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/20/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Lin		First Li Qing	MI	Contribution ID # 0692
Residential Street Address 29 E Pembroke Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation Owner		Name of Employer FUCI Inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/20/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Lin		First Qi Jing	MI	Contribution ID # 0693
Residential Street Address 29 E Pembroke Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation Manager		Name of Employer Red Wood Inn Inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/20/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Lin		First Fang Duan	MI	Contribution ID # 0691
Residential Street Address 633 57th St		City New York	State NY	Zip Code 11220
Principal Occupation Chef		Name of Employer Red Wood Inn Inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/20/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Becker		First Christian	MI	Contribution ID # 0694
Residential Street Address 5 Peaceful Dr		City New Fairfield	State CT	Zip Code 06812
Principal Occupation Information Requested		Name of Employer Ski Haus		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/20/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name You		First Zhu	MI	Contribution ID # 0695
Residential Street Address 261 W Newton St		City Boston	State MA	Zip Code 02116
Principal Occupation Cashier		Name of Employer FUCI Inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/20/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Dailey		First Geraldine	MI	Contribution ID # 0696
Residential Street Address 2000 S Ocean Blvd		City Boca Raton	State FL	Zip Code 33432
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/20/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name DiLorenzo		First Jared	MI	Contribution ID # 0697
Residential Street Address 626 Federal Rd Apt 2		City Brookfield	State CT	Zip Code 06804
Principal Occupation Chiropractor		Name of Employer Danbury Chiropractic		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/20/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Cerutti		First Jonathan	MI	Contribution ID # 0698
Residential Street Address 11 Barnum Pl		City Ridgefield	State CT	Zip Code 06877
Principal Occupation Chiropractor		Name of Employer Danbury Chiropractic		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/20/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Jowdy		First John	MI	Contribution ID # 0791
Residential Street Address 20 Richter Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Attorney		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/20/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>03202014A</u>		\$100.00		
Last Name Ashkar		First John	MI	Contribution ID # 0811
Residential Street Address 29 Fairmount Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Real Estate		Name of Employer Coldwell Banker		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/20/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>03202014A</u>		\$100.00		
Last Name Ashkar		First Ruth Ann	MI	Contribution ID # 0812
Residential Street Address 29 Fairmount Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation N/A		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/20/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>03202014A</u>		\$100.00		
Last Name Wagner		First Laurence	MI	Contribution ID # 0792
Residential Street Address 90 Transylvania Rd		City Roxbury	State CT	Zip Code 06783
Principal Occupation Consultant		Name of Employer L Wagner & Associates		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/20/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>03202014A</u>		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Hanna		First Joseph	MI	Contribution ID # 0789
Residential Street Address 16 Centennial Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Real Estate Broker		Name of Employer Hanna Realty		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>03202014A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/20/2014	Aggregate Contributions \$100.00
Last Name Chory		First Tony	MI	Contribution ID # 0781
Residential Street Address 26 Dale Rd		City Trumbull	State CT	Zip Code 06611
Principal Occupation Engineer		Name of Employer Sikorsky Aircraft		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>03202014A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/20/2014	Aggregate Contributions \$100.00
Last Name Greenberg		First Lauren	MI	Contribution ID # 0786
Residential Street Address 11 Wellington Ct		City Danbury	State CT	Zip Code 06811
Principal Occupation Realtor		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>03202014A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/20/2014	Aggregate Contributions \$100.00
Last Name Yamin		First Elizabeth	MI	Contribution ID # 0778
Residential Street Address 88 Main St Apt 8B		City Danbury	State CT	Zip Code 06810
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>03202014A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/20/2014	Aggregate Contributions \$50.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Nassif		First Josephine	MI	Contribution ID # 0813
Residential Street Address 14 Sherry Ln		City Danbury	State CT	Zip Code 06811
Principal Occupation Sales		Name of Employer Danbury Beauty Supply		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/20/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>03202014A</u>		\$100.00		
Last Name Antonios		First Therese	MI	Contribution ID # 0777
Residential Street Address 25 Padanaram Rd Unit 3		City Danbury	State CT	Zip Code 06811
Principal Occupation N/A		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/20/2014	Aggregate Contributions \$25.00
If yes, list Event # <u>03202014A</u>		\$25.00		
Last Name Essa		First Edward	MI	Contribution ID # 0797
Residential Street Address 43 Rolfs Dr		City Danbury	State CT	Zip Code 06810
Principal Occupation President		Name of Employer Alarm King		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/20/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>03202014A</u>		\$100.00		
Last Name Mitchell		First Donald	MI	Contribution ID # 1079
Residential Street Address 84 S Lake Shore Dr		City Brookfield	State CT	Zip Code 06804
Principal Occupation Information Requested		Name of Employer Norbert E Mitchell Co Inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/20/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Alam		First Mohammed	MI	Contribution ID # 0795
Residential Street Address 9 Louis Allan Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Information Requested		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 03/20/2014	Aggregate Contributions \$100.00	
If yes, list Event # <u>03202014A</u>		\$100.00		
Last Name Barek		First Lowell	MI	Contribution ID # 0803
Residential Street Address 79 Middle River Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation Physician		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/20/2014	Aggregate Contributions \$100.00	
If yes, list Event # <u>03202014A</u>		\$100.00		
Last Name Jowdy		First Richard	MI	Contribution ID # 0809
Residential Street Address 137 Chamber Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation Real Estate		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 03/20/2014	Aggregate Contributions \$100.00	
If yes, list Event # <u>03202014A</u>		\$100.00		
Last Name Uchida		First Susan	MI	Contribution ID # 0790
Residential Street Address 44 Little Fox Ln		City Southbury	State CT	Zip Code 06488
Principal Occupation Executive Assistant		Name of Employer Information Requested		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 03/20/2014	Aggregate Contributions \$100.00	
If yes, list Event # <u>03202014A</u>		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Najm		First Benedetta	MI	Contribution ID # 0806
Residential Street Address 11 Maplewood Dr		City New Milford	State CT	Zip Code 06776
Principal Occupation N/A		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/20/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>03202014A</u>		\$100.00		
Last Name Asmar		First William	MI	Contribution ID # 0788
Residential Street Address 12 Elmcrest Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Sales / Service		Name of Employer Mutual Motors		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/20/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>03202014A</u>		\$100.00		
Last Name Haddad		First Delores	MI	Contribution ID # 0779
Residential Street Address 14 Farview Avve Unit 1		City Danbury	State CT	Zip Code 06810
Principal Occupation Housewife		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/20/2014	Aggregate Contributions \$50.00
If yes, list Event # <u>03202014A</u>		\$50.00		
Last Name Michael		First Helena	MI	Contribution ID # 0780
Residential Street Address 5143 State St		City Danbury	State CT	Zip Code 06810
Principal Occupation Music Teacher		Name of Employer Information Requested		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/20/2014	Aggregate Contributions \$50.00
If yes, list Event # <u>03202014A</u>		\$50.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Glynn		First James	MI	Contribution ID # 0782
Residential Street Address 10 Meridian Ridge Dr		City Newtown	State CT	Zip Code 06470
Principal Occupation Real Estate Agent		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/20/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>03202014A</u>		\$100.00		
Last Name Glynn		First Toni	MI	Contribution ID # 0783
Residential Street Address 27 Apple Blossom Ln		City Danbury	State CT	Zip Code 06811
Principal Occupation Clerical		Name of Employer Pace University		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/20/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>03202014A</u>		\$100.00		
Last Name Glynn		First Stacey	MI	Contribution ID # 0784
Residential Street Address 27 Apple Blossom Ln		City Danbury	State CT	Zip Code 06811
Principal Occupation Asst Marketing Mgr		Name of Employer General Motors		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/20/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>03202014A</u>		\$100.00		
Last Name Binette		First Robert	MI	Contribution ID # 0785
Residential Street Address 2234 Avalon Valley Dr		City Danbury	State CT	Zip Code 06810
Principal Occupation Sales Management		Name of Employer Estate Motors Mercedes		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/20/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>03202014A</u>		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Dwyer		First Steven	MI	Contribution ID # 0787
Residential Street Address 54 Ledgewood Dr		City Brookfield	State CT	Zip Code 06804
Principal Occupation Owner		Name of Employer Rent-a-Center		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/20/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>03202014A</u>		\$100.00		
Last Name DeLucia		First John	MI	Contribution ID # 0793
Residential Street Address 8 Cambridge Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Real Estate		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/20/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>03202014A</u>		\$100.00		
Last Name DeLucia		First Peter	MI	Contribution ID # 0794
Residential Street Address 16 Hayestown Rd # 3405		City Danbury	State CT	Zip Code 06811
Principal Occupation Real Estate		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/20/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>03202014A</u>		\$100.00		
Last Name Ramey		First Warren	MI	Contribution ID # 0796
Residential Street Address 18 Overlook Ter		City Danbury	State CT	Zip Code 06811
Principal Occupation Builder		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/20/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>03202014A</u>		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name O'Brien		First Kevin	MI	Contribution ID # 0798
Residential Street Address 1 Powderhorn Rdg		City Danbury	State CT	Zip Code 06811
Principal Occupation Manager		Name of Employer Pitney Bowes Inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/20/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>03202014A</u>		\$100.00		
Last Name Asmar		First Ray	MI	Contribution ID # 0799
Residential Street Address 1 Fairmount Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/20/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>03202014A</u>		\$100.00		
Last Name Dimyan		First Michael	MI	Contribution ID # 0800
Residential Street Address 22 Merlin's Ln		City Newtown	State CT	Zip Code 06470
Principal Occupation Comm. Real Estate		Name of Employer Tower Realty		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/20/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>03202014A</u>		\$100.00		
Last Name Barody		First John	MI	Contribution ID # 0801
Residential Street Address 94 Route 37 S		City Sherman	State CT	Zip Code 06784
Principal Occupation Self		Name of Employer Barody Motorsports LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/20/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>03202014A</u>		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Barody		First Daniel	MI	Contribution ID # 0802
Residential Street Address 94 Route 37 S		City Sherman	State CT	Zip Code 06784
Principal Occupation Environmental Scientist		Name of Employer City of Danbury		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>03202014A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/20/2014	Aggregate Contributions \$100.00
Last Name Buzaid		First Norman	MI	Contribution ID # 0804
Residential Street Address 9 Lakecrest Rd		City Danbury	State CT	Zip Code 06810
Principal Occupation Self		Name of Employer Buzaid Mutual		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>03202014A</u>		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/20/2014	Aggregate Contributions \$100.00
Last Name Bielawa		First Hank	MI	Contribution ID # 0805
Residential Street Address 18 Rockledge Dr		City Redding	State CT	Zip Code 06896
Principal Occupation N/A		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>03202014A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/20/2014	Aggregate Contributions \$100.00
Last Name Jowdy		First James	MI	Contribution ID # 0807
Residential Street Address 4 Overlook Ter		City Danbury	State CT	Zip Code 06811
Principal Occupation Real Estate		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>03202014A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/20/2014	Aggregate Contributions \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Haddad		First Robin	MI	Contribution ID # 0808
Residential Street Address 4 Delta Ave		City Danbury	State CT	Zip Code 06810
Principal Occupation Relocation Mgr		Name of Employer Cartus		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/20/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>03202014A</u>		\$100.00		
Last Name Haddad		First Tony	MI	Contribution ID # 1085
Residential Street Address 4 Delta Ave		City Danbury	State CT	Zip Code 06810
Principal Occupation Natural Stone Fabricator		Name of Employer Marble & Granite Creations		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/20/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>03202014A</u>		\$100.00		
Last Name Struski		First Ronald	MI	Contribution ID # 0810
Residential Street Address 15 Topfield Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation Information Requested		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/20/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>03202014A</u>		\$100.00		
Last Name Hoyt		First Janet	MI	Contribution ID # 1081
Residential Street Address 36 Currituck Rd		City Newtown	State CT	Zip Code 06470
Principal Occupation Petroleum Distributor		Name of Employer Norbert E Mitchell Co Inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/20/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>03202014A</u>		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name DeLucia		First Angela	MI	Contribution ID # 1084
Residential Street Address 88 Clapboard Rdg		City Danbury	State CT	Zip Code 06811
Principal Occupation Real Estate		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/20/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Agostinelli		First Nathan	MI	Contribution ID # 0674
Residential Street Address 26 Litchfield St		City Manchester	State CT	Zip Code 06040
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/20/2014	Aggregate Contributions \$25.00
If yes, list Event #		\$25.00		
Last Name Wirag		First Robert	MI	Contribution ID # 0681
Residential Street Address 6 Lois St		City Danbury	State CT	Zip Code 06811
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/20/2014	Aggregate Contributions \$50.00
If yes, list Event #		\$50.00		
Last Name Curtis		First Linda	MI	Contribution ID # 0677
Residential Street Address 6 Birnam Wood Rd		City Bethel	State CT	Zip Code 06801
Principal Occupation Manager		Name of Employer Central Communications Inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/20/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Buto		First Sean	MI	Contribution ID # 0688
Residential Street Address 55 Mill Plain Rd		City Danbury	State CT	Zip Code 06810
Principal Occupation Sales		Name of Employer Konica Minolta		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/20/2014	Aggregate Contributions \$100.00
Last Name Santos		First Manuel	MI	Contribution ID # 0680
Residential Street Address 216 Oxford Ct		City Meriden	State CT	Zip Code 06450
Principal Occupation Mayor		Name of Employer City of Meriden		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/20/2014	Aggregate Contributions \$100.00
Last Name Barker		First Lloyd	MI	Contribution ID # 0740
Residential Street Address 34 Lilac Ln		City Danbury	State CT	Zip Code 06810
Principal Occupation Corporate Director		Name of Employer Alcoa Inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>03212014A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/21/2014	Aggregate Contributions \$100.00
Last Name Baruer		First Shauna	MI	Contribution ID # 0733
Residential Street Address 34 Lilac Ln		City Danbury	State CT	Zip Code 06810
Principal Occupation Information Requested		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>03212014A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/21/2014	Aggregate Contributions \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name McPhee		First Edward	MI	Contribution ID # 0704
Residential Street Address 44 Belgian Cir		City Bristol	State CT	Zip Code 06010
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/21/2014	Aggregate Contributions \$100.00
Last Name Sholtes		First Robert	MI	Contribution ID # 0700
Residential Street Address 36 Peck Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/21/2014	Aggregate Contributions \$100.00
Last Name Sholtes		First Barbara	MI	Contribution ID # 0701
Residential Street Address 36 Peck Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/21/2014	Aggregate Contributions \$100.00
Last Name Margiewicz		First Vincent	MI	Contribution ID # 0739
Residential Street Address 6 Nancy Ln		City Brewster	State NY	Zip Code 10509
Principal Occupation Contractor		Name of Employer WSelf		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>03212014A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/21/2014	Aggregate Contributions \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Nagarsheth		First Monika	MI	Contribution ID # 0737
Residential Street Address 2 Robinhood Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation Marketing Director		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/21/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>03212014A</u>		\$100.00		
Last Name Randolph		First Patricia	MI	Contribution ID # 0699
Residential Street Address 70 Deer Hill Ave		City Danbury	State CT	Zip Code 06810
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/21/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Nejame		First Cynthia	MI	Contribution ID # 1086
Residential Street Address 35 Walnut Hill Rd		City Bethel	State CT	Zip Code 06801
Principal Occupation Teacher		Name of Employer Danbury Public Schools		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/21/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Dury		First William	MI	Contribution ID # 1082
Residential Street Address 44 High Ridge Rd		City Brookfield	State CT	Zip Code 06804
Principal Occupation Information Requested		Name of Employer Norbert E Mitchell Co Inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/21/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Mitchell		First Norbert	MI	Contribution ID # 1077
Residential Street Address 130 S King St		City Danbury	State CT	Zip Code 06811
Principal Occupation Manager		Name of Employer Norbert E Mitchell Co Inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/21/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Mitchell		First Mary	MI	Contribution ID # 1078
Residential Street Address 3 Glen Hill Rd # 302		City Danbury	State CT	Zip Code 06811
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/21/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Ippolito		First Stephen	MI	Contribution ID # 0775
Residential Street Address 138 Hoyts Hl		City Bethel	State CT	Zip Code 06801
Principal Occupation Sr Product Mgr		Name of Employer Lanyon		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/21/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>03212014A</u>		\$100.00		
Last Name Levy		First Arthur	MI	Contribution ID # 0734
Residential Street Address 16 Hayestown Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation Consultants		Name of Employer The Noerf Group LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/21/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>03212014A</u>		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Monaco		First Robert	MI	Contribution ID # 0735
Residential Street Address 17 Rambling Brook Ln		City Poughkeepsie	State NY	Zip Code 12601
Principal Occupation Law Enforcement		Name of Employer Dutchess County		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>03212014A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/21/2014	Aggregate Contributions \$100.00
Last Name Hart		First Guy	MI	Contribution ID # 0736
Residential Street Address 8 Beechwood Dr		City Danbury	State CT	Zip Code 06810
Principal Occupation Sales		Name of Employer Ring's End		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>03212014A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/21/2014	Aggregate Contributions \$60.00
Last Name Grove		First Justin	MI	Contribution ID # 0741
Residential Street Address 766 Traver Rd		City Pleasant Valley	State NY	Zip Code 12569
Principal Occupation Construction		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>03212014A</u>		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/21/2014	Aggregate Contributions \$100.00
Last Name Ocskasy		First Robert	MI	Contribution ID # 0742
Residential Street Address 27 Breezy Hill Dr		City Wingdale	State NY	Zip Code 12594
Principal Occupation Glazier		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>03212014A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/21/2014	Aggregate Contributions \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Palmer		First James	MI	Contribution ID # 0702
Residential Street Address 52 Turkey Plain Rd		City Bethel	State CT	Zip Code 06801
Principal Occupation Civil Engineer		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/21/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Repasky		First Betty	MI	Contribution ID # 0703
Residential Street Address 4 Vista Dr		City Brookfield	State CT	Zip Code 06804
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/21/2014	Aggregate Contributions \$50.00
If yes, list Event #		\$50.00		
Last Name Seabury		First John	MI	Contribution ID # 0705
Residential Street Address 219 Emmans Rd		City Flanders	State NJ	Zip Code 07836
Principal Occupation Consultant		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/21/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Anburajan		First Vasumathi	MI	Contribution ID # 0738
Residential Street Address 9 Rita Dr		City New Fairfield	State CT	Zip Code 06812
Principal Occupation Account Executive		Name of Employer Cartus		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/21/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>03212014A</u>		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Joseph		First Thomas	MI	Contribution ID # 0706
Residential Street Address 8 Schoolhouse Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation N/A		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/22/2014	Aggregate Contributions \$50.00
Last Name Roth		First Richard	MI	Contribution ID # 0707
Residential Street Address 7 Bernlou Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Information Requested		Name of Employer Information Requested		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/22/2014	Aggregate Contributions \$25.00
Last Name Isabelle		First Allen	MI	Contribution ID # 0708
Residential Street Address 6 Autumns Way		City Brookfield	State CT	Zip Code 06804
Principal Occupation Information Requested		Name of Employer Information Requested		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/22/2014	Aggregate Contributions \$100.00
Last Name Sinnott		First Bill	MI	Contribution ID # 0709
Residential Street Address 25 W Pine Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/22/2014	Aggregate Contributions \$50.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name McInerney		First Thomas	MI	Contribution ID # 0710
Residential Street Address 41 Topstone Rd		City Ridgefield	State CT	Zip Code 06877
Principal Occupation Contractor		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/22/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>03222014A</u>		\$100.00		
Last Name Honeyford		First David	MI	Contribution ID # 0748
Residential Street Address 7 Candleview Rd		City Brookfield	State CT	Zip Code 06804
Principal Occupation IT Consultant		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/22/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>03222014A</u>		\$100.00		
Last Name McInerney		First Monica	MI	Contribution ID # 0749
Residential Street Address 7 Candleview Rd		City Brookfield	State CT	Zip Code 06804
Principal Occupation Procurement Executive		Name of Employer Pitney Bowes Inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/22/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>03222014A</u>		\$100.00		
Last Name McInerney		First Kristen	MI	Contribution ID # 0751
Residential Street Address 6 Woods Rd		City Tuxedo	State NY	Zip Code 10987
Principal Occupation Teacher		Name of Employer Clarkstown Schools		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/22/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>03222014A</u>		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name McInerney		First Theodore	MI	Contribution ID # 0752
Residential Street Address 6 Woods Rd		City Tuxedo	State NY	Zip Code 10987
Principal Occupation Information Requested		Name of Employer Computershare		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 03/22/2014	Aggregate Contributions \$100.00	
If yes, list Event # <u>03222014A</u>		\$100.00		
Last Name McInerney		First Todd	MI	Contribution ID # 0754
Residential Street Address 33 Sterling Dr		City New Milford	State CT	Zip Code 06776
Principal Occupation IT Manager		Name of Employer WCSU		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 03/22/2014	Aggregate Contributions \$100.00	
If yes, list Event # <u>03222014A</u>		\$100.00		
Last Name McInerney		First Tammy	MI	Contribution ID # 0755
Residential Street Address 33 Sterling Dr		City New Milford	State CT	Zip Code 06776
Principal Occupation N/A		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 03/22/2014	Aggregate Contributions \$100.00	
If yes, list Event # <u>03222014A</u>		\$100.00		
Last Name Mead		First Edward	MI	Contribution ID # 0756
Residential Street Address 39 Highland Ave		City Danbury	State CT	Zip Code 06810
Principal Occupation Carpenter		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 03/22/2014	Aggregate Contributions \$100.00	
If yes, list Event # <u>03222014A</u>		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name McInerney		First Deirdre	MI	Contribution ID # 0764
Residential Street Address 41 Topstone Rd		City Ridgefield	State CT	Zip Code 06877
Principal Occupation Office Manager		Name of Employer Alexander Julian Inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/22/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>03222014A</u>		\$100.00		
Last Name Heinsohn		First Katherine	MI	Contribution ID # 0757
Residential Street Address 395 N Salem Rd		City Ridgefield	State CT	Zip Code 06877
Principal Occupation Office Manager		Name of Employer Glass Guys Inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/22/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>03222014A</u>		\$100.00		
Last Name Heinsohn		First Peter	MI	Contribution ID # 0758
Residential Street Address 395 N Salem Rd		City Ridgefield	State CT	Zip Code 06877
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/22/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>03222014A</u>		\$100.00		
Last Name Heinsohn		First Joan	MI	Contribution ID # 0759
Residential Street Address 395 N Salem Rd		City Ridgefield	State CT	Zip Code 06877
Principal Occupation Sales		Name of Employer Macy's		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/22/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>03222014A</u>		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Krystopa		First Roger	MI	Contribution ID # 0760
Residential Street Address 21 Lakeside Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/22/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>03222014A</u>		\$100.00		
Last Name Van Valkenburgh		First Linda	MI	Contribution ID # 0761
Residential Street Address 2 White Oak Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Owner		Name of Employer My Executive Career Coach LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/22/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>03222014A</u>		\$100.00		
Last Name McInerney		First Timothy	MI	Contribution ID # 0762
Residential Street Address 2 Aspen Ln		City Sandy Hook	State CT	Zip Code 06482
Principal Occupation Marketing Director		Name of Employer Sealed Air		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/22/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>03222014A</u>		\$100.00		
Last Name Cinque		First Stephanie	MI	Contribution ID # 0763
Residential Street Address 2 Aspen Ln		City Sandy Hook	State CT	Zip Code 06482
Principal Occupation Executive Director		Name of Employer Resiliency Center of Newtown		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/22/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>03222014A</u>		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Mitchell		First Matthew	MI	Contribution ID # 1076
Residential Street Address 32 Hidden Brook Dr		City Brookfield	State CT	Zip Code 06804
Principal Occupation Manager		Name of Employer Norbert E Mitchell Co Inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/22/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>03222014A</u>		\$100.00		
Last Name Riess		First Francis	MI	Contribution ID # 0746
Residential Street Address 16 Shady Ln		City Redding	State CT	Zip Code 06896
Principal Occupation Stock Broker		Name of Employer UBS Stamford		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/22/2014	Aggregate Contributions \$50.00
If yes, list Event # <u>03222014A</u>		\$50.00		
Last Name Riess		First Norma	MI	Contribution ID # 0747
Residential Street Address 16 Shady Ln		City Redding	State CT	Zip Code 06896
Principal Occupation Homemaker		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/22/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>03222014A</u>		\$100.00		
Last Name McInerney		First Mary	MI	Contribution ID # 0753
Residential Street Address 22 Lisa Ln		City Ridgefield	State CT	Zip Code 06877
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/22/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>03222014A</u>		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Brodginski		First Anne	MI	Contribution ID # 0750
Residential Street Address 120-41 Prospect St		City Ridgefield	State CT	Zip Code 06877
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/22/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>03222014A</u>		\$100.00		
Last Name Pappolla		First Robert	MI	Contribution ID # 0745
Residential Street Address 19-14 Prospect Rdg		City Ridgefield	State CT	Zip Code 06877
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/22/2014	Aggregate Contributions \$50.00
If yes, list Event # <u>03222014A</u>		\$50.00		
Last Name Hill		First Ronald	MI	Contribution ID # 0835
Residential Street Address 15 East Rdg		City Ridgefield	State CT	Zip Code 06877
Principal Occupation Engineer		Name of Employer Hazen & Sawyer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/23/2014	Aggregate Contributions \$50.00
If yes, list Event # <u>03232014A</u>		\$50.00		
Last Name Savona		First Beth	MI	Contribution ID # 0834
Residential Street Address 19 Center Ter		City Stamford	State CT	Zip Code 06906
Principal Occupation Paralegal		Name of Employer Law Office of John R Harness		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/23/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>03232014A</u>		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Savino		First Joseph	MI	Contribution ID # 0836
Residential Street Address 71 Saint Johns Rd		City Ridgefield	State CT	Zip Code 06877
Principal Occupation Sales Executive		Name of Employer IBM		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>03232014A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/23/2014	Aggregate Contributions \$100.00
Last Name Kleinhans		First John	MI	Contribution ID # 0711
Residential Street Address 910 15th St NW Apt 912		City Washington	State DC	Zip Code 20005
Principal Occupation Consultant		Name of Employer Revolutionary Strategies LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/24/2014	Aggregate Contributions \$100.00
Last Name Nedu		First Daniela	MI	Contribution ID # 0712
Residential Street Address 53 Bogus Hill Rd		City New Fairfield	State CT	Zip Code 06812
Principal Occupation Mechanical Engineer		Name of Employer FuelCell Energy		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/24/2014	Aggregate Contributions \$100.00
Last Name Mehta		First Nemishh	MI	Contribution ID # 0713
Residential Street Address 26 Dunleary Dr		City Bear	State DE	Zip Code 19701
Principal Occupation Physician		Name of Employer Bear Internal Medicine and Pediatrics		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/24/2014	Aggregate Contributions \$50.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Hashem		First Thomas	MI	Contribution ID # 0714
Residential Street Address 4001 Pelham Rd Apt 265		City Greer	State SC	Zip Code 29650
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/24/2014	Aggregate Contributions \$25.00
If yes, list Event #		\$25.00		
Last Name Diker		First Fred	MI	Contribution ID # 0717
Residential Street Address 15 Maple Ridge Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/24/2014	Aggregate Contributions \$25.00
If yes, list Event #		\$25.00		
Last Name Robertazzi		First Thomas	MI	Contribution ID # 0719
Residential Street Address 11 Heritage Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/24/2014	Aggregate Contributions \$25.00
If yes, list Event #		\$25.00		
Last Name Daly		First Virginia	MI	Contribution ID # 0884
Residential Street Address 8 Winthrop Blvd		City Cromwell	State CT	Zip Code 06416
Principal Occupation HR Coordinator		Name of Employer Stanley Black & Decker		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/24/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>03242014B</u>		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Daly		First Michael	MI	Contribution ID # 0885
Residential Street Address 8 Winthrop Blvd		City Cromwell	State CT	Zip Code 06416
Principal Occupation Fund Administrator		Name of Employer CT Pipe Trade Benefit Funds		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>03242014B</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/24/2014	Aggregate Contributions \$100.00
Last Name Talento		First Catrena	MI	Contribution ID # 0886
Residential Street Address 293 Glen Hills Rd		City Meriden	State CT	Zip Code 06451
Principal Occupation Retirement Coordinator		Name of Employer CT Pipe Trade Benefit Funds		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>03242014B</u>		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/24/2014	Aggregate Contributions \$100.00
Last Name Welch		First Donna	MI	Contribution ID # 0887
Residential Street Address 778 Shuttle Meadow Rd		City Southington	State CT	Zip Code 06489
Principal Occupation Teacher		Name of Employer City of New Britain		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>03242014B</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/24/2014	Aggregate Contributions \$100.00
Last Name Welch		First John	MI	Contribution ID # 0888
Residential Street Address 778 Shuttle Meadow Rd		City Southington	State CT	Zip Code 06489
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>03242014B</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/24/2014	Aggregate Contributions \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name O'Hara		First Vincent	MI	Contribution ID # 0889
Residential Street Address 60 Sleep Hollow Rd		City Fairfield	State CT	Zip Code 06824
Principal Occupation Attorney		Name of Employer Holm & O'Hara LLP		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>03242014B</u>		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/24/2014	Aggregate Contributions \$100.00
Last Name Bruno		First Todd	MI	Contribution ID # 0890
Residential Street Address 18 Maclein Dr		City Southington	State CT	Zip Code 06489
Principal Occupation Plumber		Name of Employer James T Kay		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>03242014B</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/24/2014	Aggregate Contributions \$100.00
Last Name Ibelshauser		First Ruth	MI	Contribution ID # 0891
Residential Street Address 108 Pleasant Ave		City East Haven	State CT	Zip Code 06512
Principal Occupation Office Manager		Name of Employer MCAC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>03242014B</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/24/2014	Aggregate Contributions \$100.00
Last Name Johnson		First Kristen	MI	Contribution ID # 0892
Residential Street Address 132 N Branford Rd		City Wallingford	State CT	Zip Code 06492
Principal Occupation Paralegal		Name of Employer Aetna		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>03242014B</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/24/2014	Aggregate Contributions \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Azzolina		First Martin	MI	Contribution ID # 0893
Residential Street Address 132 N Branford Rd		City Wallingford	State CT	Zip Code 06492
Principal Occupation Manager		Name of Employer Aetna		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>03242014B</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/24/2014	Aggregate Contributions \$100.00
Last Name Case		First Audrey	MI	Contribution ID # 0894
Residential Street Address 160 Converse Ave		City Meriden	State CT	Zip Code 06450
Principal Occupation Health Fund Coordinator		Name of Employer CT Pipe Trade Benefit Funds		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>03242014B</u>		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/24/2014	Aggregate Contributions \$100.00
Last Name Grainger		First Jan	MI	Contribution ID # 0895
Residential Street Address 412 Wall St		City Meriden	State CT	Zip Code 06450
Principal Occupation Admin Assistant		Name of Employer CT Pipe Trade Benefit Funds		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>03242014B</u>		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/24/2014	Aggregate Contributions \$100.00
Last Name Zegray		First Paul	MI	Contribution ID # 0896
Residential Street Address 17 Pleasant St		City Bethel	State CT	Zip Code 06801
Principal Occupation Letter Carrier		Name of Employer US Postal Service		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>03242014B</u>		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/24/2014	Aggregate Contributions \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Zegray		First Julie	MI	Contribution ID # 0910
Residential Street Address 17 Pleasant St		City Bethel	State CT	Zip Code 06801
Principal Occupation N/A		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>03242014B</u>		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/24/2014	Aggregate Contributions \$100.00
Last Name Anderson		First Julia	MI	Contribution ID # 0897
Residential Street Address 193 Pleasant Ridge Rd		City Poughquag	State NY	Zip Code 12570
Principal Occupation Project Admin		Name of Employer McKenney Mechanical Contractors		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>03242014B</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/24/2014	Aggregate Contributions \$100.00
Last Name Hunt		First Shilo	MI	Contribution ID # 0898
Residential Street Address 402 Pudding St		City Carmel	State NY	Zip Code 10512
Principal Occupation Document Manager		Name of Employer McKenney Mechanical Contractors		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>03242014B</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/24/2014	Aggregate Contributions \$100.00
Last Name McKenney		First Alice	MI	Contribution ID # 0899
Residential Street Address 23 High Ridge Rd		City Brookfield	State CT	Zip Code 06804
Principal Occupation Office Manager		Name of Employer McKenney Mechanical Contractors		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>03242014B</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/24/2014	Aggregate Contributions \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Baluzy		First George	MI	Contribution ID # 0900
Residential Street Address 23 High Ridge Rd		City Brookfield	State CT	Zip Code 06804
Principal Occupation Editor		Name of Employer CBS News		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>03242014B</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/24/2014	Aggregate Contributions \$100.00
Last Name Malone		First Kevin	MI	Contribution ID # 0901
Residential Street Address 49 Elbow Hill Rd		City Brookfield	State CT	Zip Code 06804
Principal Occupation Engineer		Name of Employer UTC Aerospace		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>03242014B</u>		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/24/2014	Aggregate Contributions \$100.00
Last Name Malone		First Mary	MI	Contribution ID # 0902
Residential Street Address 49 Elbow Hill Rd		City Brookfield	State CT	Zip Code 06804
Principal Occupation Social Services		Name of Employer CT Dept of Children and Families		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>03242014B</u>		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/24/2014	Aggregate Contributions \$100.00
Last Name Palsgrove		First Cassidy	MI	Contribution ID # 0903
Residential Street Address 8 Linden Rd		City Carmel	State NY	Zip Code 10512
Principal Occupation Student		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>03242014B</u>		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/24/2014	Aggregate Contributions \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Dahl		First Jeninne	MI	Contribution ID # 0904
Residential Street Address 23 Devon Dr		City Pawcatuck	State CT	Zip Code 06379
Principal Occupation N/A		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>03242014B</u>		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/24/2014	Aggregate Contributions \$100.00
Last Name Dahl		First Norman	MI	Contribution ID # 0905
Residential Street Address 23 Devon Dr		City Pawcatuck	State CT	Zip Code 06379
Principal Occupation Service Supervisor		Name of Employer Mckenney Mechanical Contractors		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>03242014B</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/24/2014	Aggregate Contributions \$100.00
Last Name Warner		First Suzanne	MI	Contribution ID # 0906
Residential Street Address 20 Wedgewood Dr		City Watertown	State CT	Zip Code 06795
Principal Occupation Teacher		Name of Employer Town of Watertown		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>03242014B</u>		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/24/2014	Aggregate Contributions \$100.00
Last Name Warner		First Shawn	MI	Contribution ID # 0907
Residential Street Address 20 Wedgewood Dr		City Watertown	State CT	Zip Code 06795
Principal Occupation Project Team Leader		Name of Employer Mckenney Mechanical Contractors		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>03242014B</u>		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/24/2014	Aggregate Contributions \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name McKinney		First Eileen	MI	Contribution ID # 0909
Residential Street Address 8 Boxwood Dr		City Brookfield	State CT	Zip Code 06804
Principal Occupation RN		Name of Employer Danbury Hospital		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/24/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>03242014B</u>		\$100.00		
Last Name Dwyer		First Patrick	MI	Contribution ID # 0911
Residential Street Address 40 Canfield Dr		City Bridgewater	State CT	Zip Code 06752
Principal Occupation Sales		Name of Employer Mastercard		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/24/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>03242014B</u>		\$100.00		
Last Name Shannon		First Marjorie	MI	Contribution ID # 0908
Residential Street Address 9 Crescent Dr		City Danbury	State CT	Zip Code 06810
Principal Occupation Insurance Agent		Name of Employer Rose & Kiernan		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/24/2014	Aggregate Contributions \$25.00
If yes, list Event # <u>03242014B</u>		\$25.00		
Last Name Mitchell		First Michael	MI	Contribution ID # 1080
Residential Street Address 94 Woodcrest Ln		City Danbury	State CT	Zip Code 06810
Principal Occupation Delivery Manager		Name of Employer Norbert E Mitchell Co Inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/24/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Wibling		First Harold	MI	Contribution ID # 1083
Residential Street Address 3 Willow Lake Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/24/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>03242014A</u>		\$100.00		
Last Name Moots		First Derek	MI	Contribution ID # 0863
Residential Street Address 9123 Avalon Valley Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Owner		Name of Employer Alternative Auto Sales		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/24/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>03242014A</u>		\$100.00		
Last Name Salazar		First Sebastian	MI	Contribution ID # 0864
Residential Street Address 156 South St		City Danbury	State CT	Zip Code 06810
Principal Occupation Cleaner		Name of Employer Wilton Cleaners		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/24/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>03242014A</u>		\$100.00		
Last Name Guallpa		First Jose	MI	Contribution ID # 0865
Residential Street Address 7 E Pearl St		City Danbury	State CT	Zip Code 06810
Principal Occupation Owner		Name of Employer Guallpa Landscaping LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/24/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>03242014A</u>		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Zhindon		First Jose	MI	Contribution ID # 0866
Residential Street Address 13 Division St Fl 2		City Danbury	State CT	Zip Code 06810
Principal Occupation Helper		Name of Employer Greenacres Company		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/24/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>03242014A</u>		\$100.00		
Last Name Galarza		First Luis	MI	Contribution ID # 0867
Residential Street Address 33 Osborne St Apt 1		City Danbury	State CT	Zip Code 06810
Principal Occupation Construction		Name of Employer Information Requested		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/24/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>03242014A</u>		\$100.00		
Last Name Rodriguez		First Luis	MI	Contribution ID # 0868
Residential Street Address 160 S St Fl 1		City Danbury	State CT	Zip Code 06810
Principal Occupation Driver		Name of Employer Moving		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/24/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>03242014A</u>		\$100.00		
Last Name Chacon		First Elsa	MI	Contribution ID # 0869
Residential Street Address 125A Clapboard Ridge Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation Food Truck Vendor		Name of Employer Information Requested		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/24/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>03242014A</u>		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Samaniego		First Carlos	MI	Contribution ID # 0871
Residential Street Address 125A Clapboard Ridge Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation Cook		Name of Employer Food Truck		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/24/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>03242014A</u>		\$100.00		
Last Name Ordonez		First Luis	MI	Contribution ID # 0870
Residential Street Address 69 Balmforth Ave Fl 1		City Danbury	State CT	Zip Code 06810
Principal Occupation Construction		Name of Employer Stone		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/24/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>03242014A</u>		\$100.00		
Last Name Pelaez		First Gonzalo	MI	Contribution ID # 0872
Residential Street Address 14 Terrace Pl		City Danbury	State CT	Zip Code 06810
Principal Occupation Unemployed		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/24/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>03242014A</u>		\$100.00		
Last Name Samaniego		First Laura	MI	Contribution ID # 0873
Residential Street Address 14 Terrace Pl		City Danbury	State CT	Zip Code 06810
Principal Occupation House Cleaner		Name of Employer Information Requested		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/24/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>03242014A</u>		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Salazar		First Samuel	MI	Contribution ID # 0874
Residential Street Address 14 Harmony St		City Danbury	State CT	Zip Code 06810
Principal Occupation Pizza Man		Name of Employer Bruno's Pizza		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/24/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>03242014A</u>		\$100.00		
Last Name Rodriguez		First Julio	MI	Contribution ID # 0875
Residential Street Address 15A Bergh St		City Danbury	State CT	Zip Code 06810
Principal Occupation Masonry		Name of Employer Landscaping		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/24/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>03242014A</u>		\$100.00		
Last Name Bautista		First Luis	MI	Contribution ID # 0876
Residential Street Address 1 Dogwood Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Owner		Name of Employer El Milennio Rest LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/24/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>03242014A</u>		\$100.00		
Last Name Bautista		First Jhonny	MI	Contribution ID # 0879
Residential Street Address 1 Dogwood Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Manager		Name of Employer El Milennio Rest LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/24/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>03242014A</u>		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Gyori		First Janos	MI	Contribution ID # 0877
Residential Street Address 36 Hakim Street Ext		City Danbury	State CT	Zip Code 06810
Principal Occupation N/A		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/24/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>03242014A</u>		\$100.00		
Last Name Sancho		First Pedro	MI	Contribution ID # 0878
Residential Street Address 3 Franklin St		City Danbury	State CT	Zip Code 06810
Principal Occupation Carpenter		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/24/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>03242014A</u>		\$100.00		
Last Name Pauta		First Milton	MI	Contribution ID # 0880
Residential Street Address 16 Division St # 1		City Danbury	State CT	Zip Code 06810
Principal Occupation Maintenance		Name of Employer Winn Residential		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/24/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>03242014A</u>		\$100.00		
Last Name Diego		First Leon	MI	Contribution ID # 0881
Residential Street Address 8 Farview Ave		City Danbury	State CT	Zip Code 06810
Principal Occupation Landscaper		Name of Employer Leon Landscaping		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/24/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>03242014A</u>		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Murray		First Robert	MI	Contribution ID # 0998
Residential Street Address 4 Ridge Rd		City Newtown	State CT	Zip Code 06470
Principal Occupation VP of Sales - Food		Name of Employer Chabaso Bakery		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/24/2014	Aggregate Contributions \$50.00
Last Name Froehlich		First Steven	MI	Contribution ID # 0715
Residential Street Address 10 Marc Rd		City Danbury	State CT	Zip Code 06810
Principal Occupation Software Engineer		Name of Employer IBM		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/24/2014	Aggregate Contributions \$100.00
Last Name Froehlich		First Deborah	MI	Contribution ID # 0716
Residential Street Address 10 Marc Rd		City Danbury	State CT	Zip Code 06810
Principal Occupation Substitute Teacher		Name of Employer Danbury Public Schools		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/24/2014	Aggregate Contributions \$100.00
Last Name Fish		First Alexander	MI	Contribution ID # 0720
Residential Street Address 400 North St		City Ridgefield	State CT	Zip Code 06877
Principal Occupation Student		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/24/2014	Aggregate Contributions \$35.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Froehlich		First Elizabeth	MI	Contribution ID # 0725
Residential Street Address 10 Marc Rd		City Danbury	State CT	Zip Code 06810
Principal Occupation Information Requested		Name of Employer Information Requested		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 03/25/2014	Aggregate Contributions \$50.00	
If yes, list Event #		\$50.00		
Last Name Hawley		First Gary	MI	Contribution ID # 0723
Residential Street Address 82 Stadley Rough Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation General Contractor		Name of Employer Hawley Construction Corp		
Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input checked="" type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/25/2014	Aggregate Contributions \$100.00	
If yes, list Event #		\$100.00		
Last Name Ackert		First Tim	MI	Contribution ID # 0726
Residential Street Address 67 Deer Hill Ln		City Coventry	State CT	Zip Code 06238
Principal Occupation Electrical Contractor		Name of Employer Ackert Electric LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 03/25/2014	Aggregate Contributions \$100.00	
If yes, list Event # <u>02272014A</u>		\$100.00		
Last Name Archiere		First Denise	MI	Contribution ID # 1068
Residential Street Address 750 Purchase Brook Rd		City Southbury	State CT	Zip Code 06488
Principal Occupation Office Manager		Name of Employer DaSilva Realty		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 03/25/2014	Aggregate Contributions \$100.00	
If yes, list Event #		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Patel		First Kanti	MI	Contribution ID # 0826
Residential Street Address 461 N Main St		City Danbury	State CT	Zip Code 06810
Principal Occupation Housewife		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>03252014A</u>		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/25/2014	Aggregate Contributions \$100.00
Last Name Patel		First Harry	MI	Contribution ID # 0827
Residential Street Address 461 N Main St		City Danbury	State CT	Zip Code 06810
Principal Occupation Motel Operator		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>03252014A</u>		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/25/2014	Aggregate Contributions \$100.00
Last Name Aragones		First John	MI	Contribution ID # 0828
Residential Street Address 140 Ball Pond Rd		City New Fairfield	State CT	Zip Code 06812
Principal Occupation IT Director		Name of Employer T3 Worldwide LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>03252014A</u>		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/25/2014	Aggregate Contributions \$100.00
Last Name Aragones		First Mary	MI	Contribution ID # 0829
Residential Street Address 140 Ball Pond Rd		City New Fairfield	State CT	Zip Code 06812
Principal Occupation Realtor		Name of Employer William Pitt Sothebys		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>03252014A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/25/2014	Aggregate Contributions \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Bergeron		First Donald	MI	Contribution ID # 0830
Residential Street Address 29 Town Hill Ave # 3		City Danbury	State CT	Zip Code 06810
Principal Occupation Network Tech		Name of Employer The Network Support Co		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/25/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>03252014A</u>		\$100.00		
Last Name Matta		First Michael	MI	Contribution ID # 0831
Residential Street Address 29 Saddle Rock Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation Business Development Mgr		Name of Employer The Network Support Co		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/25/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>03252014A</u>		\$100.00		
Last Name Lapple		First Robert	MI	Contribution ID # 0832
Residential Street Address 3 Turtle Ridge Ct		City Ridgefield	State CT	Zip Code 06877
Principal Occupation Sales		Name of Employer NNUST		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/25/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>03252014A</u>		\$100.00		
Last Name Kennedy		First Grethe	MI	Contribution ID # 0833
Residential Street Address 111 Aunt Hack Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/25/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>03252014A</u>		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Beaver		First Rosana	MI	Contribution ID # 0721
Residential Street Address 14 Timber Crest Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Principal		Name of Employer Wink One Design, LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/25/2014	Aggregate Contributions \$100.00
Last Name Culligan		First Neil	MI	Contribution ID # 0722
Residential Street Address 19 Sturges Rd		City Newtown	State CT	Zip Code 06470
Principal Occupation Physician		Name of Employer Associated Neurologists		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/25/2014	Aggregate Contributions \$100.00
Last Name Boland		First Mark	MI	Contribution ID # 0724
Residential Street Address 66 Taunton Hill Rd		City Newtown	State CT	Zip Code 06470
Principal Occupation Underwriter		Name of Employer Hanover Ins Co		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/25/2014	Aggregate Contributions \$100.00
Last Name Mancusi		First David	MI	Contribution ID # 0727
Residential Street Address 25 Wolfpits Rd		City Bethel	State CT	Zip Code 06801
Principal Occupation CEO		Name of Employer Fairfax Data Systems		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/25/2014	Aggregate Contributions \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name DaSilva		First Joseph	MI	Contribution ID # 1074
Residential Street Address 288 Main St		City Danbury	State CT	Zip Code 06810
Principal Occupation Real Estate		Name of Employer DaSilva Realty		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/25/2014	Aggregate Contributions \$100.00
Last Name Jaber		First Paul	MI	Contribution ID # 0837
Residential Street Address 148 Deer Hill Ave		City Danbury	State CT	Zip Code 06810
Principal Occupation Attorney		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/26/2014	Aggregate Contributions \$100.00
Last Name Betts		First Whit	MI	Contribution ID # 1109
Residential Street Address 1924 Perkins St		City Bristol	State CT	Zip Code 06010
Principal Occupation State Legislator		Name of Employer State of CT		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/26/2014	Aggregate Contributions \$100.00
Last Name McGetrick		First Michael	MI	Contribution ID # 0838
Residential Street Address 153 White St		City Danbury	State CT	Zip Code 06810
Principal Occupation Attorney		Name of Employer McGetrick & Pitterman		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/26/2014	Aggregate Contributions \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Fedge		First Robert	MI	Contribution ID # 0730
Residential Street Address 13 Robinhood Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation Mechanical Engineer		Name of Employer CT Golf Club		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/26/2014	Aggregate Contributions \$75.00
Last Name Conroy		First Dennis	MI	Contribution ID # 0732
Residential Street Address 43 Cambridge Dr		City Wolcott	State CT	Zip Code 06716
Principal Occupation Builder		Name of Employer Castlegate Corp		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/26/2014	Aggregate Contributions \$100.00
Last Name Fachnie		First H Douglas	MI	Contribution ID # 0744
Residential Street Address 50 Jefferson Ave		City Danbury	State CT	Zip Code 06810
Principal Occupation Marketing Director		Name of Employer Fujifilm North America Corporation		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/26/2014	Aggregate Contributions \$100.00
Last Name Antous		First Rich	MI	Contribution ID # 1075
Residential Street Address 5 Roger Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Blight Officer		Name of Employer City of Danbury		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/26/2014	Aggregate Contributions \$75.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Nejame		First Jacqueline	MI	Contribution ID # 0821
Residential Street Address 4 Huntington Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Hairdresser		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/26/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Zilli		First Ana	MI	Contribution ID # 1070
Residential Street Address 45 Carmen Hl		City New Milford	State CT	Zip Code 06776
Principal Occupation House Cleaning		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/26/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Contino		First Nicholas	MI	Contribution ID # 1000
Residential Street Address 106 Carol St		City Danbury	State CT	Zip Code 06810
Principal Occupation Sales		Name of Employer Macy's		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/26/2014	Aggregate Contributions \$20.00
If yes, list Event #		\$20.00		
Last Name Huse		First George	MI	Contribution ID # 0728
Residential Street Address 121 Stadley Rough Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/26/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Neto		First Lou	MI	Contribution ID # 0743
Residential Street Address 133 Triangle St		City Danbury	State CT	Zip Code 06810
Principal Occupation Parks Dept		Name of Employer City of Danbury		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/26/2014	Aggregate Contributions \$100.00
Last Name Otto		First Katrina	MI	Contribution ID # 0731
Residential Street Address 6 Cushing Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Property Manager		Name of Employer Rock Ridge Est. Management		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/26/2014	Aggregate Contributions \$100.00
Last Name Bennett		First Bruce	MI	Contribution ID # 0729
Residential Street Address 49 Middle River Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation Auto Dealer		Name of Employer Bruce Bennett Nissan		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/26/2014	Aggregate Contributions \$100.00
Last Name Budner		First Michelle	MI	Contribution ID # 0949
Residential Street Address 27 Lanesville Rd		City New Milford	State CT	Zip Code 06776
Principal Occupation Accountant		Name of Employer Ethan Allen		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <b>03272014A</b>		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/27/2014	Aggregate Contributions \$26.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Everett		First John	MI	Contribution ID # 0959
Residential Street Address 557 Upper Grassy HI		City Woodbury	State CT	Zip Code 06798
Principal Occupation Business Consultant		Name of Employer Everett & Associates		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>03272014A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/27/2014	Aggregate Contributions \$50.00
Last Name Everett		First Carol	MI	Contribution ID # 0953
Residential Street Address 557 Upper Grassy HI		City Woodbury	State CT	Zip Code 06798
Principal Occupation HR Consultant		Name of Employer Everett & Associates		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>03272014A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/27/2014	Aggregate Contributions \$50.00
Last Name Michael		First Thomas	MI	Contribution ID # 0956
Residential Street Address 3 John Perry Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Police Officer		Name of Employer City of Danbury		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>03272014A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/27/2014	Aggregate Contributions \$50.00
Last Name Ferrari		First Elizabeth	MI	Contribution ID # 0958
Residential Street Address 31 Knollcrest Dr		City Brookfield	State CT	Zip Code 06804
Principal Occupation Social Worker		Name of Employer Friends of Karen		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>03272014A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/27/2014	Aggregate Contributions \$50.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Chauvin		First Anita	MI	Contribution ID # 0960
Residential Street Address 5 Charcoal Ridge Dr S		City Danbury	State CT	Zip Code 06811
Principal Occupation Teacher		Name of Employer Norwalk Board of Education		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>03272014A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/27/2014	Aggregate Contributions \$50.00
Last Name Chauvin		First George	MI	Contribution ID # 0961
Residential Street Address 5 Charcoal Ridge Dr S		City Danbury	State CT	Zip Code 06811
Principal Occupation Estimator		Name of Employer American Pavement		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>03272014A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/27/2014	Aggregate Contributions \$50.00
Last Name Romanello		First Joseph	MI	Contribution ID # 0965
Residential Street Address 11 Pheasant Dr		City New Fairfield	State CT	Zip Code 06812
Principal Occupation Attorney		Name of Employer Romanello Law Firm		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>03272014A</u>		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/27/2014	Aggregate Contributions \$100.00
Last Name Palmer		First Jeannine	MI	Contribution ID # 0966
Residential Street Address 31 Whisconier Vlg		City Brookfield	State CT	Zip Code 06804
Principal Occupation Tattoo Artist		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>03272014A</u>		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/27/2014	Aggregate Contributions \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Mara		First John	MI	Contribution ID # 0971
Residential Street Address 31 Whisconier Vlg		City Brookfield	State CT	Zip Code 06804
Principal Occupation Driver/Laborer		Name of Employer City of Danbury		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>03272014A</u>		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/27/2014	Aggregate Contributions \$100.00
Last Name Ronan		First Robert	MI	Contribution ID # 0967
Residential Street Address 10 Jackson Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation CFO		Name of Employer NEEM		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>03272014A</u>		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/27/2014	Aggregate Contributions \$100.00
Last Name Gorman		First Patrick	MI	Contribution ID # 0968
Residential Street Address 36 Hanover Rd		City Newtown	State CT	Zip Code 06470
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>03272014A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/27/2014	Aggregate Contributions \$100.00
Last Name Stanley		First John	MI	Contribution ID # 0972
Residential Street Address 6 Margerie St		City Danbury	State CT	Zip Code 06811
Principal Occupation Foreman		Name of Employer American Pavement		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>03272014A</u>		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/27/2014	Aggregate Contributions \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Stanley		First Katherine	MI	Contribution ID # 0973
Residential Street Address 6 Margerie St		City Danbury	State CT	Zip Code 06811
Principal Occupation Customer Service Manager		Name of Employer LJ Edwards		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>03272014A</u>		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/27/2014	Aggregate Contributions \$100.00
Last Name Darcy		First Stephen	MI	Contribution ID # 0976
Residential Street Address 3 Long Hill Dr		City New Fairfield	State CT	Zip Code 06812
Principal Occupation Business Analyst		Name of Employer TwoFour		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>03272014A</u>		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/27/2014	Aggregate Contributions \$100.00
Last Name Reisert		First Daniel	MI	Contribution ID # 0980
Residential Street Address 11 Zinn Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation Project Manager		Name of Employer City of Danbury		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>03272014A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/27/2014	Aggregate Contributions \$100.00
Last Name Morrison		First Matthew	MI	Contribution ID # 0981
Residential Street Address 4 John Perry Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Law Enforcement		Name of Employer US Postal Inspection Service		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>03272014A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/27/2014	Aggregate Contributions \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Reisert		First Robert	MI	Contribution ID # 0982
Residential Street Address 20 Cedar Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Electrician		Name of Employer Otis Elevator		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/27/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>03272014A</u>		\$100.00		
Last Name Batista		First Edson	MI	Contribution ID # 0983
Residential Street Address 209 White St Fl 1		City Danbury	State CT	Zip Code 06810
Principal Occupation Owner		Name of Employer Bem Brasil Store		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/27/2014	Aggregate Contributions \$70.00
If yes, list Event # <u>03272014B</u>		\$70.00		
Last Name Coelho		First Nilton	MI	Contribution ID # 0984
Residential Street Address 77 Old Town Park Rd		City New Milford	State CT	Zip Code 06776
Principal Occupation Information Requested		Name of Employer Banana Brasil		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/27/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>03272014B</u>		\$100.00		
Last Name Viganor		First Helena	MI	Contribution ID # 0985
Residential Street Address 7 Spruce St Apt B		City Danbury	State CT	Zip Code 06810
Principal Occupation Pastor		Name of Employer Ebenezer Church		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/27/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>03272014B</u>		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Thompson		First Christopher	MI	Contribution ID # 1071
Residential Street Address 160 Shelter Rock Rd		City Ridgefield	State CT	Zip Code 06877
Principal Occupation Real Estate		Name of Employer DaSilva Realty		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/27/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Asmar		First Hiam	MI	Contribution ID # 0776
Residential Street Address 12 Elmcrest Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Supervisor		Name of Employer Cartus		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/27/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Jones		First Andrew	MI	Contribution ID # 0765
Residential Street Address 8 Town Crier Ln		City Westport	State CT	Zip Code 06880
Principal Occupation Investment Advisor		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/27/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Simiola		First Mark	MI	Contribution ID # 0770
Residential Street Address 1074 Burlington Ave		City Bristol	State CT	Zip Code 06010
Principal Occupation Safety & Compliance Dir		Name of Employer CWPM LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/27/2014	Aggregate Contributions \$25.00
If yes, list Event #		\$25.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Doubek		First John	MI	Contribution ID # 0771
Residential Street Address 4 College Park Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Business Partner Chan Mgmt		Name of Employer IBM		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/27/2014	Aggregate Contributions \$100.00
Last Name Heagney		First R Walker	MI	Contribution ID # 0766
Residential Street Address 60 Wildwood Ave		City Milford	State CT	Zip Code 06460
Principal Occupation Financial Advisor		Name of Employer Cetera Advisor Networks		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/27/2014	Aggregate Contributions \$100.00
Last Name Heagney		First Abigail	MI	Contribution ID # 0767
Residential Street Address 60 Wildwood Ave		City Milford	State CT	Zip Code 06460
Principal Occupation Director		Name of Employer Save the Children		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/27/2014	Aggregate Contributions \$100.00
Last Name Fuda		First Jean	MI	Contribution ID # 0977
Residential Street Address 52 Side Hill Ct		City Danbury	State CT	Zip Code 06810
Principal Occupation School Bus Driver		Name of Employer STA		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <b>03272014A</b>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/27/2014	Aggregate Contributions \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Pareeles		First Eric	MI	Contribution ID # 0948
Residential Street Address 26 South St		City Danbury	State CT	Zip Code 06810
Principal Occupation Banker		Name of Employer Bank of America		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>03272014A</u>		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/27/2014	Aggregate Contributions \$25.00
Last Name Tozzoli		First Dean	MI	Contribution ID # 0979
Residential Street Address 173 Triangle St		City Danbury	State CT	Zip Code 06810
Principal Occupation Trainer		Name of Employer Danbury Hospital		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>03272014A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/27/2014	Aggregate Contributions \$100.00
Last Name Cole		First Allan	MI	Contribution ID # 0955
Residential Street Address 43 Dana Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation Heavy Equipment Operator		Name of Employer Local 137		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>03272014A</u>		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/27/2014	Aggregate Contributions \$50.00
Last Name Esposito		First Michael	MI	Contribution ID # 0970
Residential Street Address 12 Fleetwood Dr		City Danbury	State CT	Zip Code 06810
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>03272014A</u>		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/27/2014	Aggregate Contributions \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Sinnott		First Mary Jane	MI	Contribution ID # 0957
Residential Street Address 25 W Pine Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/27/2014	Aggregate Contributions \$50.00
If yes, list Event # <u>03272014A</u>		\$50.00		
Last Name Seagraves		First Edward	MI	Contribution ID # 0772
Residential Street Address 26 Chipmunk Ln		City Ridgefield	State CT	Zip Code 06877
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/27/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>03272014A</u>		\$65.00		
Last Name Lilienthal		First Sal	MI	Contribution ID # 0951
Residential Street Address 9 Bridge St		City Kent	State CT	Zip Code 06757
Principal Occupation Owner		Name of Employer Bicycle Tour Company		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/27/2014	Aggregate Contributions \$60.00
If yes, list Event # <u>03272014A</u>		\$60.00		
Last Name Caiazza		First Melanie	MI	Contribution ID # 0814
Residential Street Address 35 Taunton Lake Rd		City Newtown	State CT	Zip Code 06470
Principal Occupation Secretary		Name of Employer J.J. Lowe Associates Inc.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/27/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>03272014A</u>		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Hefferun		First Brenda	MI	Contribution ID # 0963
Residential Street Address 120A Great Plain Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation Information Requested		Name of Employer Information Requested		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 03/27/2014	Aggregate Contributions \$100.00	
If yes, list Event # <u>03272014A</u>		\$100.00		
Last Name Hefferun		First Ernest	MI	Contribution ID # 0964
Residential Street Address 120A Great Plain Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation HVAC		Name of Employer Hefferon Heating & Cooling LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 03/27/2014	Aggregate Contributions \$100.00	
If yes, list Event # <u>03272014A</u>		\$100.00		
Last Name Barrett		First Mike	MI	Contribution ID # 0815
Residential Street Address 24 Beaver Brook Rd		City Danbury	State CT	Zip Code 06810
Principal Occupation Plumber		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/27/2014	Aggregate Contributions \$100.00	
If yes, list Event #		\$100.00		
Last Name Barrett		First Rachel	MI	Contribution ID # 0816
Residential Street Address 5 Sara's Way		City Bethel	State CT	Zip Code 06801
Principal Occupation Scientist		Name of Employer Boehringer Ingelheim		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/27/2014	Aggregate Contributions \$100.00	
If yes, list Event #		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Perkins		First James	MI	Contribution ID # 0974
Residential Street Address 82 Rowan St		City Danbury	State CT	Zip Code 06810
Principal Occupation Hwy Dept - Seasonal		Name of Employer City of Danbury		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>03272014A</u>		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/27/2014	Aggregate Contributions \$100.00
Last Name Johnston		First Patrick	MI	Contribution ID # 0773
Residential Street Address 23 Indian Head Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation Electrician		Name of Employer First Light Power Resources		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event # <u>03272014A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/27/2014	Aggregate Contributions \$50.00
Last Name Rotella		First John	MI	Contribution ID # 0950
Residential Street Address 40 Tanglewood Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Maintenance		Name of Employer City of Danbury		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>03272014A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/27/2014	Aggregate Contributions \$20.00
Last Name Nahas		First Alexander	MI	Contribution ID # 0774
Residential Street Address 14 Ball Pond Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation N/A		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event # <u>03272014A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/27/2014	Aggregate Contributions \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Bohn		First David	MI	Contribution ID # 0768
Residential Street Address 301 Umpawaug Rd		City Redding	State CT	Zip Code 06896
Principal Occupation Executive		Name of Employer Preferred Utilities Mfg. Corp		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/27/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>03272014A</u>		\$100.00		
Last Name Hearty		First Brian	MI	Contribution ID # 0962
Residential Street Address 5 Charcoal Ridge Rd E		City New Fairfield	State CT	Zip Code 06812
Principal Occupation Electrician		Name of Employer City of Danbury		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/27/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>03272014A</u>		\$50.00		
Last Name Stanley		First Joshua	MI	Contribution ID # 0978
Residential Street Address 60 E Lake Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation Foreman		Name of Employer American Pavement		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/27/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>03272014A</u>		\$100.00		
Last Name Stanley		First William	MI	Contribution ID # 0975
Residential Street Address 60 E Lake Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation Information Requested		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/27/2014	Aggregate Contributions \$150.00
If yes, list Event # <u>03272014A</u>		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Stanley		First Matthew	MI	Contribution ID # 0952
Residential Street Address 60 E Lake Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation Foreman		Name of Employer American Pavement		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>03272014A</u>		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/27/2014	Aggregate Contributions \$60.00
Last Name Stanley		First William	MI	Contribution ID # 0954
Residential Street Address 60 E Lake Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation Foreman		Name of Employer American Pavement		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>03272014A</u>		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/27/2014	Aggregate Contributions \$150.00
Last Name Nagarsheth		First Shay	MI	Contribution ID # 0969
Residential Street Address 2 Robinhood Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation Manager		Name of Employer Verizon Wireless		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>03272014A</u>		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/27/2014	Aggregate Contributions \$100.00
Last Name Cammarano		First Philip	MI	Contribution ID # 0769
Residential Street Address 12 Timber Springs Rd		City New Fairfield	State CT	Zip Code 06812
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event # <u>03272014A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/27/2014	Aggregate Contributions \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Stevenson		First Jayme	MI	Contribution ID # 0817
Residential Street Address 65 St Nicholas Rd		City Darien	State CT	Zip Code 06820
Principal Occupation First Selectman		Name of Employer Town of Darien		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/27/2014	Aggregate Contributions \$100.00
Last Name Stevenson		First John	MI	Contribution ID # 0819
Residential Street Address 65 St Nicholas Rd		City Darien	State CT	Zip Code 06820
Principal Occupation Managing Director		Name of Employer Silvercrest Asset Management		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/28/2014	Aggregate Contributions \$100.00
Last Name Pascopella		First Fred	MI	Contribution ID # 0818
Residential Street Address 6 Timber Crest Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Project Manager		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/28/2014	Aggregate Contributions \$50.00
Last Name Rowella		First Frank	MI	Contribution ID # 0825
Residential Street Address 57 North St		City Ridgefield	State CT	Zip Code 06877
Principal Occupation Financial Advisor		Name of Employer Reynolds & Rowella LLP		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/28/2014	Aggregate Contributions \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Doto		First Cynthia	MI	Contribution ID # 0820
Residential Street Address 17 Ridge Rd		City Danbury	State CT	Zip Code 06810
Principal Occupation Engineer		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/28/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Legnard		First Robert	MI	Contribution ID # 0822
Residential Street Address 11 Evergreen Dr		City Bethel	State CT	Zip Code 06801
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/28/2014	Aggregate Contributions \$50.00
If yes, list Event #		\$50.00		
Last Name Finaldi		First Arnold	MI	Contribution ID # 0823
Residential Street Address 3 Mapleyview Ln		City Danbury	State CT	Zip Code 06811
Principal Occupation Insurance Broker		Name of Employer Rose & Kiernan		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/28/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Liskowski		First Eugene	MI	Contribution ID # 0824
Residential Street Address 25 Bracewood Rd		City Waterbury	State CT	Zip Code 06706
Principal Occupation Design Engineer		Name of Employer Radiall USA		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/28/2014	Aggregate Contributions \$25.00
If yes, list Event #		\$25.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Varian		First Sharon	MI	Contribution ID # 1069
Residential Street Address 6 Varian Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Teacher		Name of Employer St. Joseph School		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/28/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name McKean		First Richard	MI	Contribution ID # 1066
Residential Street Address 2 Trailing Ridge Rd		City Brookfield	State CT	Zip Code 06804
Principal Occupation Unemployed		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/29/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Crane		First Karen	MI	Contribution ID # 1073
Residential Street Address 10 N Hearthstone Dr		City Bethel	State CT	Zip Code 06801
Principal Occupation Associate		Name of Employer DaSilva Realty		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/29/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Wise		First Douglas	MI	Contribution ID # 1087
Residential Street Address 7 Fairfield Ct		City Danbury	State CT	Zip Code 06811
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/29/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Wise		First Marian	MI	Contribution ID # 1088
Residential Street Address 7 Fairfield Ct		City Danbury	State CT	Zip Code 06811
Principal Occupation Accountant		Name of Employer ATMI		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 03/29/2014	Aggregate Contributions \$100.00	
If yes, list Event #		\$100.00		
Last Name Foye		First Gerald	MI	Contribution ID # 1058
Residential Street Address 20 Alan Ave		City Danbury	State CT	Zip Code 06811
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 03/29/2014	Aggregate Contributions \$100.00	
If yes, list Event #		\$100.00		
Last Name Foye		First Judith	MI	Contribution ID # 1059
Residential Street Address 20 Alan Ave		City Danbury	State CT	Zip Code 06811
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 03/29/2014	Aggregate Contributions \$100.00	
If yes, list Event #		\$100.00		
Last Name Wagner		First Eric	MI	Contribution ID # 1061
Residential Street Address 7 Gillotti Rd		City New Fairfield	State CT	Zip Code 06812
Principal Occupation Electrician		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 03/29/2014	Aggregate Contributions \$100.00	
If yes, list Event #		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Miller		First William	MI	Contribution ID # 1110
Residential Street Address 43 Charcoal Ridge Rd E		City New Fairfield	State CT	Zip Code 06812
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/29/2014	Aggregate Contributions \$100.00
Last Name Engelbrecht		First Steve	MI	Contribution ID # 0882
Residential Street Address 8 Quail Run Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Semiconductor		Name of Employer Intel		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/29/2014	Aggregate Contributions \$25.00
Last Name Poplawski		First Thomas	MI	Contribution ID # 0861
Residential Street Address 210 Wilsonville Rd		City North Grosvenordale	State CT	Zip Code 06255
Principal Occupation Trailer Driver		Name of Employer Quality Beverage LP		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/29/2014	Aggregate Contributions \$100.00
Last Name Lombardi		First Craig	MI	Contribution ID # 0854
Residential Street Address 42 Abbott Ave		City Danbury	State CT	Zip Code 06810
Principal Occupation IT Consultant		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/29/2014	Aggregate Contributions \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Jones		First Steven	MI	Contribution ID # 0839
Residential Street Address 1209 Riverside Rd		City Roanoke	State TX	Zip Code 76262
Principal Occupation Teacher		Name of Employer NISD		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/29/2014	Aggregate Contributions \$100.00
Last Name McNamar		First Lee	MI	Contribution ID # 0840
Residential Street Address 32 Jakob's Lndg		City Westbrook	State CT	Zip Code 06498
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/29/2014	Aggregate Contributions \$75.00
Last Name Morey		First Alexander	MI	Contribution ID # 0842
Residential Street Address 9 N Nabby Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/29/2014	Aggregate Contributions \$25.00
Last Name Caldara		First Paula	MI	Contribution ID # 0843
Residential Street Address 13 N Sawyer Hill Rd		City Marble Dale	State CT	Zip Code 06777
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/29/2014	Aggregate Contributions \$25.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Molinaro		First Frank	MI	Contribution ID # 0844
Residential Street Address 105 New Milford Rd E		City Bridgewater	State CT	Zip Code 06752
Principal Occupation Insurance		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/29/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Boughton		First Gary	MI	Contribution ID # 0846
Residential Street Address 72 South St		City Bethel	State CT	Zip Code 06801
Principal Occupation Building Official		Name of Employer Town of Bethel		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/29/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Montana		First Martha	MI	Contribution ID # 0848
Residential Street Address 72 South St		City Bethel	State CT	Zip Code 06801
Principal Occupation Public Health		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/29/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Ingerman		First Jeffrey	MI	Contribution ID # 0847
Residential Street Address 1 Turkey Roost Rd		City Sandy Hook	State CT	Zip Code 06482
Principal Occupation Sales		Name of Employer Howard Arthur Inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/29/2014	Aggregate Contributions \$25.00
If yes, list Event #		\$25.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name O'Brien		First Francis	MI	Contribution ID # 0849
Residential Street Address 24 Mansion St		City Winooski	State VT	Zip Code 05404
Principal Occupation Special Educator		Name of Employer Chittenden East Supervisory Union		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/29/2014	Aggregate Contributions \$50.00
If yes, list Event #		\$50.00		
Last Name Cunningham		First Joseph	MI	Contribution ID # 0851
Residential Street Address 10 Quail Run Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Sales Manager		Name of Employer CBS/Xerox		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/29/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Badillo		First Ernest	MI	Contribution ID # 0852
Residential Street Address 55 Hillendale Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation Commercial Real Estate Agent		Name of Employer Goodfellow Ashmore		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/29/2014	Aggregate Contributions \$50.00
If yes, list Event #		\$50.00		
Last Name Busnel		First Cristian	MI	Contribution ID # 0853
Residential Street Address 17 Buckbord Ln		City New Milford	State CT	Zip Code 06776
Principal Occupation N/A		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/29/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Feeley		First David	MI	Contribution ID # 0855
Residential Street Address 74 Stetson Dr		City Marlborough	State MA	Zip Code 01752
Principal Occupation N/A		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/29/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Chieffalo		First Christina	MI	Contribution ID # 0856
Residential Street Address 1306 Pinnacle Way		City Danbury	State CT	Zip Code 06811
Principal Occupation Manager		Name of Employer Boehringer Ingelheim		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/29/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Allen		First Chris Ann	MI	Contribution ID # 0857
Residential Street Address 4 Heritage Dr		City New Milford	State CT	Zip Code 06776
Principal Occupation Vice President / Owner		Name of Employer Danbury Square Box Company		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/29/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Allen		First Michael	MI	Contribution ID # 0858
Residential Street Address 4 Heritage Dr		City New Milford	State CT	Zip Code 06776
Principal Occupation President / Owner		Name of Employer Danbury Square Box Company		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/29/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Jowdy		First Rebecca	MI	Contribution ID # 0859
Residential Street Address 130 Deer Hill Ave # 20		City Danbury	State CT	Zip Code 06810
Principal Occupation Funeral Director		Name of Employer Jowdy Kane Funeral Home		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/29/2014	Aggregate Contributions \$100.00
Last Name Allen		First Joseph	MI	Contribution ID # 0860
Residential Street Address 167 White Deer Rocks Rd		City Woodbury	State CT	Zip Code 06798
Principal Occupation Design		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/29/2014	Aggregate Contributions \$100.00
Last Name Riemer		First Janice	MI	Contribution ID # 0862
Residential Street Address 50 W District Rd		City Farmington	State CT	Zip Code 06085
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/29/2014	Aggregate Contributions \$100.00
Last Name Beattie		First Katherine	MI	Contribution ID # 0845
Residential Street Address 11 Rockwood Ln		City Danbury	State CT	Zip Code 06811
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/29/2014	Aggregate Contributions \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Chance		First Karen	MI	Contribution ID # 0841
Residential Street Address 3C Flak Ln		City New Fairfield	State CT	Zip Code 06812
Principal Occupation School Counselor		Name of Employer Danbury BOE		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/29/2014	Aggregate Contributions \$100.00
Last Name Murray		First William	MI	Contribution ID # 0850
Residential Street Address 21 Fairlawn Ave		City Danbury	State CT	Zip Code 06810
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/29/2014	Aggregate Contributions \$100.00
Last Name Melillo		First Kim	MI	Contribution ID # 1089
Residential Street Address 1 Lois St		City Danbury	State CT	Zip Code 06811
Principal Occupation Paraprofessional		Name of Employer Danbury Public Schools		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/30/2014	Aggregate Contributions \$100.00
Last Name Melillo		First Robert	MI	Contribution ID # 1090
Residential Street Address 1 Lois St		City Danbury	State CT	Zip Code 06811
Principal Occupation Teacher		Name of Employer Danbury Public Schools		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/30/2014	Aggregate Contributions \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Landry		First Erika	MI	Contribution ID # 0916
Residential Street Address 21 Fairview Dr		City Farmington	State CT	Zip Code 06032
Principal Occupation Dental Hygienist		Name of Employer Betsy Crosswell DMD		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/30/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Chieffalo		First Salvatore	MI	Contribution ID # 1063
Residential Street Address 13 Seeley St		City Danbury	State CT	Zip Code 06810
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/30/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Kolwicz		First Brian	MI	Contribution ID # 0915
Residential Street Address 6 Jefferson Ave		City Danbury	State CT	Zip Code 06810
Principal Occupation Owner		Name of Employer Kolwicz Landscaping LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/30/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name LaMont		First Carol	MI	Contribution ID # 0913
Residential Street Address 4D Beach St		City Bethel	State CT	Zip Code 06801
Principal Occupation CEP		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/30/2014	Aggregate Contributions \$25.00
If yes, list Event #		\$25.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name VanSteenbergen		First Steven	MI	Contribution ID # 0914
Residential Street Address 416 Chestnut Tree Hill Rd		City Southbury	State CT	Zip Code 06488
Principal Occupation N/A		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/30/2014	Aggregate Contributions \$25.00
Last Name Behling		First Roger	MI	Contribution ID # 0918
Residential Street Address 15 Gereg Glen Rd		City Brookfield	State CT	Zip Code 06804
Principal Occupation Vice President		Name of Employer SS&C Technologies		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/30/2014	Aggregate Contributions \$100.00
Last Name Kirkwood		First David	MI	Contribution ID # 0919
Residential Street Address 6 Eagle Dr		City New Milford	State CT	Zip Code 06776
Principal Occupation Fire Lieutenant		Name of Employer City of Danbury		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/30/2014	Aggregate Contributions \$50.00
Last Name Williams		First Stephen	MI	Contribution ID # 0920
Residential Street Address 86 Old Litchfield Rd		City Washington Depot	State CT	Zip Code 06794
Principal Occupation Deputy Chief		Name of Employer Danbury Fire Department		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/30/2014	Aggregate Contributions \$50.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Williams		First Ellen	MI	Contribution ID # 0921
Residential Street Address 86 Old Litchfield Rd		City Washington Depot	State CT	Zip Code 06794
Principal Occupation X-Ray Technologist		Name of Employer Danbury Hospital		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/30/2014	Aggregate Contributions \$50.00
If yes, list Event #		\$50.00		
Last Name Stewart		First Erin	MI	Contribution ID # 0917
Residential Street Address 117 Kensington Ave		City New Britain	State CT	Zip Code 06051
Principal Occupation Mayor		Name of Employer City of New Britain		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/30/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Holden		First Alicia	MI	Contribution ID # 0912
Residential Street Address 145 Dewey St		City Bennington	State VT	Zip Code 05201
Principal Occupation School Administrator		Name of Employer Springfield School District		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/30/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Langanke		First Rebecca	MI	Contribution ID # 1062
Residential Street Address 11 Pleasant St		City New Milford	State CT	Zip Code 06776
Principal Occupation Designer		Name of Employer Ethan Allen		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/30/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Molinaro		First Peter	MI	Contribution ID # 0883
Residential Street Address 11407 Waples Mill Rd		City Oakton	State VA	Zip Code 22124
Principal Occupation Sr. Advisor		Name of Employer Hill Staffer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/30/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Patel		First Anju	MI	Contribution ID # 1094
Residential Street Address 45 Kent Rd		City Cornwall Bridge	State CT	Zip Code 06754
Principal Occupation Business Owner		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/30/2014	Aggregate Contributions \$25.00
If yes, list Event #		\$25.00		
Last Name DiCerbo		First Jacqueline	MI	Contribution ID # 1064
Residential Street Address 3 Bragdon Ave		City Danbury	State CT	Zip Code 06811
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/30/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>03222014A</u>		\$100.00		
Last Name McKean		First Alexis	MI	Contribution ID # 1072
Residential Street Address 2 Trailing Ridge Rd		City Brookfield	State CT	Zip Code 06804
Principal Occupation Dental Assistant		Name of Employer Dr Levitt DDS		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/30/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Talati		First Chetana	MI	Contribution ID # 1060
Residential Street Address 4A Broad St		City Danbury	State CT	Zip Code 06810
Principal Occupation Business Owner		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/30/2014	Aggregate Contributions \$100.00
Last Name Patel		First Nita	MI	Contribution ID # 1057
Residential Street Address 296 Ethan Allen Hwy		City Ridgefield	State CT	Zip Code 06877
Principal Occupation Owner		Name of Employer Days Inn		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/30/2014	Aggregate Contributions \$100.00
Last Name McKean		First William	MI	Contribution ID # 1067
Residential Street Address 18 Richter Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/30/2014	Aggregate Contributions \$100.00
Last Name Morin		First Julianne	MI	Contribution ID # 1093
Residential Street Address 13 Richter Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Information Requested		Name of Employer New Milford High School		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name OKeefe		First Mary	MI	Contribution ID # 1095
Residential Street Address 21 Jeanette Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation Homemaker		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$100.00
Last Name Boughton		First Marguerite	MI	Contribution ID # 1096
Residential Street Address 140 Mt Pleasant Rd		City Newtown	State CT	Zip Code 06470
Principal Occupation Information Requested		Name of Employer Information Requested		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$100.00
Last Name Silva		First Maria	MI	Contribution ID # 1099
Residential Street Address 5 Sunset Dr		City New Fairfield	State CT	Zip Code 06812
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$25.00
Last Name Fusek		First Edward	MI	Contribution ID # 1100
Residential Street Address 120 Chambers Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation Electrician		Name of Employer IBEW #488		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$50.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Denninger		First Robin	MI	Contribution ID # 1101
Residential Street Address 166 Old Brookfield Rd # 34-4		City Danbury	State CT	Zip Code 06811
Principal Occupation Teacher		Name of Employer Stamford Public Schools		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Diorio		First Dania	MI	Contribution ID # 1103
Residential Street Address 14 W Lake Shore Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Records Dept		Name of Employer Danbury Police Dept		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Zawadzki		First Vivian	MI	Contribution ID # 1104
Residential Street Address 2 Pine Trl		City Danbury	State CT	Zip Code 06811
Principal Occupation Coordinator		Name of Employer Western CT Health Network		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$50.00
If yes, list Event #		\$50.00		
Last Name Craig		First Mamie	MI	Contribution ID # 1105
Residential Street Address 21 S Meadow Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Allen		First Phyllis	MI	Contribution ID # 1106
Residential Street Address 40 Quarry Ridge Rd		City New Preston	State CT	Zip Code 06777
Principal Occupation Information Requested		Name of Employer Information Requested		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 03/31/2014	Aggregate Contributions \$50.00	
If yes, list Event #		\$50.00		
Last Name DeJoseph		First Thomas	MI	Contribution ID # 1107
Residential Street Address 16 Barnum Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation VP Marketing		Name of Employer LORAM		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 03/31/2014	Aggregate Contributions \$150.00	
If yes, list Event #		\$150.00		
Last Name Elias		First Edson	MI	Contribution ID # 1108
Residential Street Address 3 Bayview Dr		City Brookfield	State CT	Zip Code 06804
Principal Occupation Driver		Name of Employer UPS		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 03/31/2014	Aggregate Contributions \$50.00	
If yes, list Event #		\$50.00		
Last Name Roy		First Noel	MI	Contribution ID # 1111
Residential Street Address 667 Redding Rd		City Redding	State CT	Zip Code 06896
Principal Occupation Collections		Name of Employer Credit Center LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 03/31/2014	Aggregate Contributions \$100.00	
If yes, list Event #		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Nget		First Riddar	MI	Contribution ID # 1112
Residential Street Address 1 Hager St		City Danbury	State CT	Zip Code 06810
Principal Occupation Administrative Assistant		Name of Employer Credit Center LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$100.00
Last Name Khounvrongsa		First Linda	MI	Contribution ID # 1114
Residential Street Address 83 Westville Ave		City Danbury	State CT	Zip Code 06810
Principal Occupation Admin		Name of Employer Credit Center LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$100.00
Last Name Moller		First Dawn	MI	Contribution ID # 1115
Residential Street Address 6 Brentwood Rd		City Newtown	State CT	Zip Code 06470
Principal Occupation Operations		Name of Employer Credit Center LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$100.00
Last Name Moller		First Peter	MI	Contribution ID # 1116
Residential Street Address 6 Brentwood Rd		City Newtown	State CT	Zip Code 06470
Principal Occupation Construction		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Schirmer		First Deanna	MI	Contribution ID # 1117
Residential Street Address 83 Wood Creek Rd		City New Fairfield	State CT	Zip Code 06812
Principal Occupation Billing Manager		Name of Employer Credit Center LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$100.00
Last Name Jakoboski		First JudiAnn	MI	Contribution ID # 1118
Residential Street Address 13 Charcoal Ridge Rd E		City New Fairfield	State CT	Zip Code 06812
Principal Occupation Administrative/Legal Asst		Name of Employer Credit Center LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$100.00
Last Name Abney		First Jennifer	MI	Contribution ID # 1119
Residential Street Address 45 Morris St		City Danbury	State CT	Zip Code 06810
Principal Occupation Collections		Name of Employer Credit Center LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$100.00
Last Name Vrena		First Marianela	MI	Contribution ID # 1120
Residential Street Address 81 Osborne St		City Danbury	State CT	Zip Code 06810
Principal Occupation Debt Collector		Name of Employer Credit Center LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name ODonal		First Clifton	MI	Contribution ID # 1121
Residential Street Address 292 New London Rd		City Colchester	State CT	Zip Code 06415
Principal Occupation Plumber		Name of Employer Empire State Piping Co Inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name ODonal		First Beverly	MI	Contribution ID # 1122
Residential Street Address 292 New London Rd		City Colchester	State CT	Zip Code 06415
Principal Occupation Owner		Name of Employer Reliable Oil LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Iadarola		First Pasquale	MI	Contribution ID # 1125
Residential Street Address 163 Hill St		City Waterbury	State CT	Zip Code 06704
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Stocks		First John	MI	Contribution ID # 1127
Residential Street Address 60 Dodgingtown Rd		City Bethel	State CT	Zip Code 06801
Principal Occupation Cashier		Name of Employer Home Depot		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$35.00
If yes, list Event #		\$35.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Diakun		First John	MI	Contribution ID # 0986
Residential Street Address 489 Bell St		City Glastonbury	State CT	Zip Code 06033
Principal Occupation Attorney		Name of Employer Bendett & McHugh PC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$100.00
Last Name Chelso		First Brenda	MI	Contribution ID # 0990
Residential Street Address 125 Tower Rd		City Brookfield	State CT	Zip Code 06804
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$100.00
Last Name Nagarsheth		First Kusum	MI	Contribution ID # 0991
Residential Street Address 26 Wedgewood Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$25.00
Last Name Cohn		First Samuel	MI	Contribution ID # 0992
Residential Street Address 15 Ranger Ln		City West Hartford	State CT	Zip Code 06117
Principal Occupation Pharmacist		Name of Employer Walmart		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Hendrickson		First Brian	MI	Contribution ID # 0997
Residential Street Address 165 Main St		City Farmington	State CT	Zip Code 06032
Principal Occupation Principal		Name of Employer Naugatuck Public Schools		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Watts		First Michael	MI	Contribution ID # 1001
Residential Street Address 10 Squirrel Hill Rd		City West Hartford	State CT	Zip Code 06107
Principal Occupation Insurance		Name of Employer The Watts Group LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Edmond		First Timothy	MI	Contribution ID # 1002
Residential Street Address 3 Hoyt Rd		City Sherman	State CT	Zip Code 06784
Principal Occupation Financial Advisor		Name of Employer Dow Wealth Management		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Edmond		First Diane	MI	Contribution ID # 1003
Residential Street Address 3 Hoyt Rd		City Sherman	State CT	Zip Code 06784
Principal Occupation Surgical Coordinator		Name of Employer Advanced Dermcare		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Peatt		First Lucille	MI	Contribution ID # 1004
Residential Street Address 202 Mamanasco Rd Apt 1		City Ridgefield	State CT	Zip Code 06877
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>03312014A</u>		\$100.00		
Last Name Jowdy		First Linda	MI	Contribution ID # 1006
Residential Street Address 10 Candlewood Hts		City New Milford	State CT	Zip Code 06776
Principal Occupation Realtor		Name of Employer William Pitt Sothebys		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$50.00
If yes, list Event # <u>03312014A</u>		\$50.00		
Last Name Fink		First Pat	MI	Contribution ID # 1009
Residential Street Address 3 Meadowbrook Dr		City New Fairfield	State CT	Zip Code 06812
Principal Occupation Real Estate		Name of Employer Berkshire Hathaway		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$25.00
If yes, list Event # <u>03312014A</u>		\$25.00		
Last Name Parker		First Sallie	MI	Contribution ID # 1010
Residential Street Address 27 Woodcrest Ln		City Danbury	State CT	Zip Code 06810
Principal Occupation Broker		Name of Employer Coldwell Banker		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$70.00
If yes, list Event # <u>03312014A</u>		\$70.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Conroy		First Sean	MI	Contribution ID # 1011
Residential Street Address 12 Cornell Dr		City Danbury	State CT	Zip Code 06810
Principal Occupation Safety Advocate		Name of Employer Danbury Public Schools		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>03312014A</u>		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$20.00
Last Name Mulhau		First Peter	MI	Contribution ID # 1013
Residential Street Address 45 Benson Dr		City Danbury	State CT	Zip Code 06810
Principal Occupation Mortgage Banker		Name of Employer Citibank		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>03312014A</u>		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$80.00
Last Name McCarthy		First Patricia	MI	Contribution ID # 1016
Residential Street Address 73 Boulevard Dr # 10		City Danbury	State CT	Zip Code 06810
Principal Occupation Information Requested		Name of Employer Information Requested		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>03312014A</u>		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$40.00
Last Name Cruger		First Laura	MI	Contribution ID # 1019
Residential Street Address 30 Arapaho Rd		City Brookfield	State CT	Zip Code 06804
Principal Occupation Realtor		Name of Employer William Pitt Sothebys		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>03312014A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$35.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Cicala		First Marco	MI	Contribution ID # 1020
Residential Street Address 12 Wells Rd		City New Milford	State CT	Zip Code 06776
Principal Occupation Contractor		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$35.00
If yes, list Event # <u>03312014A</u>		\$35.00		
Last Name Voelzke		First Dana	MI	Contribution ID # 1021
Residential Street Address 63 W Redding Rd		City Danbury	State CT	Zip Code 06810
Principal Occupation Loan Officer		Name of Employer Citibank		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$35.00
If yes, list Event # <u>03312014A</u>		\$35.00		
Last Name Jackson		First Barbara	MI	Contribution ID # 1022
Residential Street Address 6 Terre Haute Rd		City Danbury	State CT	Zip Code 06810
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$35.00
If yes, list Event # <u>03312014A</u>		\$35.00		
Last Name Rios		First Richard	MI	Contribution ID # 1025
Residential Street Address 12 Beverly Dr		City Brookfield	State CT	Zip Code 06804
Principal Occupation Marketing		Name of Employer Sears		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$35.00
If yes, list Event # <u>03312014A</u>		\$35.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Taylor		First Jackie	MI	Contribution ID # 1027
Residential Street Address 134 Deer Hill Ave Unit A6		City Danbury	State CT	Zip Code 06810
Principal Occupation Real Estate		Name of Employer Davis & Hoyt		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$35.00
If yes, list Event # <u>03312014A</u>				
Last Name Assheton		First Thomas	MI	Contribution ID # 1029
Residential Street Address 586 Putting Green Ln		City Oxford	State CT	Zip Code 06478
Principal Occupation Real Estate		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$35.00
If yes, list Event # <u>03312014A</u>				
Last Name Pereira		First Alexandra	MI	Contribution ID # 1030
Residential Street Address 32 Triangle St		City Danbury	State CT	Zip Code 06810
Principal Occupation Secretary		Name of Employer Sportsplex		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$35.00
If yes, list Event # <u>03312014A</u>				
Last Name McGannon		First Richard	MI	Contribution ID # 1031
Residential Street Address 39 Station Rd		City Redding	State CT	Zip Code 06896
Principal Occupation Attorney		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$35.00
If yes, list Event # <u>03312014A</u>				

