SEEC FORM 30

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



Electronic Filing

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COVER PAGE

1.NAME OF COMMITTEE						2. TYP	E OF COMMITTEE			
Team Boughton						x	Candidate Committee Exploratory Committee			
3. TREASURER NAME										
First William			MI E.	Last Riemer		Suffix				
4. TREASURER ADDRESS										
Street Address 50 W District Rd		City Farmi	ington			Zip Code 06085				
5. ELECTION DATE	6. OFFICE SOUGHT (Co	omplete or	nly if Candidate	Committee)	•	7. DISTR	ICT NUMBER (if applicable			
11/04/2014	Governor									
8. CANDIDATE NAME (Complete only if C	Candidate or Exploratory Co	ommittee	e)							
First Mark			MI D.	Last Boughton			Suffix			
9. TYPE OF REPORT										
April 10 Filing - Original										
10. PERIOD COVERED										
	Beginning Date			Ending Date						
	01/01/2014	thru	ı	03/31/2014						
11 CERTIFICATION										
I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.										
Electronic Filing	William Riemer			04,	/10/2014 1	1:17:46AN	1			
SIGNATURE	PRINT NAME OF THE	E SIGNE	ΞR	DAT	TE CERTIFIED	IED				
PENA	LTY FOR FALSE STATEM			E BY FINE NOT TO EXCEED : AN ONE YEAR, OR BOTH.	\$1,000, OR IM	1PRISONME	NT			

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

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						1 age 3 01 340
I. MONETARY RECEIPT	S (Sc	ection 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	od O	NLY		For Nonpartic \$0.00	ipating Cand	lidates ONLY
B. Itemized Contributions from	m Ind	lividuals				
Last Name	First				MI	Contribution ID #
Turner		Mary Ann				0001
Residential Street Address	City				State	Zip Code
7 Meadow Rd	Щ	Enfield			СТ	06082
Principal Occupation		Name of Employer				
Manager			s Unlimit			
Is contributor a principal of a state contractor or prospective state contractor? Yes N	o	Is contributor a lo dependent child of		se, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:				x No		
Is this contribution associated with a Sociated with a Yes Method of contribution:	Date	Received	Aggregate	Contributions		
rundraising event listed in Section J1?						
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	01/0	01/2014	\$50.00			\$50.00
Last Name	t Name First				MI	Contribution ID #
Klarides	Themis				IVII	0002
Residential Street Address	City	111011113			State	Zip Code
22 Canfield Rd		Seymour			CT	06483
Principal Occupation	- 	Name of Employer	r		<u>. </u>	.!
Attorney		Cohen	& Wolf P	С		
Is contributor a principal of a state contractor or prospective state contractor?	io	Is contributor a lo dependent child of		se, or Yes	Amoi	unt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		dependent ennid of	u loooyist.	x No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate	Contributions	ļ	
fundraising event listed in Section J1? Yes X No Cash Personal Check						
If yes, list Event # No Money Order X Credit/Debit Card	01/0	01/2014		\$100.00		\$100.00
Last Name	First				MI	Contribution ID #
Adam		Stephen				0003
Residential Street Address	City				State	Zip Code
79 Strawberry Hill Rd		Bristol			СТ	06010
Principal Occupation		Name of Employer	r		•	-
Underwriter		XL Ins	urance			
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a lo dependent child of		se, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:				x No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate	Contributions		
tundraising event listed in Section J1? X No Cash Personal Check	01/	02/2014		\$25.00		\$25.00
If yes, list Event # Money Order X Credit/Debit Card	1 '			1		

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Team Boughton			April 10 Filing - Original					
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Seaman		Jonathan			0004			
Residential Street Address	City			State	Zip Code			
257 Edson Dr		Windham		VT	05143			
Principal Occupation		Name of Employ	er					
Contractor		Seam	an Mechanical Services Inc					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a foodyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash Personal Check	l							
If yes, list Event # No Money Order X Credit/Debit Card	01/	02/2014	\$100.00		\$100.00			
				L	La .a . p.			
Last Name	First			MI	Contribution ID #			
Cronin	City	Thomas		C+-+-	0073 Zip Code			
Residential Street Address	City	Dankuni		State	1			
18 Josh Ln	L	Danbury Name of Employ	or.	СТ	06811			
Principal Occupation		Name of Employ Maste						
Information Requested Is contributor a principal of a state contractor or prospective state contractor?			11.14	Amor	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	dependent child of	Vac	Amot	int of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions					
X No Cash Personal Check	01/	02/2014	\$50.00		\$50.00			
If yes, list Event #	01/	02/2014	\$30.00		\$30.00			
Last Name	First			MI	Contribution ID #			
Riemer		William			0072			
Residential Street Address	City			State	Zip Code			
50 W District Rd		Farmington		СТ	06085			
Principal Occupation		Name of Employ	er		1			
IT Director		Harve	ey & Lewis					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of	0	dependent child of	or a roodyrst?					
government the contract is with:			x No					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
Tundraising event listed in Section 31?								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/	04/2014	\$5.00		\$5.00			
	-							
Last Name	First			MI	Contribution ID #			
Setzler		Nancy			0005			
Residential Street Address	City	N = : C		State	Zip Code			
1 Shore Dr	<u> </u>	New Fairfield		СТ	06812			
Principal Occupation		Name of Employ						
CSR Sales Is contributor a principal of a state contractor or prospective state contractor?			DPCO LLC obbyist, spouse, or	Amor	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor?	о	dependent child of		Amot	ant of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
Is this contribution associated with a Mathed of contribution.	Date	Received	Aggregate Contributions	1				
fundraising event listed in Section J1?								
X No Cash X Personal Check	01/	06/2014	\$35.00		\$35.00			
If yes, list Event #	I - '	*	1	l	-			

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Team Boughton			April 10 Filing - Original					
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Beattie		William			0006			
Residential Street Address	City			State	Zip Code			
11 Rockwood Ln	<u> </u>	Danbury		СТ	06811			
Principal Occupation		Name of Employ	er					
Retired Is contributor a principal of a state contractor or prospective state contractor?		N/A Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	Vac	7 tinot	ant of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
Tundraising event instead in Section 31:								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/	06/2014	\$100.00		\$100.00			
	I			I				
Last Name	First	-		MI	Contribution ID #			
Lawlor Residential Street Address	City	Edward		State	0007 Zip Code			
262 Oak Dr	City	Watertown		CT	06795			
Principal Occupation		Name of Employ	er	CI	1 00733			
Retired		N/A						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of	0	dependent child of	of a lobbyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a fundaciona quanti listed in Section 112.	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? X No Cash Personal Check	l							
If yes, list Event # Money Order Credit/Debit Card	01/	06/2014	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Grady	1 1150	Daniel			0008			
Residential Street Address	City			State	Zip Code			
45 Secor Rd		Brookfield		СТ	06804			
Principal Occupation		Name of Employ	er	-	•			
Consulting		C-Cor	e Retail Consulting Group					
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent ennu (x No					
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Dute	received	Aggregate Contributions					
X No Cash X Personal Check	01/	06/2014	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Oconnell		Michael			0009			
Residential Street Address	City			State	Zip Code			
230 Umpawaug Rd		Redding		СТ	06896			
Principal Occupation Trader		Name of Employ Glence						
			-11	Amou	unt of Contribution			
Yes X No	0	dependent child of	Vac	Aillot	an or contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Mathod of contribution.	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? Yes Cash Personal Check								
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	01/	06/2014	\$100.00		\$100.00			

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Team Boughton			April 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Devine		Thomas			0010			
Residential Street Address	City			State	Zip Code			
11 Windward Dr		New Fairfield		СТ	06812			
Principal Occupation		Name of Employ	er					
Owner		Two S	Steps Downtown Grille					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		acpendent enna c	x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
X No Cash Personal Check	01/	06/2014	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card								
Last Name	First			MI	Contribution ID #			
DiGilio		Vincent			0011			
Residential Street Address	City			State	Zip Code			
6 Wixon Rd		Danbury		СТ	06811			
Principal Occupation		Name of Employ	er					
VP			Savings Bank	•				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent enna e						
government the contract is with: Executive	Б.	D : 1						
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions					
Cash Personal Check	01/	06/2014	¢100.00		¢100.00			
If yes, list Event # Money Order X Credit/Debit Card	01/	06/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Fox		Irving			0012			
Residential Street Address	City			State	Zip Code			
58 Wedgewood Dr		Danbury		СТ	06811			
Principal Occupation	•	Name of Employ	er	•				
Reporting Director		AIG						
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of	5	dependent child of	or a robbyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?	l							
If yes, list Event # No Money Order X Credit/Debit Card	01/	07/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Bloom		Barbara			0023			
Residential Street Address	City			State	Zip Code			
25 Philo Curtis Rd		Sandy Hook		СТ	06482			
Principal Occupation	•	Name of Employ	er		1			
PCA		Danbı	ury Nurses Registry					
Is contributor a principal of a state contractor or prospective state contractor?	o		obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent child of	a lobbyist?					
government the contract is with: Executive Legislative		<u> </u>	x _{No}					
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash Personal Check	04.6	00/2014	#7F 00		¢75.00			
If yes, list Event # Money Order X Credit/Debit Card	1 01/	08/2014	\$75.00		\$75.00			

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Team Boughton			April 10 Filing - Original					
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Summ		Randolph			0022			
Residential Street Address	City			State	Zip Code			
161 Brushy Hill Rd		Danbury		СТ	06810			
Principal Occupation		Name of Employ	er					
Retired Is contributor a principal of a state contractor or prospective state contractor?		N/A Is contributor a l	obbyist, spouse, or	Amor	ant of Contribution			
Yes X No	O	dependent child of	Vac					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
tundraising event instead in Section 31:								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/	08/2014	\$50.00		\$50.00			
Last Name	First	-		MI	Contribution ID #			
Cronin	First	Susan		IVII	0034			
Residential Street Address	City	Susuri		State	Zip Code			
18 Josh Ln		Danbury		СТ	06811			
Principal Occupation	•	Name of Employ	er		•			
Information Requested		Kraft	Foods					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent child of						
government the contract is with: Executive	Б.	D : 1						
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions					
No Rash Personal Check	01/	08/2014	\$20.00		\$20.00			
If yes, list Event # 01082014A	01/		¥20.00					
Last Name	First			MI	Contribution ID #			
Gentile		John			0015			
Residential Street Address	City			State	Zip Code			
23 Rose Ln	<u> </u>	Danbury		СТ	06811			
Principal Occupation		Name of Employ						
Technician Is contributor a principal of a state contractor or prospective state contractor?		Verizo	obbyist, spouse, or	Amor	ant of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of		7 tinou	ant of Contribution			
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1				
Tundraising event listed in Section 31?								
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	01/	08/2014	\$50.00		\$50.00			
T. AV	F: .				Louis Bu			
Last Name Newman	First	Jane		MI	Contribution ID # 0013			
Residential Street Address	City	Jane		State	Zip Code			
30 S Lakeshore Dr		Brookfield		СТ	06804			
Principal Occupation		Name of Employ	er	1				
Retired		N/A						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a foodyist?					
government the contract is with: Executive Legislative	Б.	Danie 1	X No					
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions					
X No Cash Personal Check	01/	08/2014	\$50.00		\$50.00			
If yes, list Event # Money Order X Credit/Debit Card	`-'	,	Ψ30.00		T-0.00			

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Team Boughton April 10 Filing - Original								
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Prunty		Peter			0025			
Residential Street Address	City			State	Zip Code			
4 Marc Rd	<u> </u>	Danbury		СТ	06810			
Principal Occupation Aide		Name of Employ	^{er} f Danbury					
		-	11.14	Amou	unt of Contribution			
Yes X N	0	dependent child of	Voc					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with a X Voc Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? Cash Personal Check								
If yes, list Event # 01082014A No Money Order X Credit/Debit Card	01/	08/2014	\$25.00		\$25.00			
	L .			I				
Last Name	First			MI	Contribution ID #			
Fahle Residential Street Address	City	Heath		State	0024 Zip Code			
90 Hog Hill Rd	City	East Hampto	n	CT	06424			
Principal Occupation		Name of Employ		<u> </u>	00424			
Policy Director			ee Institute					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution			
	0	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with a fundamining event listed in Section 112	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? Cash Personal Check								
If yes, list Event # 01082014A No Money Order X Credit/Debit Card	01/	08/2014	\$25.00		\$25.00			
Last Name	First	-		MI	Contribution ID #			
Wetmore	FIISt	Andrew		IVII	0020			
Residential Street Address	City	Andrew		State	Zip Code			
40 Mountainville Rd		Danbury		СТ	06810			
Principal Occupation		Name of Employ	er					
Paralegal		Terbr	usch Law Firm					
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0		obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent child of	or a robbyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
Cash Personal Check	01/	00/2014	¢50.00		¢50.00			
If yes, list Event # Money Order X Credit/Debit Card	01/	08/2014	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Delia		Chris			0027			
Residential Street Address	City			State	Zip Code			
85 Prange Rd		Brookfield		СТ	06804			
Principal Occupation	-	Name of Employ	er	-	•			
Intl Dir of Security		Inforr	nation Requested					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		acpendent enna (a lobbyist?					
government the contract is with: Legislative Legislative	D.	D i 4						
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
Cash Personal Check	01/	08/2014	\$100.00		\$100.00			
If yes, list Event # 01082014A Money Order Credit/Debit Card	I "'	00,2017	φ100.00	I	¥100.00			

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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. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Foro		Colleen			0019			
Residential Street Address	City			State	Zip Code			
605 Salvia Ln		Schenectady		NY	12303			
Principal Occupation		Name of Employ	er					
Resident Care Coordinator			ian House	•				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent child c	x No					
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Duit	10001100	1.66. egate controlations					
X No Cash X Personal Check	01/	08/2014	\$100.00		\$100.00			
If yes, list Event #	,		7					
Last Name	First			MI	Contribution ID #			
Eick		Robert			0032			
Residential Street Address	City			State	Zip Code			
269 West Ln		Ridgefield		СТ	06877			
Principal Occupation		Name of Employ	er	-	•			
Information Requested		Inforr	nation Requested					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	ınt of Contribution			
If yes, indicate which branch or branches of	_	dependent child of	of a foodyist?					
government the contract is with:			x No					
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions					
Cash Personal Check								
If yes, list Event # 01082014A No Money Order X Credit/Debit Card	01/	08/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Garcia	FIISt	Jose		IVII	0014			
Residential Street Address	City			State	Zip Code			
97-99 Park Ave Unit 71		Danbury		CT	06810			
Principal Occupation		Name of Employ	er					
IT Support Tech		EDR I	nc					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	ınt of Contribution			
If yes, indicate which branch or branches of)	dependent child of	or a robbyist?					
government the contract is with: Executive Legislative			x No					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
Tundraising event listed in Section 31?								
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	01/	08/2014	\$10.00		\$10.00			
T. O.	Б) d				
Last Name Fosina	First	James		MI	Contribution ID # 0016			
Residential Street Address	City	Jailles		State	Zip Code			
51 53 Kenosia Ave	City	Danbury		CT	06810			
Principal Occupation		Name of Employ	er	<u> </u>	00010			
Advertising Agency			a Marketing Group					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution			
	,	dependent child of	a loodyist?					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	01/	08/2014	\$100.00		\$100.00			

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Team Boughton April 10 Filing - Original								
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Roberto		Donna			0017			
Residential Street Address	City			State	Zip Code			
40052 Coliseum Way		Murrieta		CA	92562			
Principal Occupation		Name of Employ						
Certified Public Accountant Is contributor a principal of a state contractor or prospective state contractor?			imployed obbyist, spouse, or	Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	7 tinot	ant of Contribution			
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
tundraising event instead in Section 31:								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/0	08/2014	\$100.00		\$100.00			
L AV	г			L	Louis B"			
Last Name Galante	First	Suzanne		MI	Contribution ID # 0018			
Residential Street Address	City	Suzaille		State	Zip Code			
101 Rockwell Rd		Bethel		СТ	06801			
Principal Occupation		Name of Employ	er					
Graphic Designer		Moore	e Medical					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amount of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions					
Cash X Personal Check		20/2014	+50.00		+50.00			
If yes, list Event # Money Order Credit/Debit Card	01/0	08/2014	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
de Lucia		Alexander			0021			
Residential Street Address	City			State	Zip Code			
675A Lakeview Dr		Southbury		СТ	06488			
Principal Occupation		Name of Employ	er	-	•			
Pawnbroker			kee Peddler & Loan, LLC					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent enna e	x No					
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions					
X No Cash Personal Check	01/0	08/2014	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card								
Last Name	First			MI	Contribution ID #			
Grossi		Sondra			0026			
Residential Street Address	City			State	Zip Code			
4 Driftway Rd		Danbury		СТ	06811			
Principal Occupation		Name of Employ						
Sr Comp Tech Is contributor a principal of a state contractor or prospective state contractor?		· ·	obbyist, spouse, or	Amor	unt of Contribution			
Yes X No)	dependent child of		Aillot	an or contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a fundraising event listed in Section 112	Date	Received	Aggregate Contributions					
Cook Demond Chook								
If yes, list Event # 01082014A No Money Order X Credit/Debit Card	01/0	08/2014	\$50.00		\$50.00			