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Kurjaka		First Leon	MI	Contribution ID # 1032
Residential Street Address 14 Wixted Ave		City Danbury	State CT	Zip Code 06810
Principal Occupation Realtor		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$35.00
If yes, list Event # <u>03312014A</u>		\$35.00		
Last Name Kelly		First Patricia	MI	Contribution ID # 1033
Residential Street Address 34 Aunt Pattys Ln W		City Bethel	State CT	Zip Code 06801
Principal Occupation Realtor		Name of Employer William Pitt Sothebys		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$35.00
If yes, list Event # <u>03312014A</u>		\$35.00		
Last Name Anderson		First Roberta	MI	Contribution ID # 1035
Residential Street Address 50 Lake Dr S Candlewood Isle		City New Fairfield	State CT	Zip Code 06812
Principal Occupation Real Estate Sales		Name of Employer William Pitt Sothebys		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$35.00
If yes, list Event # <u>03312014A</u>		\$35.00		
Last Name Tedesco		First Michael	MI	Contribution ID # 1036
Residential Street Address 52 Padanaram Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation Real Estate Agent		Name of Employer Information Requested		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$35.00
If yes, list Event # <u>03312014A</u>		\$35.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Ritucci		First Janet	MI	Contribution ID # 1038
Residential Street Address 672 Charcoal Ave		City Middlebury	State CT	Zip Code 06762
Principal Occupation Customer Service		Name of Employer Dr Richard Ritucci		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$35.00
If yes, list Event # <u>03312014A</u>				
Last Name Pagano		First Phyllis	MI	Contribution ID # 1039
Residential Street Address 14 Bittersweet Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$35.00
If yes, list Event # <u>03312014A</u>				
Last Name McManus		First Patricia	MI	Contribution ID # 1040
Residential Street Address 165 Long Meadow Hill Rd		City Brookfield	State CT	Zip Code 06804
Principal Occupation Real Estate Agent		Name of Employer William Pitt Sothebys		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$35.00
If yes, list Event # <u>03312014A</u>				
Last Name Repasi		First James	MI	Contribution ID # 1041
Residential Street Address 145 Canal St Unit 415		City Shelton	State CT	Zip Code 06484
Principal Occupation Automotive Technician		Name of Employer Porsche of Fairfield		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$35.00
If yes, list Event # <u>03312014A</u>				

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Murray		First Mae	MI	Contribution ID # 1042
Residential Street Address 162 C Heritage Vlg		City Southbury	State CT	Zip Code 06488
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>03312014A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$35.00
Last Name Fiorita		First Mary Ellen	MI	Contribution ID # 1044
Residential Street Address 4 Juniper Ridge Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Real Estate Broker		Name of Employer Information Requested		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>03312014A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$35.00
Last Name Improta		First Maura	MI	Contribution ID # 1047
Residential Street Address 18 Indian Hill Rd		City Redding	State CT	Zip Code 06896
Principal Occupation Unemployed		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>03312014A</u>		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$35.00
Last Name Troetti		First Maria	MI	Contribution ID # 1048
Residential Street Address 65 Balmforth Ave		City Danbury	State CT	Zip Code 06810
Principal Occupation Administrative Support		Name of Employer Ridgefield Public Schools		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>03312014A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Fahsbender		First Jacob	MI	Contribution ID # 1050
Residential Street Address 32 Juniper Ridge Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Marketing		Name of Employer Armored Auto Group		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>03312014A</u>		\$100.00		
Last Name Omrara		First Sean	MI	Contribution ID # 1053
Residential Street Address 3 Hillendale Ave		City Danbury	State CT	Zip Code 06811
Principal Occupation Accountant		Name of Employer Cartus		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>03312014A</u>		\$100.00		
Last Name Larsen		First Helena	MI	Contribution ID # 1055
Residential Street Address 8 Peralta St		City New Fairfield	State CT	Zip Code 06812
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>03312014A</u>		\$100.00		
Last Name Lyon		First Bruce	MI	Contribution ID # 1056
Residential Street Address 8 Canterbury Ct		City Danbury	State CT	Zip Code 06811
Principal Occupation Caterer		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>03312014A</u>		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Team Boughton		April 10 Filing - Original	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Kuhn		First Daniel	MI Contribution ID # 1052
Residential Street Address 23 Hawthorne Cove Rd		City Danbury	State Zip Code CT 06811
Principal Occupation Realtor		Name of Employer Self	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014
If yes, list Event # <u>03312014A</u>		Aggregate Contributions \$100.00	
Last Name Jaber		First Suzanne	MI Contribution ID # 1049
Residential Street Address 375 Ridgebury Rd		City Ridgefield	State Zip Code CT 06877
Principal Occupation Retired		Name of Employer N/A	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014
If yes, list Event # <u>03312014A</u>		Aggregate Contributions \$100.00	
Last Name Salame		First Elizabeth	MI Contribution ID # 0941
Residential Street Address 14 Claremont Ave		City Danbury	State Zip Code CT 06810
Principal Occupation Retired		Name of Employer N/A	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014
If yes, list Event #		Aggregate Contributions \$100.00	
Last Name Jowdy		First Mary	MI Contribution ID # 1102
Residential Street Address 9 Granville Ave		City Danbury	State Zip Code CT 06810
Principal Occupation Retired		Name of Employer N/A	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014
If yes, list Event #		Aggregate Contributions \$100.00	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Wilson		First James	MI	Contribution ID # 1097
Residential Street Address 22 Sil Cam Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$50.00
Last Name Wilson		First Paula	MI	Contribution ID # 1098
Residential Street Address 22 Sil Cam Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$100.00
Last Name Williamson		First Laurie	MI	Contribution ID # 0987
Residential Street Address 2 Tinywood Rd		City Darien	State CT	Zip Code 06820
Principal Occupation Lawyer		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$100.00
Last Name Esposito		First Chase	MI	Contribution ID # 0994
Residential Street Address 1 Carlins Way		City Brookfield	State CT	Zip Code 06804
Principal Occupation N/A		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$35.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Hazard		First Jean	MI	Contribution ID # 1065
Residential Street Address 13 Horseshoe Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$100.00
Last Name Dunn		First Mary Lou	MI	Contribution ID # 0946
Residential Street Address 11 Cherryfield Dr		City Danbury	State CT	Zip Code 06810
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$100.00
Last Name McHenry		First Pamela	MI	Contribution ID # 1015
Residential Street Address 66 Driftway Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation Realtor		Name of Employer William Raveis Realty		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>03312014A</u>		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$40.00
Last Name Zilliox		First JoAnne	MI	Contribution ID # 1007
Residential Street Address 10 Firelight Dr		City Danbury	State CT	Zip Code 06810
Principal Occupation Paraeducator		Name of Employer Board of Ed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>03312014A</u>		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$100.00
				\$50.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Brown		First Richard	MI	Contribution ID # 0929
Residential Street Address 620 Christian Rd		City Middlebury	State CT	Zip Code 06762
Principal Occupation Tech		Name of Employer Atlantic DDA		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$50.00
Last Name Hensal		First Betty	MI	Contribution ID # 0988
Residential Street Address 20 Arapaho Rd		City Brookfield	State CT	Zip Code 06804
Principal Occupation Realtor		Name of Employer Hensal Realty		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$100.00
Last Name Rotella		First Terri	MI	Contribution ID # 1023
Residential Street Address 62 Rockwell Rd		City Bethel	State CT	Zip Code 06801
Principal Occupation Realtor		Name of Employer William Pitt Sothebys		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>03312014A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$55.00
Last Name Iadarola		First Antonio	MI	Contribution ID # 1126
Residential Street Address 8 Knolls Rd		City New Fairfield	State CT	Zip Code 06812
Principal Occupation Engineer		Name of Employer City of Danbury		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Kowalkowski		First Doris	MI	Contribution ID # 0947
Residential Street Address 68 Arrowhead Rd		City Brookfield	State CT	Zip Code 06804
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Kowalkowski		First Edward	MI	Contribution ID # 0944
Residential Street Address 68 Arrowhead Rd		City Brookfield	State CT	Zip Code 06804
Principal Occupation Automotive Repair		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Almeida		First Carina	MI	Contribution ID # 0989
Residential Street Address 22 Main St Unit 13		City Danbury	State CT	Zip Code 06810
Principal Occupation Social Worker		Name of Employer Danbury Public Schools		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Ofiero		First Regina	MI	Contribution ID # 0996
Residential Street Address 1 Humber Hill Rd		City Danbury	State CT	Zip Code 06810
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$135.00
If yes, list Event #		\$35.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Orwick		First Mary Elizabeth	MI	Contribution ID # 1091
Residential Street Address 221 Charter Oak Rd		City Southbury	State CT	Zip Code 06488
Principal Occupation Teacher		Name of Employer Cheshire Board of Education		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Jennings		First Alfred	MI	Contribution ID # 0935
Residential Street Address 14 Schoolhouse Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Krauland		First Gilbert	MI	Contribution ID # 0993
Residential Street Address 53 Bogus Hill Rd		City New Fairfield	State CT	Zip Code 06812
Principal Occupation Software Engineer		Name of Employer Innovative Consulting Group		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Jahncke		First Red	MI	Contribution ID # 0931
Residential Street Address 553 North St		City Greenwich	State CT	Zip Code 06830
Principal Occupation Consultant		Name of Employer The Townsend Group Intl, LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Pearce		First Celeste	MI	Contribution ID # 1124
Residential Street Address 6 Knolls Rd		City New Fairfield	State CT	Zip Code 06812
Principal Occupation Pilot		Name of Employer American Airlines		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$100.00
Last Name Laone		First Ronald	MI	Contribution ID # 1005
Residential Street Address 111 Scott Rd		City Prospect	State CT	Zip Code 06712
Principal Occupation Counselor		Name of Employer State of CT		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$50.00
Last Name Lilienthal		First Sal	MI	Contribution ID # 0940
Residential Street Address 9 Bridge St		City Kent	State CT	Zip Code 06757
Principal Occupation Owner		Name of Employer Bicycle Tour Company		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$100.00
\$40.00				
Last Name Thomas		First Tamara	MI	Contribution ID # 1018
Residential Street Address 2 Evergreen Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation Realtor		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <b>03312014A</b>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$35.00
\$35.00				