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I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Team Boughton			TYPE OF REPORT April 10 Filing - Original		
ream boughton			, p.i. io i iiiig oligina.		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
O'Mahony	G:	Michael		a	0028
Residential Street Address 20 Shadowlake Rd	City	Didgofiold		State	Zip Code 06877
Principal Occupation		Ridgefield Name of Employ	er	СТ	00877
Information Requested			nation Requested		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of	U	dependent child of	of a lobbyist?		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
No Cash Personal Check	01/	08/2014	\$100.00		\$100.00
If yes, list Event # 01082014A	01/		Ψ100.00		
Last Name	First			MI	Contribution ID #
Park		Jung Yong			0029
Residential Street Address	City			State	Zip Code
6 Deal Dr	L	Danbury		СТ	06810
Principal Occupation		Name of Employ	er		
Retired Is contributor a principal of a state contractor or prospective state contractor?		N/A Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes N	о	dependent child of	Vac	1 111100	in or commount
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a Nethod of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1? Cash Personal Check					
If yes, list Event # 01082014A No Money Order X Credit/Debit Card	01/	08/2014	\$100.00		\$100.00
	F: .			L	Louis D#
Last Name Boylan	First	Zachary		MI	Contribution ID # 0030
Residential Street Address	City	Zacriary		State	Zip Code
25 Hawley Road Ext	5	Danbury		СТ	06811
Principal Occupation	•	Name of Employ	er	!	
Accountant		Praxa	ir		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of GOVERNMENT the contract is with: Executive Legislative		dependent enna e	I a loooyist:		
government the contract is with	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Dute	Received	riggiogue Controutions		
If yes, list Event # 01082014A No Cash Personal Check Money Order X Credit/Debit Card	01/	08/2014	\$100.00		\$100.00
If yes, list Event # 01082014A					
Last Name	First			MI	Contribution ID #
Bouclier		Rose Marie			0031
Residential Street Address	City	Darahama		State	Zip Code
14 Kevin Dr Principal Occupation		Danbury Name of Employ	or	СТ	06811
Secretary			ury Public Schools		
Is contributor a principal of a state contractor or prospective state contractor?			obbyjet enouge or	Amou	ant of Contribution
	0	dependent child of			
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with a fundraicing event listed in Section 112	Date	Received	Aggregate Contributions		
Tunidralising event listed in Section 31:		00/204	4400.00		+400.00
If yes, list Event # 01082014A No Cash Cash Reck If yes list Event # 01082014A	01/	08/2014	\$100.00		\$100.00

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L MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Team Boughton			April 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Patel		Pinakin			0033			
Residential Street Address	City			State	Zip Code			
24 Maplecrest Dr		Danbury		СТ	06811			
Principal Occupation Director		Name of Employ						
			Oell Energy obbyist, spouse, or	Amou	unt of Contribution			
Yes X N	O	dependent child of	Vac					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a fundraicing event listed in Section 112	Date	Received	Aggregate Contributions					
Cash Personal Check								
If yes, list Event # 01082014A No Money Order X Credit/Debit Card	01/	08/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Piech	FIISt	John		IVII	0035			
Residential Street Address	City	301111		State	Zip Code			
8 Rose Ln Unit 26-17		Danbury		СТ	06811			
Principal Occupation	•	Name of Employ	er					
Teacher		Danb	ury Board of Ed	_				
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent child t						
government the contract is with: Is this contribution associated with a Method of contribution: Method of contribution:	Doto	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions					
No Sash Personal Check	01/	08/2014	\$20.00		\$20.00			
If yes, list Event # 01082014A			·					
Last Name	First			MI	Contribution ID #			
Hansen		Erin			0036			
Residential Street Address	City			State	Zip Code			
35 Benson Dr		Danbury		СТ	00610			
Principal Occupation Warehouse		Name of Employ	^{er} e Automotive					
			obbyist spouse or	Amou	ant of Contribution			
L Yes ∠ No	0	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with a fundraicing event listed in Section 112	Date	Received	Aggregate Contributions					
Tunidaising event instead in Section 31:								
If yes, list Event # 01082014A No Money Order Credit/Debit Card	01/	08/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Seabury	1 1150	Gregg			0040			
Residential Street Address	City			State	Zip Code			
40 Moody Ln		Danbury		СТ	06811			
Principal Occupation	-	Name of Employ	er	•	•			
Information Requested			mation Requested					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of Executive Legislative		Simu	x No					
government the contract is with:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?			338					
No Cash X Personal Check	01/	08/2014	\$100.00		\$100.00			
If yes, list Event # 01082014A								

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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. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Seabury		Barbara			0044			
Residential Street Address	City			State	Zip Code			
40 Moody Ln		Danbury		СТ	06811			
Principal Occupation Retired		Name of Employ N/A	er					
			obbyist, spouse, or	Amou	unt of Contribution			
Yes X No	0	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with a fundraising event listed in Section 112	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? Cash Personal Check								
If yes, list Event # 01082014A No Money Order Credit/Debit Card	01/	08/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Flynn	FIISt	Carol		IVII	0049			
Residential Street Address	City	Caron		State	Zip Code			
18 Farview Rd		Brookfield		СТ	06804			
Principal Occupation		Name of Employ	er	•	•			
Financial Analyst		IBM						
Is contributor a principal of a state contractor or prospective state contractor?	I Voc XI No I Voc							
If yes, indicate which branch or branches of		dependent child of						
government the contract is with: Legislative Legislative	D-4-	D i 4						
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions					
No Cash X Personal Check	01/	08/2014	\$100.00		\$100.00			
If yes, list Event # 01082014A	01/		Ψ100.00					
Last Name	First			MI	Contribution ID #			
Ossenfort		Linda			0056			
Residential Street Address	City			State	Zip Code			
3 Jeffrey St		Danbury		СТ	06810			
Principal Occupation		Name of Employ						
Marketing Manager Is contributor a principal of a state contractor or prospective state contractor?		KLAFF	obbyist, spouse, or	Amor	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of		Amot	ant of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
Tunidialising event listed in Section 31?								
If yes, list Event # 01082014A No Money Order Credit/Debit Card	01/	08/2014	\$100.00		\$100.00			
I and Name	F:			Lva	Contribution ID#			
Last Name Piech	First	Alexander		MI	Contribution ID # 0060			
Residential Street Address	City	Alexander		State	Zip Code			
149 Triangle St		Danbury		СТ	06810			
Principal Occupation		Name of Employ	er	•	•			
Retired		N/A		_				
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		acpendent child (x No					
government the contract is with: Is this contribution associated with a Method of contribution: Method of contribution:	Dete	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions					
No No Personal Check	01/	08/2014	\$50.00		\$50.00			
If yes, list Event # 01082014A	ı			I				

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	mission) TYPE OF REPORT April 10 Filling - Original							
Team Boughton								
B. Itemized Contributions from	m Ind	lividuals						
Last Name Hearty	First	Sean		MI	Contribution ID # 0039			
Residential Street Address	City			State	Zip Code			
5 Charcoal Ridge Rd	L.,	New Fairfield		СТ	06812			
Principal Occupation		Name of Employ						
Director Is contributor a principal of a state contractor or prospective state contractor?			f Danbury obbyist, spouse, or	Amor	ant of Contribution			
Yes N	О	dependent child o	of a lobbyist?	Allot	int of Contribution			
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
If yes, list Event #	01/0	08/2014	\$100.00		\$100.00			
	I			I	Га и			
Last Name Switzer	First	Donald		MI	Contribution ID # 0041			
Residential Street Address	City	Ronald		State	Zip Code			
6 Maplewood Dr		Danbury		CT	06811			
Principal Occupation	<u>' </u>	Name of Employ	er		<u>!</u>			
Manager		Praxa	ir					
Is contributor a principal of a state contractor or prospective state contractor?	o		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of						
government the contract is with: Executive	Data	D						
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
If yes, list Event # 01082014A No Solution No No Solution No	01/0	08/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Zilliox		Joanne			0059			
Residential Street Address	City			State	Zip Code			
10 Firelight Dr	Ļ.,	Danbury		СТ	06810			
Principal Occupation		Name of Employ						
Paraeducator Is contributor a principal of a state contractor or prospective state contractor?			nation Requested obbyist, spouse, or	Amou	unt of Contribution			
Yes 🔼 N	o	dependent child of		1 111100	ant of Commount			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
Tunidialising event listed in Section 31:								
If yes, list Event # 01082014A No Money Order Credit/Debit Card	01/0	08/2014	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Camassar		Scott			0064			
Residential Street Address	City			State	Zip Code			
62 Ox Hill Rd	L.,	Norwich		СТ	06360			
Principal Occupation		Name of Employ	^{er} aw Firm of Stephen M Reck,	II.C				
Attorney Is contributor a principal of a state contractor or prospective state contractor?			-1.1		unt of Contribution			
Yes X N	0	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1				
Tundraising event listed in Section 31?								
X No Cash Personal Check	01/0	08/2014	\$25.00		\$25.00			

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

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I. MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Team Boughton			April 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals	•		
Last Name	First			MI	Contribution ID #
Backer		Ted			0048
Residential Street Address	City			State	Zip Code
16 Terra Glen Rd		Danbury		СТ	06810
Principal Occupation		Name of Employ			
Attorney			er & Anderson		
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a fundringing agent listed in Section 112.	Date	Received	Aggregate Contributions		
tundraising event listed in Section 31?					
If yes, list Event # 01082014A	01/0	08/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
O'Boyle	FIISt	Charles		IVII	0050
Residential Street Address	City	Charles		State	Zip Code
16 Lower Lake Rd	City	Danbury		CT	06811
Principal Occupation		Name of Employ	er	<u> </u>	00011
Retired		N/A			
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution
)	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No		
Is this contribution associated with a	Date	Received	Aggregate Contributions		
Tundraising event listed in Section 31?					
If yes, list Event # 01082014A No Cash Credit/Debit Card	01/0	08/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Peatt	1 1150	Francyne			0051
Residential Street Address	City	,		State	Zip Code
202-14 Mamanasco Rd		Ridgefield		СТ	06877
Principal Occupation		Name of Employ	er		
Nutritionist		Self			
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution
TO 1	,	dependent child of	i a lobbyist:		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a fundamining event listed in Section 112	Date	Received	Aggregate Contributions		
Tunidiaising event risted in Section 31?					
If yes, list Event # 01082014A No Cash Credit/Debit Card	01/0	08/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Peatt	1 1130	Ted		1411	0054
Residential Street Address	City			State	Zip Code
202-14 Mamanasco Rd	ĺ	Ridgefield		СТ	06877
Principal Occupation		Name of Employ	er		
Firefighter		Town	or Ridgefield		
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		aspendent child (x No		
government the contract is with:		Danier 1			
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
No Cash X Personal Check	01/	08/2014	\$100.00		\$100.00
If yes list Event # 01082014A Money Order Credit/Debit Card	I "''	30/2017	\$100.00	I	Ψ100.00

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I. MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT					
Team Boughton			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Chambrovich		Lorien			0052
Residential Street Address	City			State	Zip Code
20 Mueller Dr	L	Hamden		СТ	06514
Principal Occupation		Name of Employ			
Director of Client Services			er Graphics		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		•	x _{No}		
government the contract is with.	Date	Received	Aggregate Contributions		
Is this contribution associated with a fundraising event listed in Section J1?					
No No Personal Check	01/0	08/2014	\$100.00		\$100.00
If yes, list Event# 01082014A					
Last Name	First			MI	Contribution ID #
Oppermann		Thomas			0055
Residential Street Address	City			State	Zip Code
1969 Edison Ave	L	Bronx		NY	10461
Principal Occupation		Name of Employ			
Pilot			nation Requested	1	
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amot	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?			86 .8		
No Cash X Personal Check	01/0	08/2014	\$100.00		\$100.00
If yes, list Event # 01082014A			•		
Last Name	First			MI	Contribution ID #
Duren		Edwin			0057
Residential Street Address	City			State	Zip Code
11 High View Cir	<u> </u>	Danbury		СТ	06811
Principal Occupation		Name of Employ			
Sales		USA T			
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a li dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?			1.99.18		
No Service Personal Check	01/0	08/2014	\$100.00		\$100.00
If yes, list Event # 01082014A		·	•		
Last Name	First			MI	Contribution ID #
Nelson		Wanda			0058
Residential Street Address	City			State	Zip Code
31 Wells Ave	L.	Danbury		СТ	06810
Principal Occupation		Name of Employ	er		
Dental Hygienist			ury Dental Group		
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		acpendent child (
government the contract is with:	Dete	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
No Cash X Personal Check	01/0	08/2014	\$50.00		\$50.00
If yes list Event # 01082014A	I '	-	1	1	•

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	13 (31	A-1)	TYPE OF REPORT					
Team Boughton			April 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Calgi		Marlene			0061			
Residential Street Address	City			State	Zip Code			
13 Colonial Dr		Danbury		СТ	06811			
Principal Occupation		Name of Employ	er					
Consultant		Self						
			obbyist, spouse, or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a fundamining quent listed in Section 112	Date	Received	Aggregate Contributions					
fundraising event listed in Section 31?								
U No T	01/0	08/2014	\$50.00		\$50.00			
If yes, list Event # 01082014A								
Last Name	First			MI	Contribution ID #			
Cordisco		Jeffrey			0062			
Residential Street Address	City			State	Zip Code			
30 Laurel Dr		Brookfield		СТ	06804			
Principal Occupation		Name of Employ	er					
Firefighter		City o	f Bridgeport					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a fundamining quart listed in Section 112 X Yes Method of contribution:	Date	Received	Aggregate Contributions					
rundraising event listed in Section 31?								
U No F	01/0	08/2014	\$50.00		\$50.00			
If yes, list Event # 01082014A								
Last Name	First			MI	Contribution ID #			
Paige		Kevin			0042			
Residential Street Address	City			State	Zip Code			
10 Wheeler Dr		Danbury		СТ	06811			
Principal Occupation		Name of Employ	er					
Information Requested		Butth	ead's Tobacco					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
)	dependent child of	*					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with a fundamining quent listed in Section 112	Date	Received	Aggregate Contributions					
tundralsing event listed in Section 71?								
No Propries enter	01/0	08/2014	\$100.00		\$100.00			
If yes, list Event# 01082014A								
Last Name	First			MI	Contribution ID #			
Cicchese		Timothy			0053			
Residential Street Address	City			State	Zip Code			
46 Powdermaker Dr		Ridgefield		СТ	06877			
Principal Occupation		Name of Employ	er	_				
Owner		Premi	er Graphics					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a foodyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
tundraising event listed in Section 31?								
If yes, list Event # 01082014A	01/0	08/2014	\$100.00		\$100.00			

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A MONETA DV DE CENTRO (C C A. D.								
I. MONETARY RECEIPT	S (S	ection A-I)	1					
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	First			MI	Contribution ID #			
Keats		Ellen			0037			
Residential Street Address	City			State	Zip Code			
42 Perkins Rd		Greenwich		СТ	06830			
Principal Occupation		Name of Employ	er					
None		None						
			obbyist, spouse, or	Amou	ınt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	Voc	711100	ant of continuation			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
	Date	Received	Aggregate Contributions	1				
s this contribution associated with a fundraising event listed in Section J1?								
X No Cash X Personal Check	01/	08/2014	\$100.00		\$100.00			
If yes, list Event #	01/	00, 202 .	Ψ200.00					
Last Name	First			MI	Contribution ID #			
	1 1130	100		.***	0063			
Carmen Residential Street Address	C't	Joe		Ct-t-				
	City			State	Zip Code			
4 Dana Blvd		Wallingford		СТ	06492			
Principal Occupation		Name of Employ						
Principal			culate High School					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of	-	dependent child of	of a foodyist?					
government the contract is with: Executive Legislative			x No					
Is this contribution associated with a Sociated With a Yes Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
If yes, list Event #	01/	08/2014	\$75.00		\$75.00			
If yes, list Event # Money Order X Credit/Debit Card								
Last Name	First			MI	Contribution ID #			
Ellis		Ron			0065			
Residential Street Address	City			State	Zip Code			
18 Arapaho Rd		Brookfield		СТ	06804			
Principal Occupation		Name of Employ	or	<u> </u>	00001			
Records Manager			inger Ingelheim					
-				Amou	int of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	V	Alliou	int of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with:	_							
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
_								
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	01/	08/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Boughton		Richard			0066			
Residential Street Address	City			State	Zip Code			
35 Taunton Lake Rd		Newtown		СТ	06470			
Principal Occupation		Name of Employ	er	•				
Director of Engineering		Pitney	/ Bowes					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution			
	,	dependent child of	of a foodyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1				
fundraising event listed in Section J1?								
X No Cash Personal Check	01/	08/2014	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card	I **/	,	4200.00	I				

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I. MONETARY RECEIPT	S (S	ection A-I)	Type of benone			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Team Boughton April 10 Filing - Original						
B. Itemized Contributions from	n Ind	lividuals		_		
Last Name	First			MI	Contribution ID #	
Stanley		Colleen			0043	
Residential Street Address	City	5 1		State	Zip Code	
60 E Lake Rd Principal Occupation		Danbury Name of Employ	or .	СТ	06811	
Self			mployed			
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or See Labbraica	Amou	unt of Contribution	
If yes, indicate which branch or branches of Executive Legislative		dependent child of	x No			
government the contract is with:	Date	Received	Aggregate Contributions	\exists		
fundraising event listed in Section J1?			1-88-18			
If yes, list Event # 01082014A	01/	08/2014	\$100.00		\$100.00	
Last Name	First			MI	Contribution ID #	
Skrzypczak	1 1130	Joseph		""	0068	
Residential Street Address	City			State	Zip Code	
3 Glenmor Dr		Newtown		СТ	06470	
Principal Occupation		Name of Employ	er	-	•	
RETIRED		N/A				
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or Ye	Amou	ant of Contribution	
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		dependent enna e	x No			
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1		
tundraising event listed in Section J1? X No Cash Personal Check	01/	09/2014	\$100.00		\$100.00	
If yes, list Event #						
Last Name	First			MI	Contribution ID #	
Joffre		Lawrence			0070	
Residential Street Address	City	Dankana		State	Zip Code	
3233 Avalon Valley Dr Principal Occupation		Danbury Name of Employ	or	СТ	06810	
Senior Research Chemist			Nobel Surface Chemistry LL	.C		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or of a lobbyist? Ye		unt of Contribution	
If yes, indicate which branch or branches of)	dependent child of	i u ioooyist:			
government the contract is with: Executive Legislative			x No			
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions			
fundraising event listed in Section J1? X No	01/	09/2014	\$100.00		\$100.00	
					T	
Last Name	First	Ernest		MI	Contribution ID #	
Boynton Residential Street Address	City	EITIESU		State	0074 Zip Code	
25 McDermott St	City	Danbury		CT	06810	
Principal Occupation		Name of Employ	er	1		
Retired		N/A				
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or f a lobbyist? Ye	Amou	unt of Contribution	
If yes, indicate which branch or branches of government the contract is with:			x No			
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1		
tundraising event listed in Section 31?						
If yes list Event # Cash Credit/Debit Card	01/	09/2014	\$100.00		\$100.00	

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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. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Buccieri		Anthony			0080			
Residential Street Address	City			State	Zip Code			
440 Meriden Rd # 107		Waterbury		СТ	06705			
Principal Occupation		Name of Employ	er					
Banker			nation Requested					
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent enna e	x _{No}					
government the contract is with.	Date	Received	Aggregate Contributions	1				
fundraising event listed in Section J1?			86 .6					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	01/	09/2014	\$100.00		\$100.00			
				L	La . a . a . m . a			
Last Name	First	Devil		MI	Contribution ID #			
Golaszewski Residential Street Address	City	Paul		State	0083 Zip Code			
18 Forty Acre Mountain Rd	City	Brookfield		CT	06804			
Principal Occupation		Name of Employ	er	_ C1	00004			
Director			works					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
- -)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:			x No					
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	01/	09/2014	\$25.00		\$25.00			
Last Name	First			MI	Contribution ID #			
Hensal		Thomas			0078			
Residential Street Address	City			State	Zip Code			
20 Arapaho Rd		Brookfield		СТ	06804			
Principal Occupation		Name of Employ	er	•				
Real Estate Brokerage		Hensa	al Realty Corp					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	a loodyist:					
government the contract is with: Executive Legislative		n : 1	X No	4				
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash X Personal Check	01/	09/2014	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Arconti		James			0067			
Residential Street Address	City			State	Zip Code			
13 Fernbrook Dr		Brookfield		СТ	06804			
Principal Occupation		Name of Employ						
Insurance sales Is contributor a principal of a state contractor or prospective state contractor?			& Kiernan, Inc.	Amar	int of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	Amot	an of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x No					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1				
fundraising event listed in Section J1?			-					
If yes, list Event # Cash Personal Check Cash Personal Check Money Order X Credit/Debit Card	01/	09/2014	\$100.00		\$100.00			

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I. MONETARY RECEIPT	S (S	ection A-I)	I summer of property		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Team Boughton April 10 Filing - Original					
Team Boughton					
B. Itemized Contributions from	n Ind	lividuals		_	
Last Name	First			MI	Contribution ID #
Prichard		James			0079
Residential Street Address	City			State	Zip Code
62 Main St	<u> </u>	Ellington		СТ	06029
Principal Occupation Owner		Name of Employers Star H	^{er} Hardware		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or Ye	Amoi	ınt of Contribution
If yes, indicate which branch or branches of	0	dependent child of	of a lobbyist?		
government the contract is with:			x No		
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
Cash Personal Check		20/2014	4400.00		
If yes, list Event # No Money Order X Credit/Debit Card	01/	09/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Mueller-London		Joane			0082
Residential Street Address	City			State	Zip Code
27 Kenwood Rd		Wethersfield		СТ	06109
Principal Occupation	•	Name of Employe	er		•
Attorney		Londo	on & London		
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or	Amoi	ant of Contribution
If yes, indicate which branch or branches of	5	dependent child o	of a lobbyist?		
government the contract is with: Executive Legislative	D-4-	D		_	
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
Cash Personal Check	01/	09/2014	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	01/	09/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Fournier		Kelley			0071
Residential Street Address	City			State	Zip Code
398 Oakwood Ave		West Hartfor	d	СТ	06110
Principal Occupation	-	Name of Employe	er	-	•
Consultant		Self E	mployed		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Ye	Amou	ant of Contribution
If was indicate which branch or branches of		dependent child o	a loodyist:		
government the contract is with: Executive Legislative			X No	_	
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash Personal Check	01/	09/2014	\$50.00		\$50.00
If yes, list Event # Money Order X Credit/Debit Card	01/	35/2014	\$30.00		
Last Name	First			MI	Contribution ID #
Acquanita		Camille			0081
Residential Street Address	City			State	Zip Code
7 Delno Dr		Danbury		СТ	06811
Principal Occupation		Name of Employe	er		•
Office Manager		HVCE	0		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Ye	Amou	unt of Contribution
If yes, indicate which branch or branches of		arp and only o	x No		
government the contract is with:	Det	Dagaiye 4		4	
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash Personal Check	01/	09/2014	\$100.00		\$100.00
If yes_list_Event # Money Order X Credit/Debit Card	I/	,	4200.00		,

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I MONETA DV DECEMBER (C. P. A. D.								
I. MONETARY RECEIPTS	S (Se	ection A-I)	I					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Type OF REPORT Team Boughton April 10 Filing - Original								
Team Boughton								
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Rosemark		Daniel			0075			
Residential Street Address	City			State	Zip Code			
15 Brighton St		Danbury		CT	06811			
Principal Occupation		Name of Employ	er					
Attorney		Roser	nark Law LLC					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a lobbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with a Method of contribution: Yes	Date	Received	Aggregate Contributions					
Tunditaising event listed in Section 31?								
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	01/0	09/2014	\$50.00		\$50.00			
in yes, his bythen								
Last Name	First			MI	Contribution ID #			
Hawley		Richard			0076			
Residential Street Address	City			State	Zip Code			
3 Terrace St		Danbury		СТ	06811			
Principal Occupation		Name of Employ	er					
Director of Sales		Creat	ive Converting					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	·	dependent child of	of a lobbyist?					
government the contract is with:			x No					
Is this contribution associated with a Method of contribution: Yes	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	01/0	09/2014	\$100.00		\$100.00			
n yes, nst Event #								
Last Name	First			MI	Contribution ID #			
Hawley		Elizabeth			0077			
Residential Street Address	City			State	Zip Code			
3 Terrace St		Danbury		СТ	06811			
Principal Occupation		Name of Employ	er	-	-			
Customer Service		City o	f Danbury / Berkshire Hatha	way				
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution			
	'	dependent child of	a loodyist:					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Method of contribution: Separate of the second	Date	Received	Aggregate Contributions					
rundraising event listed in Section J1?								
No Processing content of the conte	01/0	09/2014	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Boughton		Phyllis			0069			
Residential Street Address	City			State	Zip Code			
23 Alan Ave		Danbury		СТ	06811			
Principal Occupation		Name of Employ	er					
Business Owner		Ct. Ki	tchen and Bath					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a foodyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Method of contribution: Separate of the second	Date	Received	Aggregate Contributions					
Tundraising event listed in Section J1?								
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	01/0	09/2014	\$100.00		\$100.00			

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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. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Rist		Patricia			0084			
Residential Street Address	City			State	Zip Code			
10 Shelter Rd Rd		Bethel		СТ	06801			
Principal Occupation		Name of Employ						
Operations Manager Is contributor a principal of a state contractor or prospective state contractor?		Oracle Is contributor at	obbyist, spouse, or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	Vac	Amou	nt of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			X No					
Is this contribution associated with a	Date	Received	Aggregate Contributions					
Tunidasing event issed in Section 71:								
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	01/	10/2014	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Yamin		Raymond			0089			
Residential Street Address	City	<u> </u>		State	Zip Code			
29 Fanton Rd		Danbury		СТ	06811			
Principal Occupation		Name of Employ	er	•				
Attorney at law		Yamir	n & Yamin, LLP					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent child c	x _{No}					
government the contract is with: In this contribution associated with a Mathod of contribution:	Date	Received	Aggregate Contributions	-				
fundraising event listed in Section J1?	Duit	110001100	1188108ate Commounts					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	01/	10/2014	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card				ļ				
Last Name	First			MI	Contribution ID #			
Downey		John			0088			
Residential Street Address	City			State	Zip Code			
3 Guardhouse Dr		Redding		СТ	06896			
Principal Occupation		Name of Employ						
Attorney Is contributor a principal of a state contractor or prospective state contractor?			McGuigan obbyist, spouse, or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Vac	7 tinot	nt of Controlation			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1				
rundraising event listed in Section J1?								
If yes, list Event # Cash Personal Check Variable Variable	01/	10/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Prunty	1 1130	Peter		IVII	0085			
Residential Street Address	City			State	Zip Code			
4 Marc Rd		Danbury		СТ	06810			
Principal Occupation		Name of Employ	er	•	-			
Aide		City o	f Danbury					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		acpendent child (x No					
government the contract is with: Legislative Legislative Legislative	Б.	Pagain-1						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash Personal Check	01/	10/2014	\$100.00		\$75.00			
If yes, list Event # Money Order X Credit/Debit Card	`-'	,	Ψ100.00		T. 0.00			

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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								
Team Boughton			T T T T T T T T T T T T T T T T T T T					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Reyer		Kenneth			0090			
Residential Street Address	City	O		State	Zip Code			
175 Judith Dr		Stormville Name of Employ		NY	12582			
Principal Occupation Engineer		IBM	er					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or	/es Amo	ount of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent child of	a lobbyist?	10				
government the contract is with:	Date	Received	Aggregate Contributions	-				
fundraising event listed in Section J1?	Date	received	riggiogate contributions					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	01/	10/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Reyer	11130	Donna		1111	0091			
Residential Street Address	City	20a		State	Zip Code			
175 Judith Dr		Stormville		NY	12582			
Principal Occupation		Name of Employ	er	•	•			
Producer		Cable	vision					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or	/es Amo	ount of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		dependent child of	a lobbyist?	No				
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
If yes, list Event # Cash Credit/Debit Card	01/	10/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Reyer		Christopher			0092			
Residential Street Address	City			State	Zip Code			
175 Judith Dr		Stormville		NY	12582			
Principal Occupation		Name of Employ	er					
Cashier		A&P						
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	obbyist, spouse, or of a lobbyist?	/es Amo	ount of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			X 1	10				
Is this contribution associated with a	Date	Received	Aggregate Contributions					
X No Cash Personal Check	01/	10/2014	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Cimini		Michael			0086			
Residential Street Address	City			State	Zip Code			
8 Sidney Rd		Sturbridge		MA	01566			
Principal Occupation President		Name of Employ	er n Liquors Inc					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l	obbyist, spouse, or	/es Amo	ount of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a lobbyist?					
government the contract is with:	D-4	Ragaiyad		NO				
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash Personal Check	01/	10/2014	\$100.00		\$100.00			
If yes_list Event # Money Order X Credit/Debit Card								

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Team Boughton			April 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Wunsch		Alan			0087			
Residential Street Address	City			State	Zip Code			
42 Tucker St	<u> </u>	Danbury		СТ	06810			
Principal Occupation Information Requested		Name of Employ Inform	^{er} nation Requested					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution			
Yes No	0	dependent child of	·					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash X Personal Check	01/	10/2014	#3F 00		±25.00			
If yes, list Event #	01/	10/2014	\$35.00		\$35.00			
Last Name	First			MI	Contribution ID #			
Lerose		Joseph			0094			
Residential Street Address	City			State	Zip Code			
30 Hardscrabble Rd		Sherman		СТ	06784			
Principal Occupation		Name of Employ	er					
Law Enforcement			of Danbury					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	obbyist, spouse, or	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		•	x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	01/	11/2014	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Nisch	a:	James		a	0093			
Residential Street Address 14 Daniels Dr	City	Danbury		State CT	Zip Code 06811			
Principal Occupation		Name of Employ	er	CI	00011			
Underwriter		Trave						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of	5	dependent child of	of a foodyfst?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash Personal Check	01/	11/2014	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card	01/	11/2014	¥100.00		———			
Last Name	First			MI	Contribution ID #			
Cutsumpas		Theodore			0096			
Residential Street Address	City			State	Zip Code			
145 Dewey St		Bennington		VT	05201			
Principal Occupation		Name of Employ	er					
markets Is contributor a principal of a state contractor or prospective state contractor?		self	obbyist, spouse, or	Amor	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child	Vac	, rinou	ant of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
If yes, list Event # Cash Personal Check No	01/	11/2014	\$100.00		\$100.00			

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I. MONETARY RECEIPT	S (Se	ection A-I)	TYPE OF REPORT					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Team Boughton								
ream boughton			April 10 Filing - Original					
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Tomanio		Eugene			0095			
Residential Street Address	City	Dankan		State	Zip Code			
6A Cherryfield Ave		Danbury Name of Employ	or	СТ	06810			
Principal Occupation Name of Employer Retired N/A								
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			X No					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
iundraising event listed in Section 31?								
If yes, list Event # Cash Credit/Debit Card	01/	11/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Casasanta		Meg			0097			
Residential Street Address	City			State	Zip Code			
217 Whitewood Dr		Rocky Hill		СТ	06067			
Principal Occupation		Name of Employ	er	-				
Medical Secretary			surgical Associates					
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		dependent enna (x No					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? Yes Cash Personal Check								
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	01/	12/2014	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Casasanta		Michael			0098			
Residential Street Address	City			State	Zip Code			
217 Whitewood Dr	<u>L</u>	Rocky Hill		СТ	06067			
Principal Occupation		Name of Employ	er					
CPA		Self						
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	obbyist, spouse, or	Amou	unt of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? Item								
If yes, list Event # No Money Order X Credit/Debit Card	01/	12/2014	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Bertram		Kathleen			0108			
Residential Street Address	City			State	Zip Code			
541 Skyline Ridge Rd	L	Bridgewater		СТ	06752			
Principal Occupation		Name of Employ	er					
RETIRED		N/A	-11	A				
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	0	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	01/	13/2014	\$100.00		\$100.00			

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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. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Krippner		Ronald			0105				
Residential Street Address	City			State	Zip Code				
434 Pepperidge Tree Ln		Kinnelon		NJ	07405				
Principal Occupation		Name of Employ	er						
Urgent Care Center Owner		Self							
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	or a roodyrst?						
government the contract is with: Executive Legislative		D : 1							
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
Cash Personal Check	٠.,	12/2014	+100.00		+400.00				
If yes, list Event # Money Order X Credit/Debit Card	01/	13/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Wolk		Carl			0110				
Residential Street Address	City			State	Zip Code				
140 Middle River Rd	,	Danbury		СТ	06811				
Principal Occupation		Name of Employ	er						
Student		N/A							
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x No						
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
If yes, list Event # Cash Credit/Debit Card	01/	13/2014	\$100.00		\$100.00				
	<u> </u>								
Last Name	First			MI	Contribution ID #				
Santos		Farley			0103				
Residential Street Address	City			State	Zip Code				
27 Westview Dr		Danbury		СТ	06810				
Principal Occupation ABMII		Name of Employ SBD	er						
			obbyist, spouse, or	Amou	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of		Amou	nt of Controlation				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
If yes. list Event # Cash Personal Check Money Order X Credit/Debit Card	01/	13/2014	\$10.00		\$10.00				
If yes, list Event # Money Order X Credit/Debit Card									
Last Name	First			MI	Contribution ID #				
Bingham		Ryan			0100				
Residential Street Address	City			State	Zip Code				
360 Upper Valley Rd		Torrington		СТ	06790				
Principal Occupation		Name of Employ							
Government Affairs Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amon	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of	Vac	Amou	in of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
Is this contribution associated with a Method of contribution.	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?			30 0						
X No Cash Personal Check	01/	13/2014	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card		•							