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Grossi		First Sheri	MI 1054	
Residential Street Address 11 Shoreview Ln		City Danbury	State CT Zip Code 06811	
Principal Occupation Executive		Name of Employer Crown Real Estate		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>03312014A</u>		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$100.00
Last Name Blum		First Deborah	MI 1045	
Residential Street Address 10 E Lake Rd		City New Fairfield	State CT Zip Code 06812	
Principal Occupation Realtor		Name of Employer Cornerstone CT Realty		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>03312014A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$35.00
Last Name Blum		First Brian	MI 1026	
Residential Street Address 10 E Lake Rd		City New Fairfield	State CT Zip Code 06812	
Principal Occupation Electrical Engineer		Name of Employer ASML		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>03312014A</u>		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$35.00
Last Name Rice		First Arlene	MI 1092	
Residential Street Address 9 Red Ridge Rd		City Danbury	State CT Zip Code 06811	
Principal Occupation Administrator		Name of Employer NY School for the Deaf		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event # <u>03312014A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Ivansco		First William	MI	Contribution ID # 1123
Residential Street Address 139 Franklin Street Ext # A2		City Danbury	State CT	Zip Code 06811
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Steinerd		First Michael	MI	Contribution ID # 0922
Residential Street Address 41 Harwood Dr		City Danbury	State CT	Zip Code 06810
Principal Occupation Director		Name of Employer Indeed.com		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$50.00
If yes, list Event #		\$50.00		
Last Name Clarke		First Daniel	MI	Contribution ID # 0924
Residential Street Address 2 Apache Dr		City Brookfield	State CT	Zip Code 06804
Principal Occupation Facilities		Name of Employer Weston Schools		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$25.00
If yes, list Event #		\$25.00		
Last Name Alosco		First Thomas	MI	Contribution ID # 0925
Residential Street Address 340 Old Watertown Rd		City Middlebury	State CT	Zip Code 06762
Principal Occupation Physician		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Alosco		First Lori	MI	Contribution ID # 0926
Residential Street Address 340 Old Watertown Rd		City Middlebury	State CT	Zip Code 06762
Principal Occupation Manager		Name of Employer Thomas R Alosco MD PC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$100.00
Last Name Curtis		First Wayne	MI	Contribution ID # 0927
Residential Street Address 9 Country Way		City Bethel	State CT	Zip Code 06801
Principal Occupation President/Owner		Name of Employer Curtis Financial Services, Inc.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$25.00
Last Name Curtis		First Christine	MI	Contribution ID # 0928
Residential Street Address 9 Country Way		City Bethel	State CT	Zip Code 06801
Principal Occupation Office Manager		Name of Employer Curtis Financial Services, Inc.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$25.00
Last Name Dunderdale		First Michelle	MI	Contribution ID # 0930
Residential Street Address 91 Blackman Rd		City Ridgefield	State CT	Zip Code 06877
Principal Occupation VP Sales		Name of Employer IBM		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Wildman		First Nancy	MI	Contribution ID # 0933
Residential Street Address 11 Hillside Ave		City Danbury	State CT	Zip Code 06811
Principal Occupation Driver		Name of Employer Autopart International		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$25.00
Last Name Jennings		First Jeffrey	MI	Contribution ID # 0934
Residential Street Address 176 Franklin Street Ext		City Danbury	State CT	Zip Code 06811
Principal Occupation Co-Owner		Name of Employer Jennings Oil Co		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$100.00
Last Name Kovacs		First Roger	MI	Contribution ID # 0938
Residential Street Address 863 Berkeley St		City Boca Raton	State FL	Zip Code 33487
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$100.00
Last Name Salame		First Albert	MI	Contribution ID # 0939
Residential Street Address 5 Navajo Rd		City Brookfield	State CT	Zip Code 06804
Principal Occupation Food Wholesaler		Name of Employer Dandy Foods		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Bhavsar		First Sameer	MI	Contribution ID # 0942
Residential Street Address 8 Obtuse Rocks Rd		City Brookfield	State CT	Zip Code 06804
Principal Occupation Car Detailing		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$50.00
If yes, list Event #		\$50.00		
Last Name Burns		First Teresa	MI	Contribution ID # 0943
Residential Street Address 5 E White Gate Dr		City Wappingers Falls	State NY	Zip Code 12590
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Dunham		First Robyn	MI	Contribution ID # 0945
Residential Street Address 4 Belair Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Office Manager		Name of Employer Danbury Chiropractic & Wellness		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Cronin		First Lindsay	MI	Contribution ID # 1012
Residential Street Address 18 Josh Ln		City Danbury	State CT	Zip Code 06811
Principal Occupation N/A		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$30.00
If yes, list Event # <b>03312014A</b>		\$30.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name James		First Katharine	MI	Contribution ID # 1051
Residential Street Address 19 Somers St		City Danbury	State CT	Zip Code 06810
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>03312014A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$100.00
Last Name Wiedl		First Denise	MI	Contribution ID # 0936
Residential Street Address 12 Brighton St		City Danbury	State CT	Zip Code 06811
Principal Occupation Teacher		Name of Employer Danbury Board of Ed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event # <u>03312014A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$100.00
Last Name Balmaseda		First Deborah	MI	Contribution ID # 1043
Residential Street Address 42 Judith Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Real Estate		Name of Employer William Pitt Sothebys		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>03312014A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$35.00
Last Name Lattin		First Bruce	MI	Contribution ID # 1014
Residential Street Address 19 W Pine Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Foreman		Name of Employer Reliable Exc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>03312014A</u>		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$40.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Struna		First Patricia	MI	Contribution ID # 1037
Residential Street Address 39 Katrina Cir		City Bethel	State CT	Zip Code 06801
Principal Occupation Real Estate Broker		Name of Employer Advantage Realty Inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>03312014A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$35.00
Last Name Nabholz		First Antonia	MI	Contribution ID # 0937
Residential Street Address 121 Stadley Rough Rd		City Danbury	State CT	Zip Code 06811
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$100.00
Last Name Hernandez		First Marines	MI	Contribution ID # 1113
Residential Street Address 133 Triangle St		City Danbury	State CT	Zip Code 06810
Principal Occupation Receptionist		Name of Employer Credit Center LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$100.00
Last Name Maguire		First Jill	MI	Contribution ID # 1017
Residential Street Address 44 Colonial Ln		City Ridgefield	State CT	Zip Code 06877
Principal Occupation Unemployed		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list Event # <u>03312014A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$35.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name Cronin		First Richard	MI	Contribution ID # 1008
Residential Street Address 83 Purcell Dr		City Danbury	State CT	Zip Code 06810
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$50.00
If yes, list Event # <u>03312014A</u>		\$50.00		
Last Name Cheeseman		First Holly	MI	Contribution ID # 0923
Residential Street Address 16 Mitchell Dr		City Niantic	State CT	Zip Code 06357
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00		
Last Name Moran		First Susan	MI	Contribution ID # 0932
Residential Street Address 13 Greenlea Ln		City Weston	State CT	Zip Code 06883
Principal Occupation Marketing		Name of Employer Dow Jones		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$50.00
If yes, list Event #		\$50.00		
Last Name Foley		First Mary	MI	Contribution ID # 1028
Residential Street Address 6 Beach Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Realtor		Name of Employer William Pitt Sothebys		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$35.00
If yes, list Event # <u>03312014A</u>		\$35.00		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>B. Itemized Contributions from Individuals</b>				
Last Name McLachlan		First Harry	MI	Contribution ID # 1034
Residential Street Address 15 Victor St		City Danbury	State CT	Zip Code 06810
Principal Occupation Letter Carrier		Name of Employer USPS		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$35.00
If yes, list Event # <u>03312014A</u>		\$35.00		
Last Name McLachlan		First Patricia	MI	Contribution ID # 1046
Residential Street Address 15 Victor St		City Danbury	State CT	Zip Code 06810
Principal Occupation Retired		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$35.00
If yes, list Event # <u>03312014A</u>		\$35.00		
Last Name Kerr		First Margaret	MI	Contribution ID # 1024
Residential Street Address 2 Sil Cam Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Information Requested		Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$35.00
If yes, list Event # <u>03312014A</u>		\$35.00		
Last Name McCoy		First Jason	MI	Contribution ID # 0995
Residential Street Address 216 Skinner Rd		City Vernon	State CT	Zip Code 06066
Principal Occupation Lawyer		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2014	Aggregate Contributions \$100.00
If yes, list Event # <u>02272014A</u>		\$100.00		