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I, MONETARY RECEIPTS (Section A-I)									
	5 (50	ection A-I)	TYPE OF REPORT						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Team Boughton April 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Boughton		Nancy			0101				
Residential Street Address	City			State	Zip Code				
1705 Ebbetts Dr		Campbell		CA	95008				
Principal Occupation		Name of Employ	er						
 Lawyer		Varia	n Medical						
			obbyist snouse or	Amou	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	Voc						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section 31:									
X No Cash Personal Check	01/:	13/2014	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card		•							
Last Name	First			MI	Contribution ID #				
Moody		Jay			0104				
Residential Street Address	City	Juy		State	Zip Code				
13 Frandon Dr	City	Danbuny		CT	06811				
Principal Occupation		Danbury Name of Employ	ON.	CI	00011				
		1 7							
Real Estate			y Fantel Properties						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Атои	nt of Contribution				
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? Yes Method of contribution:	Date	Received	Aggregate Contributions						
_									
If yes, list Event # Cash Credit/Debit Card	01/	13/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Cocozza		Louis			0099				
Residential Street Address	City			State	Zip Code				
37 Tori Ln		Brookfield		CT	06804				
Principal Occupation		Name of Employ	er	-	-				
Business Representative		NE Re	egional Council of Carpenters						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
)	dependent child of	*						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
To this contribution are cived with a	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
X No Cash Personal Check	01/:	13/2014	\$50.00		\$50.00				
If yes, list Event # Money Order X Credit/Debit Card		-	·						
Last Name	First			MI	Contribution ID #				
Zschunke		David			0102				
Residential Street Address	City	Bavia		State	Zip Code				
10 Gallows Rd	City	Brookfield		CT	06804				
	_		ON.	Ci	00004				
Principal Occupation		Name of Employ							
Equipment Sales		Davin			nt of Containation				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution				
If yes, indicate which branch or branches of		.,	x No						
government the contract is with: Executive Legislative									
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
	١.								
If yes, list Event # Cash Credit/Debit Card	01/	13/2014	\$100.00		\$100.00				

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I. MONETARY RECEIPT	S (Se	ection A-D			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					
Team Boughton			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First	ii (Iuuui 5		MI	Contribution ID #
Frese	1 1130	Lisa		1411	0106
Residential Street Address	City			State	Zip Code
1 Russell Rd	,	North Salem		NY	10560
Principal Occupation		Name of Employ	er		•
Teacher		Danbı	ury Public Schools		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of		dependent child of	of a foodyist?		
government the contract is with:			x _{No}		
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash Personal Check	01/	12/2014	\$100.00		¢100.00
If yes, list Event # Money Order X Credit/Debit Card	01/.	13/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Furey	1 1100	Christopher			0107
Residential Street Address	City			State	Zip Code
4 Liberty St		Danbury		СТ	06810
Principal Occupation		Name of Employ	er		•
Business owner		Virtua	l Density		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of	o l	dependent child of	of a lobbyist?		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash Personal Check					
If yes, list Event # No Money Order X Credit/Debit Card	01/	13/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Bertram	11130	Bert		IVII	0109
Residential Street Address	City	50.0		State	Zip Code
541 Skyline Ridge Rd	,	Bridgewater		СТ	96752
Principal Occupation	•	Name of Employ	er		
RETIRED		N/A			
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of	O	dependent child of	a loodyist:		
government the contract is with:			x No		
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
Cash Personal Check	04.6	12/2014	+400.00		+100.00
If yes, list Event # Money Order X Credit/Debit Card	01/.	13/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Lee	11130	Daniel		IVII	0111
Residential Street Address	City	24		State	Zip Code
8405 Greensboro Dr Ste 950	,	McLean		VA	22102
Principal Occupation		Name of Employ	er		•
Real Estate Developer		Greys	tar		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent child of	a loodyist?		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
If yes, list Event # Cash Personal Check No Cash Personal Check Money Order X Credit/Debit Card	01/	14/2014	\$100.00		\$100.00

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I. MONETARY RECEIPT	S (S	ection A-I)	TYPE OF REPORT		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					
Team Boughton			April 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Bartelme		Matt			0113
Residential Street Address	City			State	Zip Code
14 Lakeview Dr		Danbury Name of Employ		СТ	06811
Principal Occupation Arborist		1 ,	Tree Service		
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of government the contract is with:		dependent ennu (x No		
Is this contribution associated with a Souther Hard South	Date	Received	Aggregate Contributions	1	
tundraising event listed in Section 31?					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	01/	14/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Giegler		Jeffrey			0112
Residential Street Address	City	· · · · · · · · · · · · · · · · · · ·		State	Zip Code
10 Old Hayrake Rd		Danbury		СТ	06811
Principal Occupation		Name of Employ	er		-
Ski School Director/Race Director		Powd	er Ridge Mountain Park & Re	sort	
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes		ant of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		dependent enna c	x No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
tundraising event listed in Section J1? Cash Personal Check	01/	14/2014	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	01/	14/2014	\$100.00	<u> </u>	\$100.00
Last Name	First			MI	Contribution ID #
Williams		Dorothy			0117
Residential Street Address	City			State	Zip Code
20 Silver Hill Rd		Ridgefield		СТ	06877
Principal Occupation		Name of Employ	er		
Retired Is contributor a principal of a state contractor or prospective state contractor?		N/A	obbyist, spouse, or	Amou	ant of Contribution
Yes A No)	dependent child of	of a lobbyist?	3	int of Contribution
If yes, indicate which branch or branches of government the contract is with:			x _{No}	_	
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
If yes, list Event # X No	01/	15/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Lynch	FIISt	Martin		IVII	Contribution ID # 0118
Residential Street Address	City	ויומו נווו		State	Zip Code
11 Ichabod Ln	City	Bethel		CT	06801
Principal Occupation		Name of Employ	er	-	
Retired		N/A			
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of government the contract is with:		•	x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
tundraising event listed in Section 31?					
If yes list Event # Cash Credit/Debit Card	01/	15/2014	\$50.00		\$50.00

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I, MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Team Boughton			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Gulya-Stasny		Dorathea			0122				
Residential Street Address	City			State	Zip Code				
3 Wooster St		Bethel		СТ	06801				
Principal Occupation	•	Name of Employ	er						
Public Works		City o	f Danbury						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
	0	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Society II Yes Method of contribution:	Date	Received	Aggregate Contributions						
Tunidasing event issed in Section 71:									
If yes, list Event # Cash Cash Personal Check Money Order X Credit/Debit Card	01/	15/2014	\$50.00		\$50.00				
in yes, list Event in a credit best card									
Last Name	First			MI	Contribution ID #				
Michael		Pamela			0119				
Residential Street Address	City			State	Zip Code				
52 Deer Hill Ave		Danbury		CT	06810				
Principal Occupation		Name of Employ	er						
Retired		N/A		-					
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent cinia (
government the contract is with:			x _{No}						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
Cash Personal Check	l								
If yes, list Event # No Money Order X Credit/Debit Card	01/	15/2014	\$100.00		\$100.00				
T. M	L _{E'} ,			\ r	G (3 (B)				
Last Name Michael	First			MI	Contribution ID # 0120				
Residential Street Address	City	Gary		State	Zip Code				
52 Deer Hill Ave	City	Danbury		CT	06810				
Principal Occupation	<u> </u>	Name of Employ	or	Ci	00010				
Attorney		Self	Ci						
·			obbyist, spouse, or	Amou	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o	dependent child of							
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
If yes list Event # Cash Personal Check No Money Order Credit/Debit Card	01/	15/2014	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card									
Last Name	First			MI	Contribution ID #				
Walsh		Peter			0121				
Residential Street Address	City			State	Zip Code				
103 Shuttle Meadow Ave		New Britain		СТ	06051				
Principal Occupation		Name of Employ	er						
Computer Consultant		Self							
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a foodyist?						
government the contract is with:			x _{No}						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event fisted in Section 31?									
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	L 01/	15/2014	\$25.00		\$25.00				

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Type OF REPORT April 10 Filing - Original								
Team Boughton			7 prii 10 r iiing - Original					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Kelly		Michael			0116			
Residential Street Address	City	5 1		State	Zip Code			
66 Forty Acre Mountain Rd Principal Occupation		Danbury Name of Employ	or .	СТ	06811			
Owner			l Precision Trade Inc					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or	/es Amor	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent child c		10				
In this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	\dashv				
fundraising event listed in Section J1?								
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	01/	15/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Samaha		Christina			0114			
Residential Street Address	City			State	Zip Code			
721 Mainsail Ln		Seacaucus		NJ	07094			
Principal Occupation		Name of Employ	er		•			
Unemployed		Unem	ployed					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or	/es Amor	unt of Contribution			
If yes, indicate which branch or branches of government the contract is with:		dependent child of	a lobbyist?	10				
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	\dashv				
tundraising event listed in Section J1? Cash Personal Check	04 (45/2044	4400.00		+400.00			
If yes, list Event # Money Order X Credit/Debit Card	01/.	15/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Samaha		Maurice			0115			
Residential Street Address	City			State	Zip Code			
721 Mainsail Ln		Seacaucus		NJ	07094			
Principal Occupation		Name of Employ						
Sales			d Ricard USA	1				
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	obbyist, spouse, or of a lobbyist?	es	unt of Contribution			
If yes, indicate which branch or branches of government the contract is with:			x ,	lo lo				
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
If yes, list Event # X No Cash Personal Check Money Order X Credit/Debit Card	01/:	15/2014	\$100.00		\$100.00			
Last Name	First	6		MI	Contribution ID #			
Bocaccio Residential Street Address	City	Gary		Stata	0123			
13 Great Heron Ln	City	Brookfield		State CT	Zip Code 06804			
Principal Occupation	_	Name of Employ	er		00004			
Adminstrator			ury Board of Education					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or	/es Amo	unt of Contribution			
If yes, indicate which branch or branches of government the contract is with:		aspendent emid (x y	lo				
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	\neg				
tundraising event listed in Section 31?								
If yes list Event # Cash Personal Check No	01/	15/2014	\$100.00		\$100.00			

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I. MONETARY RECEIPT	S (S	ection A-I)	1			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT April 10 Filing - Original					
Team Boughton April 10 Filing - Original						
B. Itemized Contributions from	m Ind	lividuals				
Last Name	First			MI	Contribution ID #	
Kiani		Farzin			0125	
Residential Street Address	City			State	Zip Code	
512 Glen Rd	ļ.,	Weston Name of Employ	or.	MA	02493	
Principal Occupation Vice President		Veolia				
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	unt of Contribution	
If yes, indicate which branch or branches of	O	dependent child of	of a lobbyist?			
government the contract is with:			x _{No}			
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions			
X No Cash X Personal Check	01/	16/2014	\$100.00		\$100.00	
If yes, list Event #	01/	10,2011	Ψ100.00			
Last Name	First			MI	Contribution ID #	
Siergiej		Edward			0133	
Residential Street Address	City			State	Zip Code	
62 Forty Acre Mountain Rd		Danbury		СТ	06811	
Principal Occupation		Name of Employ				
Engineer Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amor	ant of Contribution	
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	dependent child of	Vac	Amot	nt of Contribution	
If yes, indicate which branch or branches of Executive Legislative			x _{No}			
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions			
fundraising event listed in Section J1? Yes Cash Personal Check						
If yes, list Event # Cash Cash Personal Check Money Order X Credit/Debit Card	01/	16/2014	\$100.00		\$100.00	
				<u> </u>		
Last Name	First	_		MI	Contribution ID #	
Siergiej Residential Street Address	City	Joanne		Ct-t-	0134	
62 Forty Acre Mountain Rd	City	Danbury		State CT	Zip Code 06811	
Principal Occupation		Name of Employ	er	CI	00011	
RN			ury Hospital			
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	ant of Contribution	
If yes, indicate which branch or branches of	o	dependent child of				
government the contract is with: Executive Legislative			x _{No}			
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions			
X No Cash Personal Check	01/	16/2014	¢100.00		¢100.00	
If yes, list Event # Money Order X Credit/Debit Card	01/	16/2014	\$100.00		\$100.00	
Last Name	First			MI	Contribution ID #	
Doto		Benjamin			0174	
Residential Street Address	City			State	Zip Code	
17 Ridge Rd		Danbury		СТ	06810	
Principal Occupation		Name of Employ	er			
Civil Engineer		Self				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution	
If yes, indicate which branch or branches of Executive Legislative		1	x _{No}			
government the contract is with:	Date	Received	Aggregate Contributions	1		
fundraising event listed in Section J1?			55 · 5 · · · · · · · · · · · · · · · ·			
If yes, list Event # 01162014A No South Cash Personal Check	01/	16/2014	\$100.00		\$100.00	

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	<u>s (s</u> i	ection A-1)	TYPE OF REPORT					
Team Boughton April 10 Filing - Original								
B. Itemized Contributions from Individuals								
		iividuais		1				
Last Name Larson	First	Donald		MI	Contribution ID # 0175			
Residential Street Address	City			State	Zip Code			
8 Dayton Rd	City	Redding		CT	06896			
Principal Occupation		Name of Employ	er					
Financial Advisor		Morga	an Stanley					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent enna e	x _{No}					
government the contract is with.	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?			1-88-98-1					
If yes, list Event # 01162014A	01/	16/2014	\$100.00		\$100.00			
If yes, list Event # 01102017A I Money Order I Credit Debit Card								
Last Name	First			MI	Contribution ID #			
Milligan		Colin			0176			
Residential Street Address	City			State	Zip Code			
20 E Pembroke Rd Unit 49		Danbury		СТ	06811			
Principal Occupation		Name of Employ	er					
Aviation Management		Epic E						
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent child c	x No					
government the contract is with:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Date	received	riggregate contributions					
No Cash X Personal Check	01/	16/2014	\$100.00		\$100.00			
If yes, list Event # 01162014A								
Last Name	First			MI	Contribution ID #			
Perrino		Kenneth			0177			
Residential Street Address	City			State	Zip Code			
310 Silvermine Ave		Norwalk		СТ	06805			
Principal Occupation		Name of Employ	er					
Trader		Perrin	o & Company Inc.					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with.	Date	Received	Aggregate Contributions					
Is this contribution associated with a fundraising event listed in Section J1?								
If yes, list Event # 01162014A	01/	16/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Klein	FIISt	Gerald		IVII	0178			
Residential Street Address	City	Octalu		State	Zip Code			
6 High View Ln	City	Sherman		CT	06784			
Principal Occupation		Name of Employ	er	<u> </u>	00701			
CEO			pac Bank					
Is contributor a principal of a state contractor or prospective state contractor?	,	Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a lobbyist?					
government the contract is with: Executive Legislative	-							
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
Tundraising event listed in Section 31:	_ ا							
If yes, list Event # 01162014A No Money Order Credit/Debit Card	01/	16/2014	\$100.00		\$100.00			

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L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Team Boughton			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Torti		Thomas			0180				
Residential Street Address	City			State	Zip Code				
22 Abby Ln		Danbury		СТ	06810				
Principal Occupation Information Requested		Name of Employ Inforr	er nation Requested						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution				
If was indicate which branch or branches of	0	dependent child of	of a lobbyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
Cash X Personal Check	01/	16/2014	#100.00		±100.00				
If yes, list Event # 01162014A No Money Order Credit/Debit Card	01/	16/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Scozzafava		Donna			0184				
Residential Street Address	City			State	Zip Code				
68 Driftway Rd		Danbury		СТ	06811				
Principal Occupation		Name of Employ	er	•	•				
Retired		N/A							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent enna (
government the contract is with: Is this contribution associated with a Method of contribution: Method of contribution:	Doto	Received							
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
X No Cash X Personal Check	01/	16/2014	\$100.00		\$100.00				
If yes, list Event #	,		Ţ						
Last Name	First			MI	Contribution ID #				
Кау		Michael			0254				
Residential Street Address	City			State	Zip Code				
512 Chestnut Tree Hill Rd		Southbury		СТ	06488				
Principal Occupation		Name of Employ							
Sales			d Alarm Services	Amax	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	dependent child of	v	Aillou	unt of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	•					
fundraising event listed in Section J1? Yes Cash Personal Check									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/	16/2014	\$100.00		\$100.00				
					1				
Last Name	First			MI	Contribution ID #				
O'Brien Residential Street Address	City	Christopher		State	0171 Zip Code				
7 Brookdale St Apt 5	City	Wolcott		CT	06716				
Principal Occupation		Name of Employ	er		1 00.10				
EMT		Camp	ion Ambulance						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent child of	or a robbyist?						
government the contract is with: Executive Legislative	-		X No						
Is this contribution associated with a fundraising event listed in Section J1? X Yes	Date	Received	Aggregate Contributions						
No Cash Personal Check	01/	16/2014	\$50.00		\$50.00				
If yes, list Event # 01162014A Money Order Credit/Debit Card	01/	10/2014	ψουνο	1	φυυ.υυ				

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I. MONETARY RECEIPT	S (Se	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT April 10 Filing - Original		
Team Boughton			April 10 1 lilling - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Genilson		Palmares			0127
Residential Street Address	City	-		State	Zip Code
32 Farview Ave	<u> </u>	Danbury Name of Employ	ON .	СТ	06810
Principal Occupation Owner		Name of Employ Amaz	on Concrete Inc		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent child of	x No		
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Duic	Received	riggiogue Controutions		
If yes, list Event # Cash Personal Check X No X Money Order Credit/Debit Card	01/	16/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Bacelar		Celia			0128
Residential Street Address	City			State	Zip Code
32 Farview Ave		Danbury		СТ	06810
Principal Occupation		Name of Employ	er		•
Publisher		Tribur	na Newspaper		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of government the contract is with:		dependent enna c	x No		
Is this contribution associated with a Section 119 Yes Method of contribution:	Date	Received	Aggregate Contributions		
Indicatising event fisted in Section 11? X No	01/:	16/2014	\$100.00		\$100.00
If yes, list Event# X Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Emanuela		Leaf			0129
Residential Street Address	City			State	Zip Code
32 Farview Ave	<u> </u>	Danbury Name of Employ		СТ	06810
Principal Occupation Office Manager		1 ' '	on Concrete Inc		
				Amou	ant of Contribution
Yes 🔼 N	0	dependent child of			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No		
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
If yes, list Event # Cash Personal Check X No X Money Order Credit/Debit Card	01/	16/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Russo		Albert			0130
Residential Street Address	City			State	Zip Code
220 Franklin Street Ext	L	Danbury		СТ	06811
Principal Occupation		Name of Employ			
Sergeant			ury Police Department		
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	0	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		-	x _{No}		
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	01/	16/2014	\$100.00		\$100.00

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I. MONETARY RECEIPT	S (Se	ection A-I)	I TYPE OF BEDORE						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT April 10 Filing - Original						
Team Boughton			7 tprii 10 1 iiiiig - Originai						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Russo		Dorothea			0131				
Residential Street Address	City			State	Zip Code				
220 Franklin Street Ext	<u> </u>	Danbury		СТ	06811				
Principal Occupation Retired		Name of Employe	er						
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le	obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child o	if a lobbyist?						
government the contract is with: Is this contribution associated with a Method of contribution: Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	01/1	16/2014	\$100.00		\$100.00				
Last Name	First	•		MI	Contribution ID #				
Magilton	linst	Edward			0126				
Residential Street Address	City	24114.4		State	Zip Code				
216 Baker Rd		Roxbury		СТ	06783				
Principal Occupation		Name of Employe	er						
Information Requested		Inforn	nation Requested	_					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or General Advanced Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of government the contract is with:		dependent child o	x No						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? X No Cash Personal Check	01/1	16/2014	\$100.00		\$100.00				
If yes, list Event #			4100100		4100.00				
Last Name	First			MI	Contribution ID #				
Priola		John			0172				
Residential Street Address	City			State	Zip Code				
27 Heritage Dr	<u> </u>	Danbury		СТ	06811				
Principal Occupation Accountant		Name of Employe							
			olds & Rowella obbyist, spouse, or	Amou	nt of Contribution				
Yes A No	0	dependent child o	of a lobbyist?	rinou	in or contribution				
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
If yes, list Event # 01162014A No Cash Personal Check No Money Order X Credit/Debit Card	01/1	16/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Ron-Priola		Veronica			0173				
Residential Street Address	City			State	Zip Code				
27 Heritage Dr	L	Danbury		СТ	06811				
Principal Occupation		Name of Employe							
Physician Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution				
If yes, indicate which branch or branches of	0	dependent child o	•						
government the contract is with:			x _{No}						
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
If yes list Event # 01162014A Cash Personal Check	01/1	16/2014	\$100.00		\$100.00				

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I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Type OF Report April 10 Filing - Original					
Team Boughton			April 10 Tilling - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Yamin		Dianne			0132
Residential Street Address	City			State	Zip Code
66 Barnum Rd	ļ.,	Danbury Name of Employ	ON .	СТ	06811
Principal Occupation Judge		State			
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent child of	x No		
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Dute	received	riggiogue Controutions		
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	01/	16/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Wagner		Ann			0135
Residential Street Address	City			State	Zip Code
90 Transylvania Rd		Roxbury		СТ	06783
Principal Occupation		Name of Employ	er		
Retired		N/A		1	
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes, list Event #	01/	16/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Wasserman		Julia			0124
Residential Street Address	City			State	Zip Code
113 Walnut Tree Hill Rd	<u> </u>	Sandy Hook		СТ	06482
Principal Occupation		Name of Employ			
Hearing Officer		State			
Is contributor a principal of a state contractor or prospective state contractor?	o	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
Tundraising event listed in Section 31?					
If yes, list Event # Cash Money Order Credit/Debit Card	01/	16/2014	\$75.00		\$75.00
Last Name	First			MI	Contribution ID #
Levy		Warren			0179
Residential Street Address	City			State	Zip Code
5 Pilgrim Dr	<u> </u>	Danbury		СТ	06811
Principal Occupation		Name of Employ			
CEO			ury Metal FInishing Inc	A	
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o	Is contributor a l dependent child of	obbyist, spouse, or	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with.	Date	Received	Aggregate Contributions		
Is this contribution associated with a fundraising event listed in Section J1? X Yes Method of contribution: (Cash X Personal Check Personal Check Yes Yes					
If yes, list Event # 01162014A	01/	16/2014	\$100.00		\$100.00

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT April 10 Filing - Original					
Team Boughton			7 April 10 Filling Original					
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Torti		Nancy			0181			
Residential Street Address	City	-		State	Zip Code			
22 Abby Ln		Danbury		СТ	06810			
Principal Occupation Office Manager		Name of Employ Sierra	u Vista Construction					
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent child c	x _{No}					
government the contract is with:	Date	Received	Aggregate Contributions	1				
fundraising event listed in Section J1?			35 -5					
If yes, list Event # 01162014A	01/	16/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Wilson		Christopher			0182			
Residential Street Address	City	· · · · · · · · · · · · · · · · · · ·		State	Zip Code			
55 Benedict Rd		South Salem		NY	10590			
Principal Occupation		Name of Employ	er	-	-			
General Contractor		ADI E	ast Inc					
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of government the contract is with:		dependent enna c	x No					
Is this contribution associated with a	Date	Received	Aggregate Contributions	1				
No Cash X Personal Check	01/	16/2014	\$100.00		\$100.00			
If yes, list Event # 01162014A								
Last Name	First			MI	Contribution ID #			
Tamburri		Robert			0183			
Residential Street Address	City			State	Zip Code			
16 Greta Dr		Danbury		СТ	06810			
Principal Occupation Retired		Name of Employ	er					
		N/A Is contributor a l	obbyist, spouse, or	Amou	ant of Contribution			
Yes 🔼 No	0	dependent child of	of a lobbyist? Yes	711100	ant of Contribution			
If yes, indicate which branch or branches of government the contract is with:			x No					
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
If yes, list Event # 01162014A	01/	16/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Knudsen	First	Marie		IVII	0140			
Residential Street Address	City	riuric		State	Zip Code			
5 Coventry Ln		Harwinton		СТ	06791			
Principal Occupation		Name of Employ	er	- !	!			
Retired		N/A						
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1				
tundraising event listed in Section 31?								
If yes list Event # Cash Credit/Debit Card	01/	17/2014	\$25.00		\$25.00			

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I, MONETARY RECEIPTS (Section A-I)								
	5 (5 6	ection A-I)	TYPE OF REPORT					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Team Boughton	April 10 Filing - Original							
B. Itemized Contributions from	n Ind	lividuals	•					
Last Name	First			MI	Contribution ID #			
Lynn		Janet			0139			
Residential Street Address	City			State	Zip Code			
454 Wells Hill Rd		Lakeville		СТ	06039			
Principal Occupation		Name of Employ	er					
Registrar of Voters		Self/T	- own					
			abbyigt groups or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	37					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
	Date	Received	Aggregate Contributions					
s this contribution associated with a fundraising event listed in Section J1?								
X No Cash Personal Check	01/:	17/2014	\$25.00		\$25.00			
If yes, list Event # Money Order X Credit/Debit Card		,	1					
Last Name	First			MI	Contribution ID #			
Haddad	1 1150	Michael			0145			
Residential Street Address	City	riiciidei		State	Zip Code			
	City	Danhumi		1	06810			
14 Farview Ave		Danbury		СТ	06810			
Principal Occupation		Name of Employ						
HVAC Product Manager		-	ton & Hills					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent enna (
government the contract is with:			x _{No}					
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? Cash Personal Check								
If yes, list Event # Cash Credit/Debit Card	01/	17/2014	\$100.00		\$100.00			
,								
Last Name	First			MI	Contribution ID #			
Fink		Pat			0149			
Residential Street Address	City			State	Zip Code			
3 Meadowbrook Rd		New Fairfield		СТ	06812			
Principal Occupation		Name of Employ	er	-	•			
Realtor - Broker - Office Leader		Berks	hire Hathaway NE Properties					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
)	dependent child of	*					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
X No Cash Personal Check	01/:	17/2014	\$75.00		\$75.00			
If yes, list Event # Money Order X Credit/Debit Card		•			<u> </u>			
Last Name	First			MI	Contribution ID #			
Kallas		Michael			0150			
Residential Street Address	City	riiciidei		State	Zip Code			
99 Chambers Rd	City	Danbuny		CT	06811			
	Ь	Danbury Name of Employ	or.	I C1	00011			
Principal Occupation		Name of Employ	CI					
Retired		N/A	obbysist spays		nt of Containation			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	,	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution			
If yes, indicate which branch or branches of		.,	x No					
government the contract is with: Executive Legislative								
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
	١.							
If yes, list Event # Cash Credit/Debit Card	01/:	17/2014	\$100.00		\$100.00			

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I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT April 10 Filing - Original	,	
Team Boughton			7 April 10 Filling Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Kallas		Bernadette			0152
Residential Street Address	City	5 1		State	Zip Code
99 Chambers Rd Principal Occupation	L	Danbury Name of Employe	or .	СТ	06811
Retired		N/A	ci		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le	obbyist, spouse, or	Amo	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:		aepenaent enna e	x N	0	
Is this contribution associated with a Mathed of contribution.	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1? Yes Cash Personal Check					
If yes, list Event # Cash Credit/Debit Card Cash Personal Check Credit/Debit Card	01/	17/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Fahle		Heath			0143
Residential Street Address	City			State	Zip Code
90 Hog Hill Rd		East Hampto	n	СТ	06424
Principal Occupation		Name of Employe	er	-	•
Policy Director		Yanke	e Institute		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or	Amo	unt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		dependent child o	x N	o	
Is this contribution associated with a Section III Yes Method of contribution:	Date	Received	Aggregate Contributions		
tundraising event listed in Section J1? Cash Personal Check		.=.	4400.00		.== 00
If yes, list Event # Money Order X Credit/Debit Card	01/	17/2014	\$100.00		\$75.00
Last Name	First			MI	Contribution ID #
Fahle		Emily			0151
Residential Street Address	City			State	Zip Code
90 Hog Hill Rd	<u> </u>	East Hampto		СТ	06424
Principal Occupation		Name of Employ			
Unemployed			ployed obbyist, spouse, or	Amo	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.	o	dependent child o		es	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:			X N	o	
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
If yes, list Event # X No	01/	17/2014	\$100.00		\$100.00
-				1	I
Last Name	First	Cuan		MI	Contribution ID #
Flanagan Residential Street Address	City	Greg		State	0138 Zip Code
2B Shortwoods Rd	City	New Fairfield		CT	06812
Principal Occupation	<u> </u>	Name of Employe	er	<u> </u>	1 00012
Executive Recruiter			ging Healthcare Partners		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le	obbyist, spouse, or of a lobbyist?	Amo	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:		,,	x N	o	
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
tundraising event listed in Section 31?					
If yes list Event # Cash Credit/Debit Card	01/	17/2014	\$100.00		\$100.00

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I. MONETARY RECEIPTS (Section A-I)								
	5 (5 6	ection A-1)	TYPE OF DEPONT					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT					
Team Boughton April 10 Filing - Original								
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Cote		Joseph			0136			
Residential Street Address	City			State	Zip Code			
29 Hollandale Rd		Danbury		СТ	06811			
Principal Occupation		Name of Employ	er					
Appliance Tech		Josep	h Cote & Co LLC					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
s contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? Method of contribution: Yes								
X No Cash Personal Check	01/:	17/2014	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card		,	7					
Last Name	First			MI	Contribution ID #			
Harding	1 1150	Stephen			0137			
Residential Street Address	City	Зсерпеп		State	Zip Code			
	City	D I-6 - I-1		1	-			
56 Mist Hill Dr		Brookfield		СТ	06804			
Principal Occupation		Name of Employ						
Attorney			Office of Cecilia Buck-Taylor,					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent enna (<u> </u>					
government the contract is with:			x _{No}					
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions					
tundraising event listed in Section J1?								
If yes, list Event # Cash Credit/Debit Card	01/	17/2014	\$50.00		\$50.00			
in yes, and break in the state of the state								
Last Name	First			MI	Contribution ID #			
Cordovano		Steven			0141			
Residential Street Address	City			State	Zip Code			
134 Highland Ave		Rowayton		СТ	06853			
Principal Occupation		Name of Employ	er					
Founder/VP Communications		BioAe	gis Therapeutics					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
To this contribution are sixed with a	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
X No Cash Personal Check	01/:	17/2014	\$25.00		\$25.00			
If yes, list Event # Money Order X Credit/Debit Card		•			<u> </u>			
Last Name	First			MI	Contribution ID #			
Peloguin		Nancy			0142			
Residential Street Address	City	Nulley		State	Zip Code			
12 Stoney Farm Ln	City	Brookfield		CT	06804			
	_		on.	Ci	00804			
Principal Occupation		Name of Employ						
Self-employed - (Co-owner)			field Overhead Doors, LLC		nt of Containation			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	,	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution			
If yes, indicate which branch or branches of			x No					
government the contract is with: Executive Legislative								
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section 31?	1							
If yes, list Event # Cash Credit/Debit Card	01/:	17/2014	\$100.00		\$100.00			

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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. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Boullianne		J. Reed			0144			
Residential Street Address	City			State	Zip Code			
12 Hollis Dr		Brookfield		СТ	06804			
Principal Occupation		Name of Employ	er					
Firefighter			f Danbury					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent ennu e	x _{No}					
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Duite	10001100	1.66. egate controlations					
X No Cash X Personal Check	01/:	17/2014	\$100.00		\$100.00			
If yes, list Event #	,		,					
Last Name	First			MI	Contribution ID #			
Barna		Gale			0146			
Residential Street Address	City			State	Zip Code			
359 Charter Oak Rd		Southbury		CT	06488			
Principal Occupation		Name of Employ	er					
Retired		N/A		_				
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a lobbyist?					
government the contract is with:			x No					
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
Cash Personal Check								
If yes, list Event # Money Order X Credit/Debit Card	01/:	17/2014	\$25.00		\$25.00			
Last Name	First			MI	Contribution ID #			
Mcauliffe	FIISt	Justin		IVII	0147			
Residential Street Address	City	Justin		State	Zip Code			
10 High Meadow HI	City	Danbury		CT	06811			
Principal Occupation		Name of Employ	er					
Operations Manager		Conti	nuum International					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution			
If yes, indicate which branch or branches of)	dependent child of	-					
government the contract is with:			x No					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
Tundraising event listed in Section 31?								
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	01/	17/2014	\$100.00		\$100.00			
T. O.	E: .) d				
Last Name Alexander	First	James		MI	Contribution ID # 0148			
Residential Street Address	City	Jailles		State	Zip Code			
7 Kelly Ct	City	Sandy Hook		CT	06482			
Principal Occupation		Name of Employ	er	<u>.</u>	1 00 .02			
Golf Professional		Self						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	unt of Contribution			
	,	dependent child of	or a robbyist?					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	01/	17/2014	\$100.00		\$100.00			

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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. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Hanks		Ken			0155			
Residential Street Address	City			State	Zip Code			
19 Hillcrest Ave		Naugatuck		СТ	06770			
Principal Occupation		Name of Employ	er					
Fire Chief		Borou	igh of Naugatuck					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of						
government the contract is with: Executive Legislative	D-4-	D i d						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash Personal Check	01/	17/2014	\$75.00		\$75.00			
If yes, list Event # Money Order X Credit/Debit Card	01/	17/2014	\$75.00		\$75.00			
Last Name	First			MI	Contribution ID #			
Bertram		Daniel			0157			
Residential Street Address	City			State	Zip Code			
17015 Pine Ave		Los Gatos		CA	95032			
Principal Occupation		Name of Employ	er					
Real Estate Developer		BRT						
Is contributor a principal of a state contractor or prospective state contractor?	`		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
Cash Personal Check	l							
If yes, list Event # Money Order X Credit/Debit Card	01/	18/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Bertram	11130	Susan		IVII	0158			
Residential Street Address	City			State	Zip Code			
17015 Pine Ave		Los Gatos		CA	95032			
Principal Occupation		Name of Employ	er					
Homemaker		N/A						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a foodyist:					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
x No Cash Personal Check	l							
If yes, list Event # Money Order X Credit/Debit Card	01/	18/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
McCann	First	Kevin		IVII	0156			
Residential Street Address	City	TCVIII		State	Zip Code			
170 Lisa Dr		South Winds	or	СТ	06074			
Principal Occupation		Name of Employ	er					
Attorney		Kahar	n Kerensky & Capossela, LLP					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions					
Tundraising event listed in Section J1?								
If yes, list Event # Cash Personal Check Cash Personal Check Cash Cash	01/	18/2014	\$25.00		\$25.00			