	<b>Total of Section B</b>	<b>\$93,171.00</b>
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS</b>	(Sections A + B) <i>(Total on Line 14 of Summary Page)</i>	<b>\$93,171.00</b>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Team Boughton	April 10 Filing - Original

#### **C1. Contributions from Other Committees**

Name of Committee Explore Team Boughton	Name of Treasurer William Riemer			
Address PO Box 183	Is this contribution associated with a fundraising event listed in Section J1?  If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution
City Farmington	State CT	Zip Code 06034	Date Received 01/09/2014	Aggregate Contributions \$27,888.25
<b>Total of Section C1</b>				<b>\$27,888.25</b>

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

NAME OF COMMITTEE	TYPE OF REPORT
Team Boughton	April 10 Filing - Original

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

Name of Committee	Name of Treasurer	
Address	Date Received	
City	State	Zip Code
Reimbursement for shared expense  Payment for goods and services		Amount of Receipt
<b>Total of Section C2</b>		

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

NAME OF COMMITTEE	TYPE OF REPORT
Team Boughton	April 10 Filing - Original

**D. Loans Received this Period**

Name of Lender	Source of Loan:				Date of Receipt
Street Address	City	Bank	Candidate	Individual	Other
Name of Cosigner/Guarantor (if applicable)			State	Zip Code	Is there a cosigner or Guarantor of this loan? Yes      No
Street Address	City	State	Zip Code		
					<b>Total of Section D</b>

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

NAME OF COMMITTEE	TYPE OF REPORT
Team Boughton	April 10 Filing - Original

**E. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)**

Date of Receipt	Method of Payment				Amount
	Cash	Personal Check	Credit/Debit Card		
					<b>Total of Section E</b>