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I. MONETARY RECEIPT	S (Se	ection A-D			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					
Team Boughton			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Estefan		Paul			0153
Residential Street Address	City			State	Zip Code
156 Triangle St		Danbury		СТ	06810
Principal Occupation		Name of Employ			
Airport Administrator		-	f Danbury		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		•	x _{No}		
government the contract is with:	Date	Received	Aggregate Contributions		
Is this contribution associated with a fundraising event listed in Section J1? Yes					
No In the second	01/	18/2014	\$100.00		\$100.00
If yes, list Event # 01082014A					
Last Name	First			MI	Contribution ID #
Estefan		Sally			0154
Residential Street Address	City			State	Zip Code
156 Triangle St Principal Occupation	Ь	Danbury Name of Employ	or	СТ	06810
Clinical Associate		MCS	ci		
Is contributor a principal of a state contractor or prospective state contractor? Yes X N			obbyist, spouse, or	Amou	ınt of Contribution
	0	dependent child of	obbyist, spouse, or Yes of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			x No		
Is this contribution associated with a fundamining quest listed in Section 112	Date	Received	Aggregate Contributions		
Tundraising event listed in Section 31:					
If yes, list Event # 01082014A No Money Order Credit/Debit Card	01/	18/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
LeRose	First	Pamela		IVII	0159
Residential Street Address	City			State	Zip Code
30 Hardscrabble Rd	,	Sherman		СТ	06784
Principal Occupation	•	Name of Employ	er		
N/A		N/A			
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		аерепаент сппа с	a lobbyist:		
government the contract is with: Is this contribution associated with a Method of contribution:	D-4-	D i 4	Aggregate Contributions		
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
No Cash Personal Check	01/:	19/2014	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card			4		
Last Name	First			MI	Contribution ID #
Pereira		Larry			0161
Residential Street Address	City			State	Zip Code
11 Brookfield Mdws	<u> </u>	Brookfield		СТ	06804
Principal Occupation		Name of Employ			
Attorney			Law Firm, P.C.	A	
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?			-		
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	01/2	20/2014	\$100.00		\$100.00

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I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Team Boughton			TYPE OF REPORT April 10 Filing - Original		
1 Calif Boughton					
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
DiGilio		Jacqueline		-	0162
Residential Street Address	City	Dankana		State	Zip Code
6 Wixon Rd Principal Occupation		Danbury Name of Employ	or	СТ	06811
Admin		Cartu			
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent china (x No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?			88 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 -		
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	01/	20/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Meehan		Bernie			0160
Residential Street Address	City			State	Zip Code
31 Hemlock Rd		Roxbury		СТ	06783
Principal Occupation		Name of Employ	er		
Firefighter			f Danbury	1	
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1? Yes Cash Personal Check					
If yes, list Event # Cash Cash Personal Check Money Order X Credit/Debit Card	01/	20/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Fish		Daniel			0166
Residential Street Address	City			State	Zip Code
400 North St	<u> </u>	Ridgefield		СТ	06877
Principal Occupation		Name of Employ			
Physician Le contributes a minimal of a state contractor or mean active state contractor?			paedic Specialists of CT obbyist, spouse, or	Amou	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	dependent child of		Amou	iit of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
Tundraising event listed in Section 31?					
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/	21/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Nolan		James			0167
Residential Street Address	City			State	Zip Code
16 Southern Blvd		Danbury		CT	06810
Principal Occupation		Name of Employ	er		
Real Estate		Self	obbyjet anguag or	Amou	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1? Yes Cash Regresonal Check					
X No Cash X Personal Check If yes, list Event # Card Order Credit/Debit Card	01/	21/2014	\$100.00		\$100.00

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I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Type OF REPORT Team Boughton April 10 Filing - Original					
Team Boughton					
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Leaf		Thomas			0170
Residential Street Address	City	5 1		State	Zip Code
32 Farview Ave Apt 2 Principal Occupation	l	Danbury Name of Employ	or	СТ	06810
Attorney			ra Ribeiro & Smith		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent enna (x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes, list Event # Cash Personal Check X No X Money Order Credit/Debit Card	01/	21/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Gottschalk		Eric			0186
Residential Street Address	City			State	Zip Code
6 Heritage Dr		Danbury		СТ	06811
Principal Occupation		Name of Employ	er		
Retired		N/A			
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:		dependent enna (x _{No}		
Is this contribution associated with a Section 119 Yes Method of contribution:	Date	Received	Aggregate Contributions		
rundraising event listed in Section 31?					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	01/	21/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Barath		Jeffrey			0187
Residential Street Address	City			State	Zip Code
11 Marianna Farm Dr		Danbury		СТ	06811
Principal Occupation		Name of Employ	er		
Retired Is contributor a principal of a state contractor or prospective state contractor?		N/A Is contributor a l	obbyist, spouse, or	Amor	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o	dependent child of		Alliou	in of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No		
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1? Cash Personal Check Persona		24 (224 4	4400.00		
If yes, list Event # No Money Order X Credit/Debit Card	01/.	21/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Barath		Elayne			0188
Residential Street Address	City			State	Zip Code
11 Marianna Farm Dr	<u> </u>	Danbury		СТ	06811
Principal Occupation		Name of Employ			
Pilot			d Airlines		
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	01/	21/2014	\$100.00		\$100.00

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Team Boughton			April 10 Filing - Original					
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Blaszka		Paul			0185			
Residential Street Address	City			State	Zip Code			
1 Rubson Dr		Danbury		СТ	06811			
Principal Occupation Senior Consultant		Name of Employ						
		Pepsi		Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	Vac	111100	ant of Controllion			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
tundraising event instead in Section 31:								
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	01/	21/2014	\$50.00		\$50.00			
	I							
Last Name	First			MI	Contribution ID #			
Omasta Residential Street Address	City	Mark		State	0163 Zip Code			
16 Driftway Point Rd	City	Danbury		CT	06811			
Principal Occupation		Name of Employ	er	CI	1 00011			
Training Officer			ury Fire Department					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution			
If yes, indicate which branch or branches of	0	dependent child of	<u> </u>					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? X No								
If yes, list Event # Money Order Credit/Debit Card	01/	21/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Gomes	1 1100	Victor			0168			
Residential Street Address	City			State	Zip Code			
32 Farview Ave		Danbury		СТ	06810			
Principal Occupation		Name of Employ	er	=	•			
Student		N/A						
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent ennu (x No					
government the contract is with: Is this contribution associated with a Method of contribution: Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions					
X No Cash Personal Check	01/	21/2014	\$100.00		\$100.00			
If yes, list Event # X Money Order Credit/Debit Card								
Last Name	First			MI	Contribution ID #			
Palmares		Eric			0169			
Residential Street Address	City			State	Zip Code			
32 Farview Ave		Danbury		СТ	06810			
Principal Occupation Student		Name of Employ	er					
		N/A Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	Vac	7 tinot	ant of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Mathed of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? Yes Cash Personal Check								
If yes, list Event # Cash Personal Check X No X Money Order Credit/Debit Card	01/	21/2014	\$100.00		\$100.00			

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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. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Sandhu		Jeet			0164				
Residential Street Address	City			State	Zip Code				
90 Chestnut Hill Rd		Ridgefield		СТ	06877				
Principal Occupation		Name of Employ	er						
Physician		DRA							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of Executive Legislative		dependent enna (x _{No}						
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?			1.66.48						
X No Cash X Personal Check	01/	21/2014	\$100.00		\$100.00				
If yes, list Event #			·						
Last Name	First			MI	Contribution ID #				
Mazzucco		Ward			0165				
Residential Street Address	City			State	Zip Code				
44 Wood Rd		Redding		СТ	06896				
Principal Occupation		Name of Employ	er						
Lawyer		Chipn	nan Mazzucco	_					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	nnt of Contribution				
If yes, indicate which branch or branches of	-	dependent child of	of a lobbyist?						
government the contract is with:			x No						
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
Cash X Personal Check									
If yes, list Event #	01/	21/2014	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
Kornhaas	FIISt	Robert		IVII	0189				
Residential Street Address	City	Robert		State	Zip Code				
3 Pond Crest Rd	City	Danbury		CT	06811				
Principal Occupation		Name of Employ	er	<u> </u>	00011				
CPA		Fiorita	a, Kornhaas & Co						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	ant of Contribution				
)	dependent child of	-						
If yes, indicate which branch or branches of government the contract is with:			x No						
Is this contribution associated with a Sociated With a Yes Method of contribution: Yes	Date	Received	Aggregate Contributions						
Tundraising event risted in Section 31?									
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	01/	22/2014	\$100.00		\$100.00				
	г				G (3 (B)				
Last Name Lincoln	First	Betty		MI	Contribution ID # 0190				
Residential Street Address	City	Detty		State	Zip Code				
246 Whistletown Rd	City	East Lyme		CT	06333				
Principal Occupation		Name of Employ	er	<u>.</u>					
Retired		N/A							
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent child of	or a roobyist?						
government the contract is with:			x _{No}						
Is this contribution associated with a fundraising event listed in Section 112	Date	Received	Aggregate Contributions						
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	01/	22/2014	\$50.00		\$50.00				

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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. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Seibert		Timothy			0191			
Residential Street Address	City			State	Zip Code			
13 Pineview Dr		Danbury		СТ	06811			
Principal Occupation		Name of Employ	er					
Insurance/Benefits Is contributor a principal of a state contractor or prospective state contractor?		Self Is contributor a l	obbyist, spouse, or	Amou	ant of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	Vac	Amou	ant of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
tundraising event instead in Section 31:								
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	01/	23/2014	\$25.00		\$25.00			
Last Name	First			MI	Contribution ID #			
Ramey		Donna			0192			
Residential Street Address	City			State	Zip Code			
47 Hanover Rd		Newtown		СТ	06470			
Principal Occupation		Name of Employ	er	-	-			
Retired		N/A						
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent child t						
government the contract is with: Is this contribution associated with a Method of contribution: Method of contribution:	Doto	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions					
If yes, list Event # Personal Check Money Order	01/	23/2014	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card								
Last Name	First			MI	Contribution ID #			
Virbickas		Dainius			0250			
Residential Street Address	City			State	Zip Code			
120 Cedar Hill Rd		Bridgewater		СТ	06752			
Principal Occupation		Name of Employ						
Engineer Is contributor a principal of a state contractor or prospective state contractor?			Engineering Group LLC obbyist, spouse, or	Amou	unt of Contribution			
Yes 🔼 N	0	dependent child of						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
Tunidaising event listed in Section 31:								
If yes, list Event # 01232014A No Season Money Order Credit/Debit Card	01/	23/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Smiles		Aaron			0245			
Residential Street Address	City			State	Zip Code			
54 Westchester Dr		Rocky Point		NY	11778			
Principal Occupation		Name of Employ	er					
RE Broker		Matrix		1				
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	0	Is contributor a l dependent child of	obbyist, spouse, or Of a lobbyist?	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			X No					
government the contract is with:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
If yes, list Event # 01232014A No Cash X Personal Check Money Order Credit/Debit Card	01/	23/2014	\$100.00		\$100.00			
1 yes, list Event 7 O12320175 Williey Order Cledit/Debit Card	l							

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I. MONETARY RECEIPT	S (S	ection A-I)	TYPE OF REPORT		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Team Boughton April 10 Filing - Original					
-					
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Scalzo		Paul		<u> </u>	0247
Residential Street Address	City	D 16.11		State	Zip Code
32 Tori Ln Principal Occupation		Brookfield Name of Employ	or	СТ	06804
Owner			o Property Management		
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Ye	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent enna e	x _{No}		
government the contract is with.	Date	Received	Aggregate Contributions	-	
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution: Yes X Personal Check Personal Check X Personal Check					
If yes, list Event # 01232014A No Cash Personal Check No	01/	23/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Scalzo		Andrea			0235
Residential Street Address	City			State	Zip Code
32 Tori Ln		Brookfield		СТ	06804
Principal Occupation		Name of Employ	er		•
Information Requested		Scalzo	Property Management		
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Ye	Amou	ant of Contribution
If yes, indicate which branch or branches of government the contract is with:		dependent enna c	x No		
Is this contribution associated with a fundamining agent listed in Section 112	Date	Received	Aggregate Contributions	1	
No Cash X Personal Check	01/	23/2014	\$100.00		\$100.00
If yes, list Event # 01232014A					
Last Name	First			MI	Contribution ID #
Rossman		Robert			0244
Residential Street Address	City			State	Zip Code
2 Southridge Rd		Brookfield		СТ	06804
Principal Occupation		Name of Employ	^{er} d Alarm Services		
Information Requested Is contributor a principal of a state contractor or prospective state contractor?				T Amou	ant of Contribution
Yes A No)	dependent child of	of a lobbyist?	s	an of Contribution
If yes, indicate which branch or branches of government the contract is with:			x No		
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
If yes, list Event # 01232014A	01/	23/2014	\$100.00		\$100.00
Lad Norm	First			MI	Contribution ID#
Last Name Giaquinto	FIISt	Joseph		MII	Contribution ID # 0238
Residential Street Address	City	лозерп		State	Zip Code
253 Rosewood Pl	City	Bridgeport		CT	06610
Principal Occupation		Name of Employ	er	-	
Retired		N/A			
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Ye	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:		- "	x No		
government the contract is with. Is this contribution associated with a	Date	Received	Aggregate Contributions	1	
Tunidasing event listed in Section 31:					
If yes, list Event # 01232014A	01/	23/2014	\$100.00		\$100.00

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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. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Handshy		Martin			0242				
Residential Street Address	City			State	Zip Code				
46 Casey Ln		Ridgefield		СТ	06877				
Principal Occupation		Name of Employ	er						
Builder		Martin	n Construction Management I	Inc					
Is contributor a principal of a state contractor or prospective state contractor?	_	Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
)	dependent child of	<u> </u>						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with a fundamining agent listed in Section 112	Date	Received	Aggregate Contributions						
X Parsonal Check									
U No □ □ ································	01/	23/2014	\$100.00		\$100.00				
If yes, list Event # 01232014A									
Last Name	First			MI	Contribution ID #				
Scalzo		Peter			0252				
Residential Street Address	City			State	Zip Code				
34B Obtuse Rd S		Brookfield		CT	06804				
Principal Occupation		Name of Employ	er						
Attorney		Gage	r Emerson et al	-					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or	Amou	nt of Contribution				
If yes, indicate which branch or branches of	-	dependent child of	of a fobbyist?						
government the contract is with:			x _{No}						
Is this contribution associated with a Sociate 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
Tuildiaising event listed in Section 31?									
If yes, list Event # 01232014A No Money Order Credit/Debit Card	01/	23/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Yamin		Robert			0231				
Residential Street Address	City			State	Zip Code				
66 Barnum Rd		Danbury		СТ	06811				
Principal Occupation		Name of Employ							
Attorney			n & Yamin, LLP						
Is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		1	x _{No}						
government the contract is with:	Doto	Received	Aggregate Contributions						
is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
No Cash Personal Check	01/	23/2014	\$100.00		\$100.00				
If yes, list Event # 01232014A	01/.	23/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Improta	1 1150	Paul			0240				
Residential Street Address	City	i dui		State	Zip Code				
11 Highview Ter		Bethel		CT	06801				
Principal Occupation		Name of Employ	er						
Insurance Agent			rwriters Inc						
			obbyist, spouse, or	Amou	nt of Contribution				
Yes X No)	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
government the contract is with:	Date	Received	Aggregate Contributions						
Is this contribution associated with a fundraising event listed in Section J1?									
No Cash X Personal Check	01/	23/2014	\$100.00		\$100.00				
If yes, list Event # 01232014A									

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L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Team Boughton			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Bernard		Alfred			0239				
Residential Street Address	City			State	Zip Code				
6 Highview Ter	<u> </u>	Bethel		СТ	06801				
Principal Occupation Real Estate		Name of Employ	er						
		Self Is contributor a l	obbyist, spouse, or	Amou	ant of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of	Voc	7 tinou	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with a X Voc Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? Cash Personal Check									
If yes, list Event # 01232014A No Money Order Credit/Debit Card	01/2	23/2014	\$100.00		\$100.00				
L AV	F: .				Louis D#				
Last Name Rist	First	Patricia		MI	Contribution ID #				
Residential Street Address	City	ratificia		State	Zip Code				
10 Shelter Rock Rd	,	Bethel		СТ	06801				
Principal Occupation		Name of Employ	er						
Operations Manager		Oracle	е						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	5	dependent child of	of a lobbyist?						
government the contract is with:			x No						
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
Cash Personal Check	01/	22/2014	* F0.00		#F0.00				
If yes, list Event # 01232014A No Money Order X Credit/Debit Card	01/.	23/2014	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
Murphy		Susan			0228				
Residential Street Address	City			State	Zip Code				
12 Cottontail Ln		Brookfield		СТ	06804				
Principal Occupation		Name of Employ	er						
Executive Director			field Chamber of Commerce						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x No						
government the contract is with:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
If yes, list Event # 01232014A No Cash X Personal Check Money Order Credit/Debit Card	01/2	23/2014	\$100.00		\$100.00				
If yes, list Event # 01232014A									
Last Name	First			MI	Contribution ID #				
Murphy		Jerome			0241				
Residential Street Address	City			State	Zip Code				
12 Cottontail Ln Principal Occupation	<u> </u>	Brookfield Name of Employ	or.	СТ	06804				
Realtor			o Realty						
			-1.1	Amou	ant of Contribution				
Yes X No	0	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
Tunidialising event listed in Section 31:									
If yes, list Event # 01232014A No Money Order Credit/Debit Card	01/2	23/2014	\$100.00		\$100.00				

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L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Team Boughton			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Cascio		Bernard			0229				
Residential Street Address	City			State	Zip Code				
6 Larch Dr		Danbury		СТ	06811				
Principal Occupation Information Requested		Name of Employ Self	er						
			obbyist, spouse, or	Amou	unt of Contribution				
Yes X No)	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with a X Voc Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? Cash Personal Check									
If yes, list Event # 01232014A No Money Order Credit/Debit Card	01/2	23/2014	\$100.00		\$100.00				
L AV	г			L	I c , i , i , m "				
Last Name Nuccitelli	First	Richard		MI	Contribution ID #				
Residential Street Address	City	Riciiaiu		State	Zip Code				
20 Orchard St Apt 205	,	Brookfield		CT	06804				
Principal Occupation		Name of Employ	er	<u>!</u>					
Realtor		Self							
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?						
government the contract is with:			X No						
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
Cash Personal Check	01/	23/2014	\$100.00		\$100.00				
If yes, list Event # 01232014A Money Order X Credit/Debit Card	01/.	25/2014	\$100.00						
Last Name	First			MI	Contribution ID #				
Colucci		John			0233				
Residential Street Address	City			State	Zip Code				
5 Saugatuck Ridge Rd		Danbury		СТ	06810				
Principal Occupation		Name of Employ							
Sales Management			chester Modular Homes Inc	A					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a fundamining event listed in Section 112.	Date	Received	Aggregate Contributions	1					
Tunidialising event listed in Section 31?									
If yes, list Event # 01232014A No Money Order Credit/Debit Card	01/2	23/2014	\$100.00		\$100.00				
				l	La . a . a . p. s				
Last Name Urquhart	First	Norman		MI	Contribution ID # 0234				
Residential Street Address	City	Norman		State	Zip Code				
220 Willow St		Waterbury		СТ	06710				
Principal Occupation		Name of Employ	er		1				
Real Estate		Coldw	vell Banker						
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent child of	x No						
government the contract is with: Legislative Legislative Mathed of contribution:	D-4	Danaiyad							
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
No Cash Personal Check	01/2	23/2014	\$100.00		\$100.00				
If yes, list Event # 01232014A	I			ı					

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I. MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	Ì		TYPE OF REPORT		
Team Boughton			April 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
vonMetzsch		Axel			0236
Residential Street Address	City			State	Zip Code
11 Candlewood Dr		Danbury		СТ	06811
Principal Occupation		Name of Employ	er		
Sales			Auto Parts		
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent enna c	x _{No}		
government the contract is with:	Date	Received	Aggregate Contributions	ł	
fundraising event listed in Section J1?	Dute	Received	Aggregate Contributions		
No Cash X Personal Check	01/	23/2014	\$100.00		\$100.00
If yes, list Event # 01232014A	,		,		
Last Name	First			MI	Contribution ID #
Santoro		Dominick			0237
Residential Street Address	City			State	Zip Code
28 Old Lantern Rd		Danbury		СТ	06810
Principal Occupation		Name of Employ	er	-	•
Financial Advisor		Self		_	
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent child of	<u> </u>		
government the contract is with:			x No		
Is this contribution associated with a fundraising event listed in Section J1? X Yes Method of contribution:	Date	Received	Aggregate Contributions		
No Cash X Personal Check		20/2011	4400.00		
If yes, list Event # 01232014A No Money Order Credit/Debit Card	01/.	23/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Stone	THSC	Dennis		IVII	0243
Residential Street Address	City	Demis		State	Zip Code
14 Black Swan		Brookfield		CT	06804
Principal Occupation		Name of Employ	er		
Real Estate		Chart	er Group		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution
Yes X No)	dependent child of	·		
government the contract is with:			x _{No}		
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
Tunidraising event insection 31:					
If yes, list Event # 01232014A Cash Cash Personal Check No Money Order Credit/Debit Card	01/2	23/2014	\$100.00		\$100.00
Last Name	First	.10		MI	Contribution ID #
Muoio	G'i	Alfie		Gr. i	0246
Residential Street Address 28 Farm Rd	City	Charman		State CT	Zip Code 06784
Principal Occupation		Sherman Name of Employ	er	Ci	00764
Information Requested			nation Requested		
			obbyist spanse or	Amou	nt of Contribution
Yes X No)	dependent child of	Vac		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
government the contract is with: Is this contribution associated with a	Date	Received	Aggregate Contributions	1	
Tunidiaising event risted in Section 31?					
If yes, list Event # 01232014A No	01/2	23/2014	\$100.00		\$100.00

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I. MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT					
Team Boughton			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Mattei		Alan			0248
Residential Street Address	City			State	Zip Code
99 Pppertree Hill Rd	L,	Southbury		СТ	06488
Principal Occupation		Name of Employ	er		
Retired Is contributor a principal of a state contractor or prospective state contractor?		N/A	obbyist, spouse, or	Amor	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o	dependent child of	37	Amot	ant of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
Tunidialising event listed in Section 31:					
If yes, list Event # 01232014A No Cash Credit/Debit Card	01/2	23/2014	\$100.00		\$100.00
				I	1
Last Name	First	14 1		MI	Contribution ID #
Flynn Residential Street Address	City	Kristen		State	0249 Zip Code
8 Butterfield Ln	City	Katonah		NY	10536
Principal Occupation		Name of Employ	er	141	10330
General Counsel			ield Crossing LLC		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of	o	dependent child of	of a lobbyist?		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
Tundraising event listed in Section 31:					
If yes, list Event # 01232014A No Money Order Credit/Debit Card	01/.	23/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Duff		William			0251
Residential Street Address	City			State	Zip Code
32 Long Meadow Ln		Bethel		СТ	06801
Principal Occupation		Name of Employ	er	-	-
Retired		N/A			
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ınt of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent enna c	x _{No}		
government the contract is with:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Duite	recerred	11gg. ogute continuations		
No Cash X Personal Check	01/2	23/2014	\$100.00		\$100.00
If yes, list Event# 01232014A					
Last Name	First			MI	Contribution ID #
Rollison		Howard			0253
Residential Street Address	City			State	Zip Code
89 Milwaukee Ave	L	Bethel		СТ	06801
Principal Occupation Owner		Name of Employ	er Field Services		
			.1.1	Amor	unt of Contribution
Yes X N	О	dependent child of	Vac		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
Tunidialising event listed in Section 31:					
If yes, list Event # 01232014A No Money Order Credit/Debit Card	01/2	23/2014	\$100.00		\$100.00

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I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT April 10 Filing - Original		
Team Boughton			April 10 Tilling - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Enright		Joseph			0256
Residential Street Address	City			State	Zip Code
6 Farm Rd	ļ.,	Sherman Name of Employ	ON .	СТ	06784
Principal Occupation Construction		1 ,	chester Modular Homes Inc		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent enna (x _{No}		
government the contract is with: Is this contribution associated with a fundringing event listed in Section 112. X Yes Method of contribution:	Date	Received	Aggregate Contributions		
lundraising event listed in Section 31:					
If yes, list Event # 01232014A No Cash Personal Check Money Order X Credit/Debit Card	01/	23/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Ferguson		Marisa			0200
Residential Street Address	City			State	Zip Code
4 Old Hayrake Rd		Danbury		СТ	06811
Principal Occupation		Name of Employ	er		
Student		N/A			
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		•	x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1? Yes Cash Representation of the Charles					
If yes, list Event # Cash X Personal Check Money Order Credit/Debit Card	01/	24/2014	\$20.00		\$20.00
Last Name	First			MI	Contribution ID #
Ferguson		Scott			0201
Residential Street Address	City			State	Zip Code
4 Old Hayrake Rd	<u> </u>	Danbury		СТ	06811
Principal Occupation		Name of Employ			
Tax Collector		-	f Danbury		
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o	dependent child of	obbyist, spouse, or	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
_					
If yes, list Event # Cash Money Order Personal Check Money Order Credit/Debit Card	01/	24/2014	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Ferguson		Mary Ann			0202
Residential Street Address	City			State	Zip Code
4 Old Hayrake Rd	<u> </u>	Danbury		СТ	06811
Principal Occupation		Name of Employ			
Payroll Supervisor			nt Transportation of America		
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	о	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of Executive Legislative		-	x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?					
If yes, list Event # Cash X Personal Check No Money Order Credit/Debit Card	01/	24/2014	\$100.00		\$100.00

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I, MONETARY RECEIPTS (Section A-I)								
	5 (5)	ection A-I)	I					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Type OF Report April 10 Filing - Original								
Team Boughton								
B. Itemized Contributions from	n Ind	lividuals	•					
Last Name	First			MI	Contribution ID #			
Zordan		Gerry			0194			
Residential Street Address	City			State	Zip Code			
232 Klug Hill Rd		Torrington		СТ	06790			
Principal Occupation		Name of Employ	er					
Management		Borge	eson					
			abbyigt groups or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	37					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
	Date	Received	Aggregate Contributions					
s this contribution associated with a fundraising event listed in Section J1?								
X No Cash Personal Check	01/	24/2014	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card	,	,	7					
Last Name	First			MI	Contribution ID #			
Pucilauskas	1 1150	Charles			0327			
Residential Street Address	City	Charles		State	Zip Code			
	City	Navastuals		1	06770			
39 Horton Hill Rd Apt 2G		Naugatuck		СТ	06770			
Principal Occupation		Name of Employ						
Information Requested		_	Busters Inc					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent enna (
government the contract is with: Executive Legislative								
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? Cash X Personal Check								
If yes, list Event # Cash Anney Order Credit/Debit Card	01/	24/2014	\$25.00		\$25.00			
Last Name	First			MI	Contribution ID #			
Young		Mary Jo			0199			
Residential Street Address	City			State	Zip Code			
18 Golden Hill Rd		Danbury		СТ	06811			
Principal Occupation		Name of Employ	er	-				
Processor		Blue S	Star Group					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution			
)	dependent child of	*					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with a fundacing event listed in Section 112	Date	Received	Aggregate Contributions					
tundraising event insect in Section 71:								
× No F cash	01/	24/2014	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Snyder		Steven			0193			
Residential Street Address	City			State	Zip Code			
212 Half Sunset Ter		Scott's Valley	/	CA	95066			
Principal Occupation		Name of Employ			35000			
Retired		N/A						
			obbyist, spouse, or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	Vac	1 111100				
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
Is this contribution associated with a Method of contribution:	Doto	Received	Aggregate Contributions	1				
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions					
X No Cash Personal Check	01/	24/2014	#100.00		¢100.00			
If yes, list Event # Money Order X Credit/Debit Card	I 01/.	24/2014	\$100.00		\$100.00			

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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. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Edwards		Robin			0195				
Residential Street Address	City			State	Zip Code				
22 N Beach Dr		New Fairfield	l	СТ	06812				
Principal Occupation		Name of Employ	er	-	•				
Asst Corporation Counsel		City o	of Danbury						
Is contributor a principal of a state contractor or prospective state contractor?	`		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a	Date	Received	Aggregate Contributions						
Tunidasing event issed in Section 71:									
If yes, list Event # Cash Credit/Debit Card	01/	24/2014	\$100.00		\$100.00				
in you, in a state in the state									
Last Name	First			MI	Contribution ID #				
Deakin		Michael			0196				
Residential Street Address	City			State	Zip Code				
3 Sycamore Ln		Brookfield		СТ	06804				
Principal Occupation		Name of Employ	er						
Bartender			ry Inc	i					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent cinia (
government the contract is with:									
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
Cash X Personal Check									
If yes, list Event # Money Order Credit/Debit Card	01/	24/2014	\$100.00		\$100.00				
T. M	г				G (7 (ID)				
Last Name	First	Cusan		MI	Contribution ID #				
Hajjar Residential Street Address	City	Susan		State	0197				
5 Pond Crest Rd	City	Danhuni		CT	Zip Code 06811				
Principal Occupation	<u> </u>	Danbury Name of Employ	or	Ci	00011				
IT Exec		IBM	Ci						
			obbyist, spouse, or	Amou	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes)	dependent child of		711100	in or commount				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
X No Cash X Personal Check	01/	24/2014	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Hajjar		Dick			0198				
Residential Street Address	City			State	Zip Code				
5 Pond Crest Rd		Danbury		СТ	06811				
Principal Occupation		Name of Employ	er	-	•				
Information Requested		Inforr	mation Requested						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
If yes, list Event # Cash Credit/Debit Card	01/	24/2014	\$100.00		\$100.00				
<u> </u>									

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I, MONETARY RECEIPT	S (S	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT					
Team Boughton			April 10 Filing - Original		
B. Itemized Contributions from	n Inc	lividuals			
Last Name	First			MI	Contribution ID #
Casagrande		Daniel			0203
Residential Street Address	City			State	Zip Code
58 Milwaukee Ave		Bethel		СТ	06810
Principal Occupation		Name of Employ	er		
Attorney			er & Anderson LLP		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution
If yes, indicate which branch or branches of government the contract is with:		acpendent emid e	x No		
Is this contribution associated with a Yes Yes	Date	Received	Aggregate Contributions		
tundraising event listed in Section J1?					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	01/	24/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Otto	11130	Katrina		IVII	0204
Residential Street Address	City	Ratifia		State	Zip Code
6 Cushing Dr		Danbury		СТ	06811
Principal Occupation		Name of Employ	er		
Property Manager		Rock	Ridge Est. Management		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	int of Contribution
- -)	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with a Yes Yes	Date	Received	Aggregate Contributions		
Tundraising event listed in Section J1? X No Cash Personal Check	01/	24/2014	\$50.00		\$50.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Salem		Tim			0205
Residential Street Address	City			State	Zip Code
10 Connecticut Ave		Danbury		СТ	06810
Principal Occupation		Name of Employ			
Education			field Public Schools		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	obbyist, spouse, or	Amou	int of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
Indicates the Section 31:					
If yes, list Event # Cash Credit/Debit Card Cash Personal Check Credit/Debit Card Cash Ca	01/	25/2014	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Salvador		Dominica			0209
Residential Street Address	City			State	Zip Code
16 Zachery Ln		New Milford		СТ	06776
Principal Occupation	-	Name of Employ	er	-	•
CNA		Masor	nicare		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?			· · - · -		
If yes, list Event #	01/	25/2014	\$100.00		\$100.00

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I. MONETARY RECEIPT	S (Sc	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT April 10 Filing - Original				
Team Boughton			7 prii 10 r iiing - Originai		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Salvador		Justin		_	0211
Residential Street Address	City	New Milford		State	Zip Code 06776
16 Zachery Ln Principal Occupation	<u> </u>	Name of Employ	er	СТ	00776
Manager		Nielso			
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of	<i>_</i>	dependent child of	of a lobbyist?		
government the contract is with: Executive Legislative	- D	D : 1	x _{No}		
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash Personal Check	01/	25/2014	\$100.00		\$100.00
If yes, list Event #			Ψ100.00		
Last Name	First			MI	Contribution ID #
Moran		Timothy			0210
Residential Street Address	City			State	Zip Code
17 Evans St	<u> </u>	Waterbury		СТ	06708
Principal Occupation		Name of Employ	er		
Owner Is contributor a principal of a state contractor or prospective state contractor?	-	Self	obbyist, spouse, or	Amou	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	dependent child of	Vac	Aillot	in of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a Sociated with a Yes Method of contribution:	Date	Received	Aggregate Contributions		
Tundraising event listed in Section J1?					
If yes, list Event #	01/2	25/2014	\$100.00		\$100.00
				l	I
Last Name Moran	First	Jonathan		MI	Contribution ID # 0212
Residential Street Address	City	Juliatilali		State	Zip Code
222 Old Hawleyville Rd		Bethel		CT	06801
Principal Occupation		Name of Employ	er		
Manager		Benfie	eld Electric		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.	o		obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent child of	I a loooyist:		
government the contract is with: Is this contribution associated with a Method of contribution: Method of contribution:	Data	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X No Cash Personal Check	01/:	25/2014	\$100.00		\$100.00
If yes, list Event #	Ь				
Last Name	First			MI	Contribution ID #
Nahom	$oxed{oxed}$	Maria			0215
Residential Street Address	City			State	Zip Code
21 Summit St	Щ,	New Milford		СТ	06776
Principal Occupation Information Requested		Name of Employ	rn Connector Specialty		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution
Yes X No	D	dependent child of	Vac		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
Tundraising event fisted in Section 31?					
X No Cash Personal Check If yes, list Event # Cash Cash Cash Cash Cash Cash Cash Cash	01/2	25/2014	\$100.00		\$100.00