**I. Monetary Receipts (Section A-I)**

NAME OF COMMITTEE	TYPE OF REPORT
Team Boughton	April 10 Filing - Original

**G. Interest from Deposits in Authorized Accounts**

Name of Institution	Date Received			Amount
Street Address	City	State	Zip Code	
				<b>Total of Section G</b>

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

NAME OF COMMITTEE	TYPE OF REPORT
Team Boughton	April 10 Filing - Original

**H. Public Grant Funds Received from the Citizens' Election Fund**

Purpose of Grant:	Initial	Grant Adjustment	Grant Cycle:	Primary	General Election	Special Election	Date Received	Amount
		Supplemental/Post Election Deficit						
<b>Total of Section H</b>								

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

NAME OF COMMITTEE	TYPE OF REPORT
Team Boughton	April 10 Filing - Original

**I. Miscellaneous Monetary Receipts not Considered Contributions**

Name Square		Date of Transaction 01/21/2014	Amount Received
Street Address 1455 Market St	City San Francisco	State CA	Zip Code 94103
Description Fee Refund			\$0.69

Name Farmington Bank		Date of Transaction 01/22/2014	Amount Received
Street Address 32 Main St	City Farmington	State CT	Zip Code 06032
Description Fee Refund			\$15.00

Name Farmington Bank		Date of Transaction 03/28/2014	Amount Received
Street Address 32 Main St	City Farmington	State CT	Zip Code 06032
Description Fee Refund			\$15.00

<b>Total of Section I</b>	<b>\$30.69</b>
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## II. FUNDRAISING EVENT ACTIVITY (Sections J1 - J3)

NAME OF COMMITTEE		TYPE OF REPORT	
Team Boughton		April 10 Filing - Original	
<b>J1. Fundraising Event Information</b>			
Fundraising Event # Date of Fundraiser 01/08/2014	Letter A	Description Reception Event	
Location: Street Address 18 Old Ridgebury Rd		City Danbury	State CT
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes      If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information. <input checked="" type="checkbox"/> No	
Was this fundraising event hosted at a personal residence?		<input type="checkbox"/> Yes      If yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations. <input checked="" type="checkbox"/> No	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes      (If yes, enter Total Receipts here.) <input checked="" type="checkbox"/> No <div style="text-align: right; border: 1px solid black; padding: 2px; margin-top: 5px;">\$0.00</div>	
Fundraising Event # Date of Fundraiser 01/16/2014	Letter A	Description Meet and Greet Event	
Location: Street Address 1 Wallingford Rd		City Danbury	State CT
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes      If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information. <input checked="" type="checkbox"/> No	
Was this fundraising event hosted at a personal residence?		<input type="checkbox"/> Yes      If yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations. <input checked="" type="checkbox"/> No	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes      (If yes, enter Total Receipts here.) <input checked="" type="checkbox"/> No <div style="text-align: right; border: 1px solid black; padding: 2px; margin-top: 5px;">\$0.00</div>	
Fundraising Event # Date of Fundraiser 01/23/2014	Letter A	Description Meet and Greet Event	
Location: Street Address 4 Stony Hl		City Bethel	State CT
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes      If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information. <input checked="" type="checkbox"/> No	
Was this fundraising event hosted at a personal residence?		<input checked="" type="checkbox"/> Yes      if yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations. <input type="checkbox"/> No	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes      (If yes, enter Total Receipts here.) <input checked="" type="checkbox"/> No <div style="text-align: right; border: 1px solid black; padding: 2px; margin-top: 5px;">\$0.00</div>	

## II. FUNDRAISING EVENT ACTIVITY (Sections J1 - J3)

NAME OF COMMITTEE		TYPE OF REPORT	
Team Boughton		April 10 Filing - Original	
<b>J1. Fundraising Event Information</b>			
Fundraising Event # Date of Fundraiser 01/28/2014	Letter A	Description Meet and Greet Event	
Location: Street Address 22 Chesterfield Rd		City East Lyme	State CT
Zip Code 06333			
<p>Was this fundraising event hosted at a personal residence?</p> <p><input type="checkbox"/> Yes      If yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.</p> <p><input checked="" type="checkbox"/> No</p>			
<p>Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?</p> <p><input type="checkbox"/> Yes      If yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information.</p> <p><input checked="" type="checkbox"/> No</p>			
<p><b>Subpart 1:</b></p> <p>Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?</p> <p><input type="checkbox"/> Yes      (If yes, enter Total Receipts here.)</p> <p><input checked="" type="checkbox"/> No</p> <p style="text-align: right; border: 1px solid black; padding: 2px; width: 100px;">\$0.00</p>			
Fundraising Event # Date of Fundraiser 01/29/2014	Letter A	Description Meet and Greet Event	
Location: Street Address 37 Westwood Dr		City Waterford	State CT
Zip Code 06285			
<p>Was this fundraising event hosted at a personal residence?</p> <p><input type="checkbox"/> Yes      If yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.</p> <p><input type="checkbox"/> No</p>			
<p>Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?</p> <p><input type="checkbox"/> Yes      If yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information.</p> <p><input checked="" type="checkbox"/> No</p>			
<p><b>Subpart 1:</b></p> <p>Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?</p> <p><input type="checkbox"/> Yes      (If yes, enter Total Receipts here.)</p> <p><input checked="" type="checkbox"/> No</p> <p style="text-align: right; border: 1px solid black; padding: 2px; width: 100px;">\$0.00</p>			
Fundraising Event # Date of Fundraiser 02/07/2014	Letter A	Description Meet and Greet Event	
Location: Street Address 1 Sand Cut Rd		City Brookfield	State CT
Zip Code 06804			
<p>Was this fundraising event hosted at a personal residence?</p> <p><input type="checkbox"/> Yes      If yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.</p> <p><input checked="" type="checkbox"/> No</p>			
<p>Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?</p> <p><input type="checkbox"/> Yes      If yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information.</p> <p><input checked="" type="checkbox"/> No</p>			
<p><b>Subpart 1:</b></p> <p>Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?</p> <p><input type="checkbox"/> Yes      (If yes, enter Total Receipts here.)</p> <p><input checked="" type="checkbox"/> No</p> <p style="text-align: right; border: 1px solid black; padding: 2px; width: 100px;">\$0.00</p>			

## II. FUNDRAISING EVENT ACTIVITY (Sections J1 - J3)

NAME OF COMMITTEE		TYPE OF REPORT	
Team Boughton		April 10 Filing - Original	
<b>J1. Fundraising Event Information</b>			
Fundraising Event # Date of Fundraiser 02/09/2014	Letter A	Description Meet and Greet Event	
Location: Street Address 100 Aunt Hack Rd		City Danbury	State CT
Was this fundraising event hosted at a personal residence?		<input type="checkbox"/> Yes      If yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations. <input checked="" type="checkbox"/> No	
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes      If yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information. <input checked="" type="checkbox"/> No	
<b>Subpart 1:</b> Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes      (If yes, enter Total Receipts here.) <input checked="" type="checkbox"/> No <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; height: 15px; vertical-align: middle;"></span> <b>\$0.00</b>	
Fundraising Event # Date of Fundraiser 02/23/2014	Letter A	Description Meet and Greet Event	
Location: Street Address 13 Griswold Pt		City Old Lyme	State CT
Was this fundraising event hosted at a personal residence?		<input type="checkbox"/> Yes      If yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations. <input type="checkbox"/> No	
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes      If yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information. <input checked="" type="checkbox"/> No	
<b>Subpart 1:</b> Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes      (If yes, enter Total Receipts here.) <input checked="" type="checkbox"/> No <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; height: 15px; vertical-align: middle;"></span> <b>\$0.00</b>	
Fundraising Event # Date of Fundraiser 02/27/2014	Letter A	Description Meet and Greet Event	
Location: Street Address 46 Prospect St		City Hartford	State CT
Was this fundraising event hosted at a personal residence?		<input type="checkbox"/> Yes      If yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations. <input checked="" type="checkbox"/> No	
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes      If yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information. <input checked="" type="checkbox"/> No	
<b>Subpart 1:</b> Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes      (If yes, enter Total Receipts here.) <input checked="" type="checkbox"/> No <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; height: 15px; vertical-align: middle;"></span> <b>\$0.00</b>	

## II. FUNDRAISING EVENT ACTIVITY (Sections J1 - J3)

NAME OF COMMITTEE		TYPE OF REPORT	
Team Boughton		April 10 Filing - Original	
<b>J1. Fundraising Event Information</b>			
Fundraising Event # Date of Fundraiser 03/08/2014	Letter A	Description Meet and Greet Event	
Location: Street Address 1249 W Main St		City Waterbury	State CT
Zip Code 06708			
<p>Was this fundraising event hosted at a personal residence? <input type="checkbox"/> Yes if yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.  <input checked="" type="checkbox"/> No</p>			
<p>Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100? <input type="checkbox"/> Yes If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.  <input checked="" type="checkbox"/> No</p>			
<p><b>Subpart 1:</b>  Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? <input type="checkbox"/> Yes (If yes, enter Total Receipts here.) <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; height: 15px; vertical-align: middle;"></span>  <input checked="" type="checkbox"/> No <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; height: 15px; vertical-align: middle;"></span> <b>\$0.00</b></p>			
Fundraising Event # Date of Fundraiser 03/20/2014	Letter A	Description Meet and Greet Event	
Location: Street Address 22 W St		City Danbury	State CT
Zip Code 06810			
<p>Was this fundraising event hosted at a personal residence? <input type="checkbox"/> Yes if yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.  <input checked="" type="checkbox"/> No</p>			
<p>Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100? <input type="checkbox"/> Yes If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.  <input checked="" type="checkbox"/> No</p>			
<p><b>Subpart 1:</b>  Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? <input type="checkbox"/> Yes (If yes, enter Total Receipts here.) <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; height: 15px; vertical-align: middle;"></span>  <input checked="" type="checkbox"/> No <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; height: 15px; vertical-align: middle;"></span> <b>\$0.00</b></p>			
Fundraising Event # Date of Fundraiser 03/21/2014	Letter A	Description Meet and Greet Event	
Location: Street Address 87 Mill Plain Rd		City Danbury	State CT
Zip Code 06810			
<p>Was this fundraising event hosted at a personal residence? <input type="checkbox"/> Yes if yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.  <input checked="" type="checkbox"/> No</p>			
<p>Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100? <input type="checkbox"/> Yes If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.  <input checked="" type="checkbox"/> No</p>			
<p><b>Subpart 1:</b>  Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? <input type="checkbox"/> Yes (If yes, enter Total Receipts here.) <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; height: 15px; vertical-align: middle;"></span>  <input checked="" type="checkbox"/> No <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; height: 15px; vertical-align: middle;"></span> <b>\$0.00</b></p>			

## II. FUNDRAISING EVENT ACTIVITY (Sections J1 - J3)

NAME OF COMMITTEE		TYPE OF REPORT	
Team Boughton		April 10 Filing - Original	
<b>J1. Fundraising Event Information</b>			
Fundraising Event # Date of Fundraiser 03/22/2014	Letter A	Description Meet and Greet Event	
Location: Street Address 22 Lisa Ln		City Ridgefield	State CT
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes      If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information. <input checked="" type="checkbox"/> No	
Was this fundraising event hosted at a personal residence?		<input checked="" type="checkbox"/> Yes      if yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations. <input type="checkbox"/> No	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes      (If yes, enter Total Receipts here.) <input checked="" type="checkbox"/> No <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; height: 15px; vertical-align: middle;"></span> \$0.00	
Fundraising Event # Date of Fundraiser 03/23/2014	Letter A	Description Meet and Greet Event	
Location: Street Address 269 West Ln		City Ridgefield	State CT
Was this fundraising event hosted at a personal residence?		<input type="checkbox"/> Yes      if yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations. <input checked="" type="checkbox"/> No	
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes      If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information. <input checked="" type="checkbox"/> No	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes      (If yes, enter Total Receipts here.) <input checked="" type="checkbox"/> No <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; height: 15px; vertical-align: middle;"></span> \$0.00	
Fundraising Event # Date of Fundraiser 03/24/2014	Letter A	Description Meet and Greet Event	
Location: Street Address 21 North St		City Danbury	State CT
Was this fundraising event hosted at a personal residence?		<input type="checkbox"/> Yes      if yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations. <input checked="" type="checkbox"/> No	
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes      If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information. <input checked="" type="checkbox"/> No	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes      (If yes, enter Total Receipts here.) <input checked="" type="checkbox"/> No <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; height: 15px; vertical-align: middle;"></span> \$0.00	

## II. FUNDRAISING EVENT ACTIVITY (Sections J1 - J3)

NAME OF COMMITTEE		TYPE OF REPORT	
Team Boughton		April 10 Filing - Original	
<b>J1. Fundraising Event Information</b>			
Fundraising Event # Date of Fundraiser 03/24/2014	Letter B	Description Meet and Greet Event	
Location: Street Address 496 Chase Ave		City Waterbury	State CT
Zip Code 06704			
<p>Was this fundraising event hosted at a personal residence? <input type="checkbox"/> Yes if yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.  <input checked="" type="checkbox"/> No</p>			
<p>Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100? <input type="checkbox"/> Yes If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.  <input checked="" type="checkbox"/> No</p>			
<p><b>Subpart 1:</b>  Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? <input type="checkbox"/> Yes (If yes, enter Total Receipts here.) <span style="border: 1px solid black; padding: 2px; width: 100px; display: inline-block;">\$0.00</span>  <input checked="" type="checkbox"/> No</p>			
Fundraising Event # Date of Fundraiser 03/25/2014	Letter A	Description Meet and Greet Event	
Location: Street Address 111 Aunt Hack Rd		City Danbury	State CT
Zip Code 06811			
<p>Was this fundraising event hosted at a personal residence? <input type="checkbox"/> Yes if yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.  <input type="checkbox"/> No</p>			
<p>Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100? <input type="checkbox"/> Yes If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.  <input checked="" type="checkbox"/> No</p>			
<p><b>Subpart 1:</b>  Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? <input type="checkbox"/> Yes (If yes, enter Total Receipts here.) <span style="border: 1px solid black; padding: 2px; width: 100px; display: inline-block;">\$0.00</span>  <input checked="" type="checkbox"/> No</p>			
Fundraising Event # Date of Fundraiser 03/27/2014	Letter A	Description Meet and Greet Event	
Location: Street Address 83 Lake Ave		City Danbury	State CT
Zip Code 06810			
<p>Was this fundraising event hosted at a personal residence? <input type="checkbox"/> Yes if yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.  <input checked="" type="checkbox"/> No</p>			
<p>Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100? <input type="checkbox"/> Yes If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.  <input checked="" type="checkbox"/> No</p>			
<p><b>Subpart 1:</b>  Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? <input type="checkbox"/> Yes (If yes, enter Total Receipts here.) <span style="border: 1px solid black; padding: 2px; width: 100px; display: inline-block;">\$0.00</span>  <input checked="" type="checkbox"/> No</p>			

## II. FUNDRAISING EVENT ACTIVITY (Sections J1 - J3)

NAME OF COMMITTEE	TYPE OF REPORT
Team Boughton	April 10 Filing - Original

### J1. Fundraising Event Information

Fundraising Event # Date of Fundraiser 03/27/2014	Letter B	Description Meet and Greet Event
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Location: Street Address 5 Ives St	City Danbury	State CT	Zip Code 06810
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Was this fundraising event hosted at a personal residence?	<input type="checkbox"/>	Yes	if yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.
	<input checked="" type="checkbox"/>	No	

Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?	<input type="checkbox"/>	Yes	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.
	<input checked="" type="checkbox"/>	No	

<b>Subpart 1:</b> Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	<input type="checkbox"/>	Yes	(If yes, enter Total Receipts here.)
	<input checked="" type="checkbox"/>	No	<span style="border: 1px solid black; padding: 2px;">\$0.00</span>

Fundraising Event # Date of Fundraiser 03/31/2014	Letter A	Description Dinner Event
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Location: Street Address 20 Segar St	City Danbury	State CT	Zip Code 06810
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Was this fundraising event hosted at a personal residence?	<input type="checkbox"/>	Yes	if yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.
	<input checked="" type="checkbox"/>	No	

Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?	<input type="checkbox"/>	Yes	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.
	<input checked="" type="checkbox"/>	No	

<b>Subpart 1:</b> Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	<input type="checkbox"/>	Yes	(If yes, enter Total Receipts here.)
	<input checked="" type="checkbox"/>	No	<span style="border: 1px solid black; padding: 2px;">\$0.00</span>

<b>Total of Section J1</b>	<b>\$0.00</b>
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## II. FUNDRAISING EVENT ACTIVITY (Sections J1 - J3)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Team Boughton	April 10 Filing - Original

### J3. In-Kind Donations Not Considered Contributions

Name of the Donor  Tom McInerney				
Street Address  22 Lisa Ln	City  Ridgefield	State CT	Zip Code 06877	
Donation Given by:  <input checked="" type="checkbox"/> Individual  <input type="checkbox"/> Business Entity  <input type="checkbox"/> Sole Proprietorship	Description of Donation  Event Catering			Fair Market Value of Donation  \$325.00
	Date Received 03/22/2014	Event # 03222014A	Aggregate value for this event  \$325.00	

Name of the Donor  Robert Eick				
Street Address  269 West Ln	City  Ridgefield	State CT	Zip Code 06877	
Donation Given by:  <input checked="" type="checkbox"/> Individual  <input type="checkbox"/> Business Entity  <input type="checkbox"/> Sole Proprietorship	Description of Donation  Event Catering			Fair Market Value of Donation  \$275.00
	Date Received 03/23/2014	Event # 03232014A	Aggregate value for this event  \$275.00	

Name of the Donor  Jim Kennedy				
Street Address  111 Aunt Hack Rd	City  Danbury	State CT	Zip Code 06811	
Donation Given by:  <input checked="" type="checkbox"/> Individual  <input type="checkbox"/> Business Entity  <input type="checkbox"/> Sole Proprietorship	Description of Donation  Event Catering			Fair Market Value of Donation  \$207.00
	Date Received 03/25/2014	Event # 03252014A	Aggregate value for this event  \$207.00	

<b>Total of Section J3</b>	<b>\$807.00</b>
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<b>III. NONMONETARY RECEIPTS (Sections K - M)</b>	
NAME OF COMMITTEE	TYPE OF REPORT
Team Boughton	April 10 Filing - Original
<b>K. In-Kind Contributions</b>	

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

<b>Total of Section K</b>
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<b>III. Non Monetary Receipts (Sections K - M)</b>				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT			
Team Boughton	April 10 Filing - Original			
<b>L. Refundable Deposit to Telephone Company</b>				
Last Name of Individual	First Name	MI	Date Deposit Made	
Residential Street Address	City	State	Zip Code	Amount of Deposit
Name of Telephone company				
Street Address	City	State	Zip Code	
<b>Total of Section L</b>				

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

NAME OF COMMITTEE	TYPE OF REPORT			
Team Boughton	April 10 Filing - Original			
<b>M. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee - OPTIONAL See Public Act 11-48</b>				
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)		Name of Treasurer		
Street Address		Date Notice Received	Fair Market Value of Donation	
City	State	Zip Code		Aggregate Donations
Description of Donation		Purpose of Expenditure A      B      C      D		
			<b>Total of Section M</b>	

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Team Boughton		April 10 Filing - Original	
<b>N. Expenses Paid By Committee</b>			
Name of Payee Will Riemer		Date of Payment 01/10/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>89</u> <input type="checkbox"/> Debit Card
Street Address 50 W District Rd		City Farmington	State CT Zip Code 06085
Purpose of Expend RCW	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
		\$2,616.21	
Name of Payee Conquest Communications Group		Date of Payment 01/10/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>90</u> <input type="checkbox"/> Debit Card
Street Address 2812 Emerywood Pwy Ste 103		City Richmond	State VA Zip Code 23294
Purpose of Expend A-PH-BNK	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
		\$1,500.00	
Name of Payee Barbara Seabury		Date of Payment 01/11/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>92</u> <input type="checkbox"/> Debit Card
Street Address 40 Moody Ln		City Danbury	State CT Zip Code 06811
Purpose of Expend REF	Description Contrib ID 44		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
		\$100.00	

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Team Boughton		April 10 Filing - Original	
<b>N. Expenses Paid By Committee</b>			
Name of Payee Common Sense Campaigns LLC		Date of Payment 01/14/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>94</u> <input type="checkbox"/> Debit Card
Street Address 50 W District Rd		City Farmington	State CT Zip Code 06085
Purpose of Expend CNSLT	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)
			Event #
		\$2,000.00	
Name of Payee John Kleinhans		Date of Payment 01/14/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>93</u> <input type="checkbox"/> Debit Card
Street Address 64 Old Black Point Rd		City Niantic	State CT Zip Code 06355
Purpose of Expend CNSLT	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)
			Event #
		\$2,100.00	
Name of Payee Suzanne Galante		Date of Payment 01/14/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>EFT</u> <input type="checkbox"/> Debit Card
Street Address 101 Rockwell Rd		City Bethel	State CT Zip Code 06801
Purpose of Expend REF	Description Contrib ID 18		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)
			Event #
		\$50.00	

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Team Boughton		April 10 Filing - Original	
<b>N. Expenses Paid By Committee</b>			
Name of Payee Chris Oliveira		Date of Payment 01/14/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>95</u> <input type="checkbox"/> Debit Card
Street Address 7 Hefflon Farm Rd		City Old Lyme	State CT Zip Code 06371
Purpose of Expend CNSLT	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)
			Event #
		\$2,500.00	
Name of Payee Farmington Bank		Date of Payment 01/14/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>EFT</u> <input type="checkbox"/> Debit Card
Street Address 32 Main St		City Farmington	State CT Zip Code 06032
Purpose of Expend BNK	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)
			Event #
		\$15.00	
Name of Payee Farmington Bank		Date of Payment 01/15/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>EFT</u> <input type="checkbox"/> Debit Card
Street Address 32 Main St		City Farmington	State CT Zip Code 06032
Purpose of Expend BNK	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)
			Event #
		\$25.31	

#### **IV. EXPENDITURES (Sections N - S)**

#### IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT
Team Boughton		April 10 Filing - Original
<b>N. Expenses Paid By Committee</b>		

Name of Payee PSDCenter LLC		Date of Payment 01/16/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>96</u> <input type="checkbox"/> Debit Card
Street Address 2074 Euclid Ave		City Charlotte	State NC Zip Code 28203
Purpose of Expend WEB	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?  If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)
			Event #
		\$1,250.00	
Name of Payee Heath Fahle		Date of Payment 01/18/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>EFT</u> <input type="checkbox"/> Debit Card
Street Address 90 Hog Hill Rd		City East Hampton	State CT Zip Code 06424
Purpose of Expend REF	Description Contrib 1D 24		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?  If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)
			Event #
		\$25.00	
Name of Payee Mic Nicosia Photography		Date of Payment 01/22/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>97</u> <input type="checkbox"/> Debit Card
Street Address 65 Grand St		City Thomaston	State CT Zip Code 06787
Purpose of Expend Misc *	Description Photography		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?  If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)
			Event #
		\$100.00	

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Team Boughton		April 10 Filing - Original	
<b>N. Expenses Paid By Committee</b>			
Name of Payee Gridiron Communications		Date of Payment 02/01/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>106</u> <input type="checkbox"/> Debit Card
Street Address 12650 Adams Rd		City Granger	State IN Zip Code 46530
Purpose of Expend PRNT	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
		\$935.00	
Name of Payee John Kleinhans		Date of Payment 02/01/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>101</u> <input type="checkbox"/> Debit Card
Street Address 64 Old Black Point Rd		City Niantic	State CT Zip Code 06355
Purpose of Expend CNSLT	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
		\$4,100.00	
Name of Payee Conquest Communications Group		Date of Payment 02/01/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>104</u> <input type="checkbox"/> Debit Card
Street Address 2812 Emerywood Pwy Ste 103		City Richmond	State VA Zip Code 23294
Purpose of Expend A-PH-BNK	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
		\$240.00	

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Team Boughton		April 10 Filing - Original	
<b>N. Expenses Paid By Committee</b>			
Name of Payee Chris Oliveira		Date of Payment 02/01/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>102</u> <input type="checkbox"/> Debit Card
Street Address 7 Hefflon Farm Rd		City Old Lyme	State CT Zip Code 06371
Purpose of Expend CNSLT	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)
			Event #
		\$2,500.00	
Name of Payee Will Riemer		Date of Payment 02/01/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>103</u> <input type="checkbox"/> Debit Card
Street Address 50 W District Rd		City Farmington	State CT Zip Code 06085
Purpose of Expend RCW	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)
			Event #
		\$2,025.13	
Name of Payee Premier Graphics LLC		Date of Payment 02/01/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>105</u> <input type="checkbox"/> Debit Card
Street Address 860 Honeyspot Rd		City Stratford	State CT Zip Code 06615
Purpose of Expend OFFICE	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)
			Event #
		\$558.00	

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Team Boughton		April 10 Filing - Original	
<b>N. Expenses Paid By Committee</b>			
Name of Payee Premier Graphics LLC		Date of Payment 02/01/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>107</u> <input type="checkbox"/> Debit Card
Street Address 860 Honeyspot Rd		City Stratford	State CT Zip Code 06615
Purpose of Expend A-SIGN	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)
			Event #
		\$300.00	
Name of Payee Quality Communications		Date of Payment 02/04/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>108</u> <input type="checkbox"/> Debit Card
Street Address PO Box 633		City Hartford	State CT Zip Code 06142
Purpose of Expend A-DM	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)
			Event #
		\$3,000.00	
Name of Payee Authorize.Net		Date of Payment 02/04/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>EFT</u> <input type="checkbox"/> Debit Card
Street Address PO Box 8999		City San Francisco	State CA Zip Code 94128
Purpose of Expend WEB	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)
			Event #
		\$16.41	

#### **IV. EXPENDITURES (Sections N - S)**

<b>IV. EXPENDITURES (Sections N - S)</b>	
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Team Boughton	April 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

**N. Expenses Paid By Committee**

Name of Payee <b>Capital Bankcard</b>		Date of Payment <b>02/05/2014</b>	Method of Payment <input checked="" type="checkbox"/> Check # <u><b>EFT</b></u> <input type="checkbox"/> Debit Card	
Street Address PO Box 6600		City <b>Hagerstown</b>	State <b>MD</b> Zip Code <b>21740</b>	
Purpose of Expend  <b>WEB</b>	Description		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought?  If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				<b>\$99.96</b>
Name of Payee <b>Golf Quest</b>		Date of Payment <b>02/08/2014</b>	Method of Payment <input checked="" type="checkbox"/> Check # <u><b>109</b></u> <input type="checkbox"/> Debit Card	
Street Address 1 Sand Cut Rd		City <b>Brookfield</b>	State <b>CT</b> Zip Code <b>06804</b>	
Purpose of Expend  <b>FNDR *</b>	Description Event Venue		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought?  If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				<b>\$70.00</b>
Name of Payee <b>John Kleinhans</b>		Date of Payment <b>02/08/2014</b>	Method of Payment <input checked="" type="checkbox"/> Check # <u><b>110</b></u> <input type="checkbox"/> Debit Card	
Street Address 64 Old Black Point Rd		City <b>Niantic</b>	State <b>CT</b> Zip Code <b>06355</b>	
Purpose of Expend  <b>RCW</b>	Description		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought?  If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				<b>\$240.80</b>

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Team Boughton		April 10 Filing - Original	
<b>N. Expenses Paid By Committee</b>			
Name of Payee Quality Communications		Date of Payment 02/24/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>111</u> <input type="checkbox"/> Debit Card
Street Address PO Box 633		City Hartford	State CT Zip Code 06142
Purpose of Expend A-DM	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #  \$3,381.00
Name of Payee Will Riemer		Date of Payment 02/25/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>112</u> <input type="checkbox"/> Debit Card
Street Address 50 W District Rd		City Farmington	State CT Zip Code 06085
Purpose of Expend RCW	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #  \$329.00
Name of Payee Tim Cicchese		Date of Payment 02/25/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>113</u> <input type="checkbox"/> Debit Card
Street Address 46 Powdermaker Dr		City Ridgefield	State CT Zip Code 06877
Purpose of Expend REF	Description Contrib ID 53		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #  \$100.00

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Team Boughton		April 10 Filing - Original	
<b>N. Expenses Paid By Committee</b>			
Name of Payee Spectrum Marketing		Date of Payment 02/26/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>114</u> <input type="checkbox"/> Debit Card
Street Address 95 Eddy Rd Ste 101		City Manchester	State NH Zip Code 03102
Purpose of Expend A-DM	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?  If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)
			Event #
		\$12,179.56	
Name of Payee The Hartford Club		Date of Payment 02/27/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>117</u> <input type="checkbox"/> Debit Card
Street Address 46 Prospect St		City Hartford	State CT Zip Code 06103
Purpose of Expend FNDR *	Description Event Venue and Catering		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?  If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)
			Event #
		\$917.38	
Name of Payee Victoria Lanier		Date of Payment 02/27/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>115</u> <input type="checkbox"/> Debit Card
Street Address 24-2 Short Hills Rd		City Old Lyme	State CT Zip Code 06371
Purpose of Expend RCW	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?  If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)
			Event #
		\$120.00	

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Team Boughton		April 10 Filing - Original	
<b>N. Expenses Paid By Committee</b>			
Name of Payee John Kleinhans		Date of Payment 02/27/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>118</u> <input type="checkbox"/> Debit Card
Street Address 64 Old Black Point Rd		City Niantic	State CT Zip Code 06355
Purpose of Expend RCW	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)
			Event #
			\$96.85
Name of Payee Kerrie Walker		Date of Payment 02/27/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>116</u> <input type="checkbox"/> Debit Card
Street Address 132 Mile Creek Rd		City Old Lyme	State CT Zip Code 06371
Purpose of Expend RCW	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)
			Event #
			\$136.55
Name of Payee Heath Fahle		Date of Payment 02/28/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>120</u> <input type="checkbox"/> Debit Card
Street Address 90 Hog Hill Rd		City East Hampton	State CT Zip Code 06424
Purpose of Expend RCW	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)
			Event #
			\$533.69

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Team Boughton		April 10 Filing - Original	
<b>N. Expenses Paid By Committee</b>			
Name of Payee Revolutionary Strategies LLC		Date of Payment 02/28/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>121</u> <input type="checkbox"/> Debit Card
Street Address 90 Hog Hill Rd		City East Hampton	State CT Zip Code 06424
Purpose of Expend CNSLT	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)
			Event #
		\$7,000.00	
Name of Payee Common Sense Campaigns LLC		Date of Payment 02/28/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>119</u> <input type="checkbox"/> Debit Card
Street Address 50 W District Rd		City Farmington	State CT Zip Code 06085
Purpose of Expend CNSLT	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)
			Event #
		\$1,500.00	
Name of Payee Minuteman Press		Date of Payment 02/28/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>124</u> <input type="checkbox"/> Debit Card
Street Address 12 Mill Plain Rd		City Danbury	State CT Zip Code 06811
Purpose of Expend PRNT	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)
			Event #
		\$1,746.27	

#### **IV. EXPENDITURES (Sections N - S)**

#### IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT
Team Boughton		April 10 Filing - Original

#### N. Expenses Paid By Committee

Name of Payee Google		Date of Payment 03/02/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card
Street Address PO Box 39000		City San Francisco	State CA Zip Code 94139
Purpose of Expend WEB	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?  If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)
			Event #
		\$33.92	
Name of Payee Capital Bankcard		Date of Payment 03/03/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>EFT</u> <input type="checkbox"/> Debit Card
Street Address PO Box 6600		City Hagerstown	State MD Zip Code 21740
Purpose of Expend WEB	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?  If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)
			Event #
		\$172.10	
Name of Payee Will Riemer		Date of Payment 03/03/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>125</u> <input type="checkbox"/> Debit Card
Street Address 50 W District Rd		City Farmington	State CT Zip Code 06085
Purpose of Expend RCW	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?  If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)
			Event #
		\$299.00	

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Team Boughton		April 10 Filing - Original	
<b>N. Expenses Paid By Committee</b>			
Name of Payee Chris Oliveira		Date of Payment 03/04/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>126</u> <input type="checkbox"/> Debit Card
Street Address 7 Hefflon Farm Rd		City Old Lyme	State CT Zip Code 06371
Purpose of Expend CNSLT	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)
			Event #
		\$1,000.00	
Name of Payee Authorize.Net		Date of Payment 03/04/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>EFT</u> <input type="checkbox"/> Debit Card
Street Address PO Box 8999		City San Francisco	State CA Zip Code 94128
Purpose of Expend WEB	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)
			Event #
		\$11.25	
Name of Payee New Fairfield Press		Date of Payment 03/15/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>127</u> <input type="checkbox"/> Debit Card
Street Address 3 Dunham Dr		City New Fairfield	State CT Zip Code 06812
Purpose of Expend A-DM	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)
			Event #
		\$1,663.00	

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Team Boughton		April 10 Filing - Original	
<b>N. Expenses Paid By Committee</b>			
Name of Payee CVS		Date of Payment 03/18/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card
Street Address 45 S Main St		City Unionville	State CT Zip Code 06085
Purpose of Expend OFFICE	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)
			Event #
			\$7.45
Name of Payee New Fairfield Press		Date of Payment 03/19/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>128</u> <input type="checkbox"/> Debit Card
Street Address 3 Dunham Dr		City New Fairfield	State CT Zip Code 06812
Purpose of Expend A-DM	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)
			Event #
			\$3,041.33
Name of Payee Steven Rogers		Date of Payment 03/20/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>EFT</u> <input type="checkbox"/> Debit Card
Street Address 234 Bayberry Dr		City Thomaston	State CT Zip Code 06787
Purpose of Expend REF	Description Contrib ID 618		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)
			Event #
			\$100.00

#### **IV. EXPENDITURES (Sections N - S)**

#### IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT
Team Boughton		April 10 Filing - Original

#### N. Expenses Paid By Committee

Name of Payee Farmington Bank		Date of Payment 03/20/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>EFT</u> <input type="checkbox"/> Debit Card
Street Address 32 Main St		City Farmington	State CT Zip Code 06032
Purpose of Expend BNK	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?  If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$15.00
Name of Payee Peter Prunty		Date of Payment 03/21/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>130</u> <input type="checkbox"/> Debit Card
Street Address 4 Marc Rd		City Danbury	State CT Zip Code 06810
Purpose of Expend RCW	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?  If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$170.05
Name of Payee Roger Palanzo		Date of Payment 03/21/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>129</u> <input type="checkbox"/> Debit Card
Street Address 45 Briarwood Dr		City Danbury	State CT Zip Code 06810
Purpose of Expend RCW	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?  If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$114.82

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Team Boughton		April 10 Filing - Original	
<b>N. Expenses Paid By Committee</b>			
Name of Payee John Kleinhans		Date of Payment 03/25/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>131</u> <input type="checkbox"/> Debit Card
Street Address 64 Old Black Point Rd		City Niantic	State CT Zip Code 06355
Purpose of Expend RCW	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)
			Event #
			\$105.27
Name of Payee CTGOP - State		Date of Payment 03/27/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>132</u> <input type="checkbox"/> Debit Card
Street Address 31 Pratt St		City Hartford	State CT Zip Code 06103
Purpose of Expend POC	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)
			Event #
			\$250.00
Name of Payee New Fairfield Press		Date of Payment 03/28/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>133</u> <input type="checkbox"/> Debit Card
Street Address 2 Dunham Dr		City New Fairfield	State CT Zip Code 06812
Purpose of Expend A-DM	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)
			Event #
			\$683.31

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Team Boughton		April 10 Filing - Original	
<b>N. Expenses Paid By Committee</b>			
Name of Payee Gary Hawley		Date of Payment 03/29/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>EFT</u> <input type="checkbox"/> Debit Card
Street Address 82 Stadley Rough Rd		City Danbury	State CT Zip Code 06811
Purpose of Expend REF	Description Contrib ID 723		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?  If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)
			Event #
			\$100.00
Name of Payee John Kleinhans		Date of Payment 03/31/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>134</u> <input type="checkbox"/> Debit Card
Street Address 64 Old Black Point Rd		City Niantic	State CT Zip Code 06355
Purpose of Expend RCW	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?  If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)
			Event #
			\$441.73
Name of Payee Anedot		Date of Payment 03/31/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>EFT</u> <input type="checkbox"/> Debit Card
Street Address Third Street, Suite 2B		City Baton Rouge	State LA Zip Code 70801
Purpose of Expend WEB	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?  If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)
			Event #
			\$368.28

IV. EXPENDITURES (Sections N - S)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Team Boughton		April 10 Filing - Original	
N. Expenses Paid By Committee			
Name of Payee Square		Date of Payment 03/31/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>EFT</u> <input type="checkbox"/> Debit Card
Street Address 1455 Market St		City San Francisco	State CA Zip Code 94103
Purpose of Expend WEB	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?  If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #
			\$135.53
Total of Section N			<b>\$63,119.16</b>

IV. EXPENDITURES (Sections N - S)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
		April 10 Filing - Original	
O. Expenses Paid By Candidate			
Name of Payee (Name of vendor who candidate paid directly)		Date of Payment	Is Reimbursement Claimed? Yes      No
Street Address		City	State Zip Code
Purpose of Expenditure (by code)	Description		Event #
Total of Section O			

<b>IV. EXPENDITURES (Sections N - S)</b>				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>P. Expenses Incurred on Committee Credit Card</b>				
Name of Issuing Institution		Type of Credit Card: Visa      Master Card      Discover      American Express Other		
Name of Vendor				Date of Transaction
Street Address		City		State      Zip Code
Purpose of Expenditure (by code)	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Yes	Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and complete Itemization in Addendum				
<b>Total of Section P</b>				

<b>IV. EXPENDITURES (Sections N - S)</b>				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Team Boughton		April 10 Filing - Original		
<b>Q. Expenses Incurred By Committee but Not Paid During this Period</b>				
Name of Creditor Heath Fahle				Date Incurred 02/20/2014
Street Address 90 Hog Hill Rd		City East Hampton		State      Zip Code CT      06424
Purpose of Expenditure (by code)  RCW	Description Pro rata share of Somers/Boughton fundraiser			Amount Incurred (Estimate or Actual)
Is this expenditure coordinated with another candidate for which reimbursement is sought?		<input type="checkbox"/> Yes	Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and completes Itemization in Addendum Q		\$1,341.20		
<b>Total of Section Q</b>				<b>\$1,341.20</b>

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Team Boughton	April 10 Filing - Original
<b>R. Itemization of Reimbursements to Committee Workers and Consultants</b>	

Last Name of Worker/Consultant Riemer	First Will	MI	Date of Payment 01/01/2014	Method of Payment <input checked="" type="checkbox"/> Check # 103 <input type="checkbox"/> Debit Card
Secondary Payee Google				
Street Address PO Box 39000	City San Francisco	State CA	Zip Code 94139	
Purpose of Expenditure (by code) WEB	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?		<input type="checkbox"/> Yes	Expenditure # (if applicable)	Event #
		<input type="checkbox"/> No		
If yes, assign an Expenditure # and completes Itemization in Addendum R				
\$0.97				

Last Name of Worker/Consultant Riemer	First Will	MI	Date of Payment 01/01/2014	Method of Payment <input checked="" type="checkbox"/> Check # 103 <input type="checkbox"/> Debit Card
Secondary Payee NationBuilder				
Street Address 448 S Hill St # 200	City Los Angeles	State CA	Zip Code 90013	
Purpose of Expenditure (by code) WEB	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?		<input type="checkbox"/> Yes	Expenditure # (if applicable)	Event #
		<input type="checkbox"/> No		
If yes, assign an Expenditure # and completes Itemization in Addendum R				
\$29.00				

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Team Boughton	April 10 Filing - Original

**R. Itemization of Reimbursements to Committee Workers and Consultants**

Last Name of Worker/Consultant  Riemer	First  Will	MI	Date of Payment  01/01/2014	Method of Payment  <input checked="" type="checkbox"/> Check # 103 <input type="checkbox"/> Debit Card
Secondary Payee Google				
Street Address  PO Box 39000		City  San Francisco		State CA Zip Code 94139
Purpose of Expenditure (by code) WEB	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?  <input type="checkbox"/> Yes <input type="checkbox"/> No		Expenditure # (if applicable)	Event #	\$26.44
If yes, assign an Expenditure # and completes Itemization in Addendum R				

Last Name of Worker/Consultant  Riemer	First  Will	MI	Date of Payment  01/04/2014	Method of Payment  <input checked="" type="checkbox"/> Check # 103 <input type="checkbox"/> Debit Card
Secondary Payee SimplyStamps.com				
Street Address  2021 St Augustine Rd Ste 2		City  Jacksonville		State FL Zip Code 32207
Purpose of Expenditure (by code) OFFICE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?  <input type="checkbox"/> Yes <input type="checkbox"/> No		Expenditure # (if applicable)	Event #	\$17.90
If yes, assign an Expenditure # and completes Itemization in Addendum R				

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Team Boughton	April 10 Filing - Original

**R. Itemization of Reimbursements to Committee Workers and Consultants**

Last Name of Worker/Consultant  Riemer	First  Will	MI	Date of Payment  01/10/2014	Method of Payment  <input checked="" type="checkbox"/> Check # 103 <input type="checkbox"/> Debit Card
Secondary Payee  Holiday Inn				
Street Address  80 Newtown Rd	City  Danbury			State Zip Code  CT 06810
Purpose of Expenditure (by code) Misc *	Description  Venue Rental			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?  <input type="checkbox"/> Yes <input type="checkbox"/> No		Expenditure # (if applicable)	Event #	\$210.00
If yes, assign an Expenditure # and completes Itemization in Addendum R				

Last Name of Worker/Consultant  Riemer	First  Will	MI	Date of Payment  01/10/2014	Method of Payment  <input checked="" type="checkbox"/> Check # 89 <input type="checkbox"/> Debit Card
Secondary Payee  Crowne Plaza Danbury				
Street Address  18 Old Ridgebury Rd	City  Danbury			State Zip Code  CT 06810
Purpose of Expenditure (by code) Misc *	Description  Kickoff Event			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?  <input type="checkbox"/> Yes <input type="checkbox"/> No		Expenditure # (if applicable)	Event #	\$2,616.21
If yes, assign an Expenditure # and completes Itemization in Addendum R				

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Team Boughton	April 10 Filing - Original

**R. Itemization of Reimbursements to Committee Workers and Consultants**

Last Name of Worker/Consultant  Riemer	First  Will	MI	Date of Payment  01/14/2014	Method of Payment  <input checked="" type="checkbox"/> Check # 103 <input type="checkbox"/> Debit Card
Secondary Payee  Postmaster				
Street Address  210 Main St	City  Farmington	State  CT	Zip Code  06032	
Purpose of Expenditure (by code) POST	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?  <input type="checkbox"/> Yes <input type="checkbox"/> No		Expenditure # (if applicable)	Event #	\$46.00
If yes, assign an Expenditure # and completes Itemization in Addendum R				

Last Name of Worker/Consultant  Kleinhans	First  John	MI	Date of Payment  01/16/2014	Method of Payment  <input checked="" type="checkbox"/> Check # 110 <input type="checkbox"/> Debit Card
Secondary Payee  Postmaster				
Street Address  23 Backus Ave	City  Danbury	State  CT	Zip Code  06810	
Purpose of Expenditure (by code) POST	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?  <input type="checkbox"/> Yes <input type="checkbox"/> No		Expenditure # (if applicable)	Event #	\$14.19
If yes, assign an Expenditure # and completes Itemization in Addendum R				

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Team Boughton	April 10 Filing - Original

**R. Itemization of Reimbursements to Committee Workers and Consultants**

Last Name of Worker/Consultant  Kleinhans	First  John	MI	Date of Payment  01/16/2014	Method of Payment  <input checked="" type="checkbox"/> Check # 110 <input type="checkbox"/> Debit Card
Secondary Payee Staples				
Street Address  67 Newtown Rd	City  Danbury			State CT Zip Code 06810
Purpose of Expenditure (by code) PRNT	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?  <input type="checkbox"/> Yes <input type="checkbox"/> No		Expenditure # (if applicable)	Event #	\$63.81
If yes, assign an Expenditure # and completes Itemization in Addendum R				

Last Name of Worker/Consultant  Riemer	First  Will	MI	Date of Payment  01/16/2014	Method of Payment  <input checked="" type="checkbox"/> Check # 103 <input type="checkbox"/> Debit Card
Secondary Payee Postmaster				
Street Address  210 Main St	City  Farmington			State CT Zip Code 06032
Purpose of Expenditure (by code) POST	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?  <input type="checkbox"/> Yes <input type="checkbox"/> No		Expenditure # (if applicable)	Event #	\$78.00
If yes, assign an Expenditure # and completes Itemization in Addendum R				

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Team Boughton	April 10 Filing - Original

**R. Itemization of Reimbursements to Committee Workers and Consultants**

Last Name of Worker/Consultant  Fahle	First  Heath	MI	Date of Payment  01/16/2014	Method of Payment  <input checked="" type="checkbox"/> Check # 120 <input type="checkbox"/> Debit Card
Secondary Payee  Accurate Append				
Street Address  1511 Rd Ave Ste 621	City  Seattle	State  WA	Zip Code  98101	
Purpose of Expenditure (by code) WEB	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?  <input type="checkbox"/> Yes <input type="checkbox"/> No		Expenditure # (if applicable)	Event #	\$353.08
If yes, assign an Expenditure # and completes Itemization in Addendum R				

Last Name of Worker/Consultant  Kleinhans	First  John	MI	Date of Payment  01/17/2014	Method of Payment  <input checked="" type="checkbox"/> Check # 110 <input type="checkbox"/> Debit Card
Secondary Payee  Postmaster				
Street Address  1020 Tolland Tpke	City  Manchester	State  CT	Zip Code  06042	
Purpose of Expenditure (by code) POST	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?  <input type="checkbox"/> Yes <input type="checkbox"/> No		Expenditure # (if applicable)	Event #	\$99.00
If yes, assign an Expenditure # and completes Itemization in Addendum R				

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Team Boughton	April 10 Filing - Original

**R. Itemization of Reimbursements to Committee Workers and Consultants**

Last Name of Worker/Consultant  Fahle	First  Heath	MI	Date of Payment  01/18/2014	Method of Payment  <input checked="" type="checkbox"/> Check # 120 <input type="checkbox"/> Debit Card
Secondary Payee Facebook				
Street Address  1601 Willow Rd		City  Menlo Park		State CA
Purpose of Expenditure (by code) A-WEB		Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?		<input type="checkbox"/> Yes	Expenditure # (if applicable)	Event #
		<input type="checkbox"/> No		
If yes, assign an Expenditure # and completes Itemization in Addendum R				
\$25.19				

Last Name of Worker/Consultant  Fahle	First  Heath	MI	Date of Payment  01/22/2014	Method of Payment  <input checked="" type="checkbox"/> Check # 120 <input type="checkbox"/> Debit Card
Secondary Payee Facebook				
Street Address  1601 Willow Rd		City  Menlo Park		State CA
Purpose of Expenditure (by code) A-WEB		Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?		<input type="checkbox"/> Yes	Expenditure # (if applicable)	Event #
		<input type="checkbox"/> No		
If yes, assign an Expenditure # and completes Itemization in Addendum R				
\$30.43				

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Team Boughton	April 10 Filing - Original

**R. Itemization of Reimbursements to Committee Workers and Consultants**

Last Name of Worker/Consultant  Fahle	First  Heath	MI	Date of Payment  01/23/2014	Method of Payment  <input checked="" type="checkbox"/> Check # 120 <input type="checkbox"/> Debit Card
Secondary Payee Facebook				
Street Address  1601 Willow Rd		City  Menlo Park		State CA
Purpose of Expenditure (by code) A-WEB		Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?		<input type="checkbox"/> Yes	Expenditure # (if applicable)	Event #
		<input type="checkbox"/> No		
If yes, assign an Expenditure # and completes Itemization in Addendum R				
\$35.22				

Last Name of Worker/Consultant  Fahle	First  Heath	MI	Date of Payment  01/27/2014	Method of Payment  <input checked="" type="checkbox"/> Check # 120 <input type="checkbox"/> Debit Card
Secondary Payee Staples				
Street Address  521 Connecticut Blvd		City  East Hartford		State CT
Purpose of Expenditure (by code) PRNT		Description  Split 50/50 with Somers campaign		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?		<input type="checkbox"/> Yes	Expenditure # (if applicable)	Event #
		<input checked="" type="checkbox"/> No		
If yes, assign an Expenditure # and completes Itemization in Addendum R				
\$29.77				

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Team Boughton	April 10 Filing - Original

**R. Itemization of Reimbursements to Committee Workers and Consultants**

Last Name of Worker/Consultant  Riemer	First  Will	MI	Date of Payment  01/27/2014	Method of Payment  <input checked="" type="checkbox"/> Check # 103 <input type="checkbox"/> Debit Card
Secondary Payee GoDaddy				
Street Address  14455 N Hayden Rd Ste 219		City  Scottsdale		State AZ Zip Code 85260
Purpose of Expenditure (by code) WEB	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?  <input type="checkbox"/> Yes <input type="checkbox"/> No		Expenditure # (if applicable)	Event #	\$74.85
If yes, assign an Expenditure # and completes Itemization in Addendum R				

Last Name of Worker/Consultant  Riemer	First  Will	MI	Date of Payment  01/28/2014	Method of Payment  <input checked="" type="checkbox"/> Check # 103 <input type="checkbox"/> Debit Card
Secondary Payee Staples				
Street Address  900 Washington St		City  Middletown		State CT Zip Code 06457
Purpose of Expenditure (by code) PRNT	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?  <input type="checkbox"/> Yes <input type="checkbox"/> No		Expenditure # (if applicable)	Event #	\$46.66
If yes, assign an Expenditure # and completes Itemization in Addendum R				

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Team Boughton	April 10 Filing - Original

**R. Itemization of Reimbursements to Committee Workers and Consultants**

Last Name of Worker/Consultant  Riemer	First  Will	MI	Date of Payment  01/28/2014	Method of Payment  <input checked="" type="checkbox"/> Check # 103 <input type="checkbox"/> Debit Card
Secondary Payee  Flanders Fish Market				
Street Address  22 Chesterfield Rd	City  East Lyme			State CT Zip Code 06333
Purpose of Expenditure (by code) FNDR *	Description  Event Venue and Catering			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Expenditure # (if applicable)	Event #	  01282014A  \$1,495.31
If yes, assign an Expenditure # and completes Itemization in Addendum R				

Last Name of Worker/Consultant  Kleinhans	First  John	MI	Date of Payment  01/30/2014	Method of Payment  <input checked="" type="checkbox"/> Check # 110 <input type="checkbox"/> Debit Card
Secondary Payee  Staples				
Street Address  292 US Route 1	City  New London			State CT Zip Code 06320
Purpose of Expenditure (by code) PRNT	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?  <input type="checkbox"/> Yes <input type="checkbox"/> No		Expenditure # (if applicable)	Event #	  \$63.80
If yes, assign an Expenditure # and completes Itemization in Addendum R				

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Team Boughton	April 10 Filing - Original

**R. Itemization of Reimbursements to Committee Workers and Consultants**

Last Name of Worker/Consultant  Fahle	First  Heath	MI	Date of Payment  01/31/2014	Method of Payment  <input checked="" type="checkbox"/> Check # 120 <input type="checkbox"/> Debit Card
Secondary Payee Facebook				
Street Address  1601 Willow Rd		City  Menlo Park		State CA
Purpose of Expenditure (by code) A-WEB		Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?		<input type="checkbox"/> Yes	Expenditure # (if applicable)	Event #
		<input type="checkbox"/> No		
If yes, assign an Expenditure # and completes Itemization in Addendum R				
\$33.58				

Last Name of Worker/Consultant  Riemer	First  Will	MI	Date of Payment  02/01/2014	Method of Payment  <input checked="" type="checkbox"/> Check # 112 <input type="checkbox"/> Debit Card
Secondary Payee Google				
Street Address  PO Box 39000		City  San Francisco		State CA
Purpose of Expenditure (by code) WEB		Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?		<input type="checkbox"/> Yes	Expenditure # (if applicable)	Event #
		<input type="checkbox"/> No		
If yes, assign an Expenditure # and completes Itemization in Addendum R				
\$30.00				

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Team Boughton	April 10 Filing - Original

**R. Itemization of Reimbursements to Committee Workers and Consultants**

Last Name of Worker/Consultant  Riemer	First  Will	MI	Date of Payment  02/01/2014	Method of Payment  <input checked="" type="checkbox"/> Check # 112 <input type="checkbox"/> Debit Card
Secondary Payee NationBuilder				
Street Address  448 S Hill St # 200	City  Los Angeles	State  CA	Zip Code  90013	
Purpose of Expenditure (by code) WEB	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?  <input type="checkbox"/> Yes <input type="checkbox"/> No		Expenditure # (if applicable)	Event #	\$299.00
If yes, assign an Expenditure # and completes Itemization in Addendum R				

Last Name of Worker/Consultant  Prunty	First  Peter	MI	Date of Payment  02/11/2014	Method of Payment  <input checked="" type="checkbox"/> Check # 130 <input type="checkbox"/> Debit Card
Secondary Payee Postmaster				
Street Address  265 Main St	City  Danbury	State  CT	Zip Code  06810	
Purpose of Expenditure (by code) POST	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?  <input type="checkbox"/> Yes <input type="checkbox"/> No		Expenditure # (if applicable)	Event #	\$147.00
If yes, assign an Expenditure # and completes Itemization in Addendum R				

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Team Boughton	April 10 Filing - Original

**R. Itemization of Reimbursements to Committee Workers and Consultants**

Last Name of Worker/Consultant Palanzo	First Roger	MI	Date of Payment 02/11/2014	Method of Payment <input checked="" type="checkbox"/> Check # 129 <input type="checkbox"/> Debit Card
Secondary Payee Costco				
Street Address 200 Federal Rd		City Brookfield		State CT Zip Code 06804
Purpose of Expenditure (by code) OFFICE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?  <input type="checkbox"/> Yes <input type="checkbox"/> No		Expenditure # (if applicable)	Event #	\$31.87
If yes, assign an Expenditure # and completes Itemization in Addendum R				

Last Name of Worker/Consultant Palanzo	First Roger	MI	Date of Payment 02/12/2014	Method of Payment <input checked="" type="checkbox"/> Check # 129 <input type="checkbox"/> Debit Card
Secondary Payee Staples				
Street Address 67 Newtown Rd		City Danbury		State CT Zip Code 06810
Purpose of Expenditure (by code) PRNT	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?  <input type="checkbox"/> Yes <input type="checkbox"/> No		Expenditure # (if applicable)	Event #	\$29.78
If yes, assign an Expenditure # and completes Itemization in Addendum R				

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Team Boughton	April 10 Filing - Original

**R. Itemization of Reimbursements to Committee Workers and Consultants**

Last Name of Worker/Consultant  Kleinhans	First  John	MI	Date of Payment  02/14/2014	Method of Payment  <input checked="" type="checkbox"/> Check # 118 <input type="checkbox"/> Debit Card
Secondary Payee Staples				
Street Address  35 Talcottville Rd	City  Vernon		State  CT	Zip Code  06066
Purpose of Expenditure (by code) PRNT	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?  <input type="checkbox"/> Yes <input type="checkbox"/> No		Expenditure # (if applicable)	Event #	\$47.85
If yes, assign an Expenditure # and completes Itemization in Addendum R				

Last Name of Worker/Consultant  Palanzo	First  Roger	MI	Date of Payment  02/16/2014	Method of Payment  <input checked="" type="checkbox"/> Check # 129 <input type="checkbox"/> Debit Card
Secondary Payee Staples				
Street Address  67 Newtown Rd	City  Danbury		State  CT	Zip Code  06810
Purpose of Expenditure (by code) PRNT	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?  <input type="checkbox"/> Yes <input type="checkbox"/> No		Expenditure # (if applicable)	Event #	\$3.19
If yes, assign an Expenditure # and completes Itemization in Addendum R				

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Team Boughton	April 10 Filing - Original

**R. Itemization of Reimbursements to Committee Workers and Consultants**

Last Name of Worker/Consultant Palanzo	First Roger	MI	Date of Payment 02/16/2014	Method of Payment <input checked="" type="checkbox"/> Check # 129 <input type="checkbox"/> Debit Card
Secondary Payee Staples				
Street Address 67 Newtown Rd	City Danbury			State CT Zip Code 06810
Purpose of Expenditure (by code) PRNT	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?  <input type="checkbox"/> Yes <input type="checkbox"/> No		Expenditure # (if applicable)	Event #	\$49.98
If yes, assign an Expenditure # and completes Itemization in Addendum R				

Last Name of Worker/Consultant Lanier	First Victoria	MI	Date of Payment 02/22/2014	Method of Payment <input checked="" type="checkbox"/> Check # 115 <input type="checkbox"/> Debit Card
Secondary Payee Pasta Vita				
Street Address 225 Elm St	City Old Saybrook			State CT Zip Code 06475
Purpose of Expenditure (by code) FNDR *	Description Event Food			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?  <input type="checkbox"/> Yes <input type="checkbox"/> No		Expenditure # (if applicable)	Event #	\$120.00
If yes, assign an Expenditure # and completes Itemization in Addendum R				

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Team Boughton	April 10 Filing - Original

**R. Itemization of Reimbursements to Committee Workers and Consultants**

Last Name of Worker/Consultant  Walker	First  Kerrie	MI	Date of Payment  02/22/2014	Method of Payment  <input checked="" type="checkbox"/> Check # 116 <input type="checkbox"/> Debit Card
Secondary Payee  Dollar General Store				
Street Address  855 Route 32	City  Uncasville		State  CT	Zip Code  06382
Purpose of Expenditure (by code) FNDR *	Description  Event Supplies			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?  <input type="checkbox"/> Yes  <input type="checkbox"/> No		Expenditure # (if applicable)	Event #	
			02232014A	\$4.25
If yes, assign an Expenditure # and completes Itemization in Addendum R				

Last Name of Worker/Consultant  Walker	First  Kerrie	MI	Date of Payment  02/22/2014	Method of Payment  <input checked="" type="checkbox"/> Check # 116 <input type="checkbox"/> Debit Card
Secondary Payee  Walmart				
Street Address  155 Waterford Pkwy	City  Waterford		State  CT	Zip Code  06385
Purpose of Expenditure (by code) FNDR *	Description  Event Supplies			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?  <input type="checkbox"/> Yes  <input type="checkbox"/> No		Expenditure # (if applicable)	Event #	
			02232014A	\$9.39
If yes, assign an Expenditure # and completes Itemization in Addendum R				

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Team Boughton	April 10 Filing - Original

**R. Itemization of Reimbursements to Committee Workers and Consultants**

Last Name of Worker/Consultant Walker	First Kerrie	MI	Date of Payment 02/22/2014	Method of Payment <input checked="" type="checkbox"/> Check # 116 <input type="checkbox"/> Debit Card
Secondary Payee BJ's				
Street Address 125 Cross Rd		City Waterford		State CT Zip Code 06385
Purpose of Expenditure (by code) FNDR *	Description Event Supplies			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?		<input type="checkbox"/> Yes	Expenditure # (if applicable)	Event #
		<input type="checkbox"/> No		02232014A \$82.22
If yes, assign an Expenditure # and completes Itemization in Addendum R				

Last Name of Worker/Consultant Walker	First Kerrie	MI	Date of Payment 02/23/2014	Method of Payment <input checked="" type="checkbox"/> Check # 116 <input type="checkbox"/> Debit Card
Secondary Payee Party City				
Street Address 915 Hartford Tpke		City Waterford		State CT Zip Code 06385
Purpose of Expenditure (by code) FNDR *	Description Event Supplies			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?		<input type="checkbox"/> Yes	Expenditure # (if applicable)	Event #
		<input type="checkbox"/> No		02232014A \$12.73
If yes, assign an Expenditure # and completes Itemization in Addendum R				

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Team Boughton	April 10 Filing - Original

**R. Itemization of Reimbursements to Committee Workers and Consultants**

Last Name of Worker/Consultant  Walker	First  Kerrie	MI	Date of Payment  02/23/2014	Method of Payment  <input checked="" type="checkbox"/> Check # 116 <input type="checkbox"/> Debit Card
Secondary Payee Big Y				
Street Address  90 Halls Rd	City  Old Lyme		State  CT	Zip Code  06371
Purpose of Expenditure (by code) FNDR *	Description  Event Food			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?  <input type="checkbox"/> Yes  <input type="checkbox"/> No		Expenditure # (if applicable)	Event #	  02232014A  \$27.96
If yes, assign an Expenditure # and completes Itemization in Addendum R				

Last Name of Worker/Consultant  Kleinhans	First  John	MI	Date of Payment  02/27/2014	Method of Payment  <input checked="" type="checkbox"/> Check # 118 <input type="checkbox"/> Debit Card
Secondary Payee Postmaster				
Street Address  141 Union St	City  Vernon		State  CT	Zip Code  06066
Purpose of Expenditure (by code) POST	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?  <input type="checkbox"/> Yes  <input type="checkbox"/> No		Expenditure # (if applicable)	Event #	  \$49.00
If yes, assign an Expenditure # and completes Itemization in Addendum R				

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Team Boughton	April 10 Filing - Original

**R. Itemization of Reimbursements to Committee Workers and Consultants**

Last Name of Worker/Consultant  Riemer	First  Will	MI	Date of Payment  03/01/2014	Method of Payment  <input checked="" type="checkbox"/> Check # 125 <input type="checkbox"/> Debit Card
Secondary Payee NationBuilder				
Street Address  448 S Hill St # 200	City  Los Angeles	State  CA	Zip Code  90013	
Purpose of Expenditure (by code) WEB	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?  <input type="checkbox"/> Yes <input type="checkbox"/> No		Expenditure # (if applicable)	Event #	\$299.00
If yes, assign an Expenditure # and completes Itemization in Addendum R				

Last Name of Worker/Consultant  Kleinhans	First  John	MI	Date of Payment  03/12/2014	Method of Payment  <input checked="" type="checkbox"/> Check # 134 <input type="checkbox"/> Debit Card
Secondary Payee UHaul				
Street Address  432 Oakland St	City  Manchester	State  CT	Zip Code  06042	
Purpose of Expenditure (by code) EFV *	Description  Truck Rental			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?  <input type="checkbox"/> Yes <input type="checkbox"/> No		Expenditure # (if applicable)	Event #	\$147.73
If yes, assign an Expenditure # and completes Itemization in Addendum R				

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Team Boughton	April 10 Filing - Original

**R. Itemization of Reimbursements to Committee Workers and Consultants**

Last Name of Worker/Consultant  StrategiesLLC	First  Revolutionary	MI	Date of Payment  03/14/2014	Method of Payment  <input checked="" type="checkbox"/> Check # 121 <input type="checkbox"/> Debit Card
Secondary Payee John Kleinhans				
Street Address  64 Old Black Point Rd	City  Niantic			State CT Zip Code 06355
Purpose of Expenditure (by code) WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Expenditure # (if applicable)	Event #	\$2,250.00
If yes, assign an Expenditure # and completes Itemization in Addendum R				

Last Name of Worker/Consultant  Prunty	First  Peter	MI	Date of Payment  03/17/2014	Method of Payment  <input checked="" type="checkbox"/> Check # 130 <input type="checkbox"/> Debit Card
Secondary Payee Staples				
Street Address  67 Newtown Rd	City  Danbury			State CT Zip Code 06810
Purpose of Expenditure (by code) OFFICE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?  <input type="checkbox"/> Yes <input type="checkbox"/> No		Expenditure # (if applicable)	Event #	\$23.05
If yes, assign an Expenditure # and completes Itemization in Addendum R				

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Team Boughton	April 10 Filing - Original

**R. Itemization of Reimbursements to Committee Workers and Consultants**

Last Name of Worker/Consultant  Kleinhans	First  John	MI	Date of Payment  03/17/2014	Method of Payment  <input checked="" type="checkbox"/> Check # 131 <input type="checkbox"/> Debit Card
Secondary Payee Staples				
Street Address  67 Newtown Rd	City  Danbury			State CT Zip Code 06810
Purpose of Expenditure (by code) OFFICE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?  <input type="checkbox"/> Yes <input type="checkbox"/> No		Expenditure # (if applicable)	Event #	\$105.27
If yes, assign an Expenditure # and completes Itemization in Addendum R				

Last Name of Worker/Consultant  Kleinhans	First  John	MI	Date of Payment  03/18/2014	Method of Payment  <input checked="" type="checkbox"/> Check # 134 <input type="checkbox"/> Debit Card
Secondary Payee Postmaster				
Street Address  265 Main St	City  Danbury			State CT Zip Code 06810
Purpose of Expenditure (by code) POST	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?  <input type="checkbox"/> Yes <input type="checkbox"/> No		Expenditure # (if applicable)	Event #	\$294.00
If yes, assign an Expenditure # and completes Itemization in Addendum R				

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Team Boughton	April 10 Filing - Original

**R. Itemization of Reimbursements to Committee Workers and Consultants**

Last Name of Worker/Consultant StrategiesLLC	First Revolutionary	MI	Date of Payment 03/28/2014	Method of Payment <input checked="" type="checkbox"/> Check # 121 <input type="checkbox"/> Debit Card
Secondary Payee John Kleinhans				
Street Address 64 Old Black Point Rd	City Niantic			State CT Zip Code 06355
Purpose of Expenditure (by code) WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Expenditure # (if applicable)	Event #	\$2,250.00
If yes, assign an Expenditure # and completes Itemization in Addendum R				
Total of Section R				<b>\$11,702.68</b>

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Team Boughton	April 10 Filing - Original

**S. Surplus Distribution of Equipment and Furniture**

Name of Recipient				
Street Address	City	State	Zip Code	Original Purchase Amount of Item
Description of Item				
Total of Section S				