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Team Boughton			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Nahom		Edmund			0216				
Residential Street Address	City			State	Zip Code				
21 Summit St		New Milford		СТ	06776				
Principal Occupation		Name of Employ	er						
N/A		None							
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent child of	x No						
government the contract is with: Is this contribution associated with a Method of contribution: Method of contribution:	Doto	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
X No Cash X Personal Check	01/	25/2014	\$100.00		\$100.00				
If yes, list Event # Money Order	01/	25/2014	Ψ100.00						
Last Name	First			MI	Contribution ID #				
Nahom		Michael			0214				
Residential Street Address	City			State	Zip Code				
18 Hickory Hearth Ln		New Milford		СТ	06776				
Principal Occupation		Name of Employ	er		•				
Sales		Easte	rn Connector Specialty						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	of a foodyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
iundraising event listed in Section J1?									
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	01/	25/2014	\$100.00		\$100.00				
T. AV	Б			\ <i>a</i>	Louis B"				
Last Name Riemer	First	William		MI	Contribution ID # 0218				
Residential Street Address	City	vviiiiaiii		State	Zip Code				
50 W District Rd	City	Farmington		CT	06085				
Principal Occupation		Name of Employ	er	C.	1 00003				
IT Director		1 ,	y & Lewis						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution				
)	dependent child of	-						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
Tundraising event listed in Section 31?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/	25/2014	\$95.00		\$90.00				
				L					
Last Name	First	Devil		MI	Contribution ID #				
Formica Residential Street Address	City	Paul		State	O213 Zip Code				
20A Bush Hill Dr	City	Niantic		CT	06357				
Principal Occupation		Name of Employ	er	C.	1 00337				
First Selectman			of East Lyme						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution				
)	dependent child of	or a robbyist?						
If yes, indicate which branch or branches of government the contract is with:			x No						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/	25/2014	\$100.00		\$100.00				

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Team Boughton			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Michael		Louise			0208				
Residential Street Address	City			State	Zip Code				
87 Deer Hill Ave		Danbury		СТ	06810				
Principal Occupation Clerk		Name of Employ							
		-	f Danbury obbyist, spouse, or	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	о	dependent child of	Voc	111100	ant of Continuation				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
Tunidialising event listed in Section 31:									
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	01/	25/2014	\$25.00		\$25.00				
	L .								
Last Name	First	- .		MI	Contribution ID #				
Janney Residential Street Address	City	Eric		State	0206 Zip Code				
975 Stonington Rd	City	Pawcatuck		CT	06379				
Principal Occupation		Name of Employ	er	CI	1 00373				
Attorney			Janney & Pascal LLC						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution				
If yes, indicate which branch or branches of	0	dependent child of	<u></u>						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a fundaciona event licted in Section 112.	Date	Received	Aggregate Contributions						
Cash Personal Check	l								
If yes, list Event # Money Order Credit/Debit Card	01/	25/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Janney	1 1150	Kay			0207				
Residential Street Address	City			State	Zip Code				
97 Three Acre Rd		Groton		СТ	06340				
Principal Occupation		Name of Employ	er	=	•				
Retired		N/A							
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent ennu (x No						
government the contract is with: Is this contribution associated with a Method of contribution: Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
X No Cash X Personal Check	01/	25/2014	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Chory		Mark			0217				
Residential Street Address	City			State	Zip Code				
14 Eastwood Rd		Danbury		СТ	06811				
Principal Occupation		Name of Employ							
VP - Commercial Lending Is contributor a principal of a state contractor or prospective state contractor?			Savings Bank obbyist, spouse, or	Amou	unt of Contribution				
Yes X N	0	dependent child of		Amou	an or contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Mathed of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? Yes Cash Personal Check									
If yes, list Event # Cash Credit/Debit Card	01/	25/2014	\$100.00		\$100.00				

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I. MONETARY RECEIPT	S (S	ection A-I)	1					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT April 10 Filing - Original					
Team Boughton			7 April 10 Tilling Chightan					
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Peters		Donald			0219			
Residential Street Address	City	F 6: -14		State	Zip Code			
16 Dorothy St		Enfield Name of Employ	er	СТ	06082			
Principal Occupation Name of Employer Software Developer Self								
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of government the contract is with:			x No					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? Yes Cash Personal Check								
If yes, list Event # Cash Credit/Debit Card	01/	26/2014	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Bryant		Alexis			0220			
Residential Street Address	City			State	Zip Code			
2055 Twin Hills Dr		Santa Cruz		CA	95065			
Principal Occupation		Name of Employ	er	-				
Information Requested			nation Requested					
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		dependent enna (x No					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? Yes Cash Personal Check								
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	01/	26/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Snyder		Robert			0221			
Residential Street Address	City			State	Zip Code			
2055 Twin Hills Dr		Santa Cruz		CA	95065			
Principal Occupation		Name of Employ						
Information Requested			nation Requested	A	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o	dependent child of	obbyist, spouse, or	Amou	.nt of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
Tundraising event listed in Section 31?	l							
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	01/	26/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Dye		Kyleen			0222			
Residential Street Address	City			State	Zip Code			
1729 Creekside Ln		Vista		CA	92081			
Principal Occupation		Name of Employ	er					
Online Studio Manager		Self						
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		-	x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1				
fundraising event listed in Section J1?			•					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	01/	26/2014	\$100.00		\$100.00			

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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. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Dye		James			0223			
Residential Street Address	City			State	Zip Code			
1729 Creekside Ln		Vista		CA	92081			
Principal Occupation Attorney		Name of Employ	rer r & Phillips, LLC					
			lobbyist, spouse, or	Amou	ant of Contribution			
Yes X No	0	dependent child of	Vac					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? Social Cash Personal Check Personal Check								
If yes, list Event # No Money Order X Credit/Debit Card	01/	26/2014	\$100.00		\$100.00			
Last Name	First		•	MI	Contribution ID #			
Pace	1 1130	Jim		1411	0224			
Residential Street Address	City			State	Zip Code			
23886 Huntington Ct		Murrieta		CA	92562			
Principal Occupation		Name of Employ	rer		•			
Retired		N/A						
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	lobbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent ennu (x No					
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Dute	Received	riggiogate contributions					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	01/	27/2014	\$25.00		\$25.00			
If yes, list Event # Money Order X Credit/Debit Card								
Last Name	First			MI	Contribution ID #			
Chapman		Susan			0225			
Residential Street Address	City			State	Zip Code			
6 Old Bridge Rd W Principal Occupation		New Fairfield Name of Employ		СТ	06812			
First Selectman			of New Fairfield					
			lobbyist, spouse, or	Amou	ınt of Contribution			
Yes 🔼 N	D	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? X No								
If yes, list Event # No Money Order Credit/Debit Card	01/	27/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Fleishell		James			0265			
Residential Street Address	City			State	Zip Code			
34 Legendary Rd		East Lyme		СТ	06333			
Principal Occupation		Name of Employ	rer					
Retired		N/A						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	lobbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
If yes, list Event # 01282014A	01/	28/2014	\$25.00		\$25.00			
- Jon, and a circumstant and a circumstant card				l				

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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. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Sistare		F. Kent			0263				
Residential Street Address	City			State	Zip Code				
22 Westchester Dr		East Lyme		СТ	06333				
Principal Occupation Retired		Name of Employ N/A	rer						
			lobbyist, spouse, or	Amou	ant of Contribution				
Yes X No	0	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with a fundraising event listed in Section 112	Date	Received	Aggregate Contributions						
Cash Personal Check									
If yes, list Event # 01282014A No Money Order Credit/Debit Card	01/	28/2014	\$50.00		\$50.00				
Last Name	First		•	MI	Contribution ID #				
Steward	1 1150	Katherine			0258				
Residential Street Address	City			State	Zip Code				
37 Riverside Dr		Waterford		СТ	06385				
Principal Occupation		Name of Employ	rer		•				
Teacher			rford BOE						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	lobbyist, spouse, or	Amount of Contribution					
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Bute	110001100	Tiggiogate Commoditions						
No Cash X Personal Check	01/	28/2014	\$100.00		\$100.00				
If yes, list Event # 01282014A									
Last Name	First			MI	Contribution ID #				
Fraser		Wayne			0255				
Residential Street Address	City	Esst Lives		State	Zip Code				
22 Gurley Rd Principal Occupation		East Lyme Name of Employ	ror	СТ	06333				
Retired		N/A	Ci						
Is contributor a principal of a state contractor or prospective state contractor?		-	obbyist, spouse, or	Amou	ant of Contribution				
If yes, indicate which branch or branches of	0	dependent child of							
government the contract is with:			x _{No}						
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
No Cash Personal Check	01,	20/2014	+ F0.00		+ F0.00				
If yes, list Event # 01282014A Money Order X Credit/Debit Card	01/	28/2014	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
Seery		Kevin			0259				
Residential Street Address	City			State	Zip Code				
25 Quailcrest Rd		East Lyme		СТ	06333				
Principal Occupation		Name of Employ							
State Trooper			of CT						
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of	lobbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		-	x _{No}						
government the contract is with:	Date	Received	Aggregate Contributions						
Is this contribution associated with a fundraising event listed in Section J1? X Yes									
If yes, list Event # 01282014A No Cash Personal Check Money Order Credit/Debit Card	01/	28/2014	\$100.00		\$100.00				
			l	l					

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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. Itemized Contributions from	m Ind	lividuals						
Last Name Kleinhans	First	Eleanor		MI	Contribution ID # 0260			
Residential Street Address	City			State	Zip Code			
64 Old Black Point Rd	<u> </u>	Niantic		СТ	06357			
Principal Occupation		Name of Employ						
Realtor			vell Banker					
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	0	Is contributor a li dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
No Cash X Personal Check	01/	28/2014	¢100.00		\$100.00			
If yes, list Event # 01282014A	01/2	28/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Giuliano		Marilyn			0268			
Residential Street Address	City			State	Zip Code			
43 Cricket Ct	L	Old Saybrook		СТ	06475			
Principal Occupation		Name of Employ						
Legislator Is contributor a principal of a state contractor or prospective state contractor?		State	11 14	Amou	ant of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o	dependent child of	Vac	Amou	ant of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a fundamining event listed in Section 112	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? Cash Response Check								
If yes, list Event # 01282014A No Money Order Credit/Debit Card	01/2	28/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Percy		Stephen			0257			
Residential Street Address	City			State	Zip Code			
14 New Shore Rd	Ļ.,	Waterford		СТ	06385			
Principal Occupation Information Requested		Name of Employ	er nation Requested					
·			obbyist shouse or	Amou	unt of Contribution			
Yes 🔼 N	o	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
Tunidialising event listed in Section 31:	l							
If yes, list Event # 01282014A No Scale Money Order Credit/Debit Card	01/2	28/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Davis		Linda			0227			
Residential Street Address	City			State	Zip Code			
91 Inchcliffe Dr	L.,	Gales Ferry		СТ	06335			
Principal Occupation		Name of Employ	er					
Real Estate Is contributor a principal of a state contractor or prospective state contractor?		Self Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution			
Yes X N	0	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? Tes Cash Personal Check P								
No I Manus Order X C. 15/20 15/20 1	01/2	28/2014	\$100.00	1	\$100.00			

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Team Boughton			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Kelley		Steven			0262				
Residential Street Address	City			State	Zip Code				
8 Joval St		East Lyme		СТ	06333				
Principal Occupation Retired		Name of Employ	er						
		N/A Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of	Vac	7 tinou	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with a X Voc Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? Cash Personal Check									
If yes, list Event # 01282014A No Money Order Credit/Debit Card	01/	28/2014	\$100.00		\$100.00				
L AV	F: .				Louis B"				
Last Name	First	William		MI	Contribution ID #				
Darcy Residential Street Address	City	vviiiiaiii		State	Zip Code				
35 Pompey Hollow Rd		Ashford		СТ	06278				
Principal Occupation		Name of Employ	er						
Attorney		Self							
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	5	dependent child of	of a lobbyist?						
government the contract is with:			x No						
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
Cash Personal Check	01/	20/2014	* F0.00		#F0.00				
If yes, list Event # Money Order X Credit/Debit Card	01/.	28/2014	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
Palazzo		Rita			0266				
Residential Street Address	City			State	Zip Code				
43 Sleepy Hollow Rd		Niantic		СТ	06357				
Principal Occupation		Name of Employ	er						
Retired		N/A							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		i	x No						
government the contract is with:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
If yes, list Event # 01282014A No Cash X Personal Check Money Order Credit/Debit Card	01/	28/2014	\$50.00		\$50.00				
If yes, list Event # 01282014A									
Last Name	First			MI	Contribution ID #				
Holbrook		Sid			0267				
Residential Street Address	City			State	Zip Code				
455 Essex Rd	<u> </u>	Westbrook	on.	СТ	06498				
Principal Occupation Executive Director		Name of Employ GNHV							
			-11	Amou	ant of Contribution				
Yes X No	0	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
Tunidialising event listed in Section 31:									
If yes, list Event # 01282014A No Money Order Credit/Debit Card	01/	28/2014	\$75.00		\$75.00				

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I. MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT					
Team Boughton			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Sailer		Alice			0261
Residential Street Address	City			State	Zip Code
7 Gooseberry Ln	L	Niantic		СТ	06357
Principal Occupation		Name of Employ	er		
Retired Is contributor a principal of a state contractor or prospective state contractor?		N/A	obbyist, spouse, or	Amou	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes N	0	dependent child of	Vac	Amot	int of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a	Date	Received	Aggregate Contributions	1	
Tunidialising event listed in Section 31:					
If yes, list Event # 01282014A No Cash Credit/Debit Card	01/2	28/2014	\$100.00		\$100.00
				L	
Last Name	First	Moule		MI	Contribution ID #
Ennis Residential Street Address	City	Mark		State	0264 Zip Code
34 Jeremy Dr	City	East Lyme		CT	06333
Principal Occupation		Name of Employ	er	<u> </u>	1 00000
Owner		Thom	as L. Neilan & Sons		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of	0	dependent child of	of a lobbyist?		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
No Cash X Personal Check	04.0	20/2014	+400.00		+100.00
If yes, list Event # 01282014A	01/.	28/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Vincent		Lee			0269
Residential Street Address	City			State	Zip Code
1 New London Rd		Mystic		СТ	06355
Principal Occupation		Name of Employ	er		
Retired		N/A			
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		F	X No		
government the contract is with:	Date	Received	Aggregate Contributions	-	
s this contribution associated with a fundraising event listed in Section J1?					
No No Cash X Personal Check	01/2	28/2014	\$25.00		\$25.00
If yes, list Event # 01282014A					
Last Name	First			MI	Contribution ID #
Сорр		Cheryl Ann			0315
Residential Street Address	City			State	Zip Code
138 Plant St		New London	or.	СТ	06320
Principal Occupation Receptionist		Name of Employ	er Hospital		
Is contributor a principal of a state contractor or prospective state contractor?			-1.1	Amou	unt of Contribution
Yes X N	0	dependent child of	Vac		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
Tundraising event listed in Section 31?					
If yes, list Event # 01292014A	01/2	29/2014	\$25.00		\$25.00

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I. MONETARY RECEIPT	S (S	ection A-I)	1					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT April 10 Filing - Original					
Team Boughton April 10 Filing - Original								
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Dombek		Janet			0316			
Residential Street Address	City	Naminatan		State	Zip Code			
23 Judge Ln		Newington	or	СТ	06111			
Principal Occupation Name of Employer HIM Director L&M Hospital								
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a X Voc Method of contribution:	Date	Received	Aggregate Contributions	1				
fundraising event listed in Section J1? Cash Representation Cash Representation Cash Cash Representation Cash C								
If yes, list Event # 01292014A No Money Order Credit/Debit Card	01/	29/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Marku		Petrit			0317			
Residential Street Address	City			State	Zip Code			
19 Westwood Dr		Waterford		СТ	06385			
Principal Occupation		Name of Employ	er					
Information Requested			utiful Co LLC	1				
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of government the contract is with:		acpendent enna e	x No					
Is this contribution associated with a fundamining event listed in Section 112	Date	Received	Aggregate Contributions					
Cash								
If yes, list Event # 01292014A No Money Order Credit/Debit Card	01/	29/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Tom		Geraldine			0318			
Residential Street Address	City			State	Zip Code			
16 Old Black Point Rd		Niantic		СТ	06357			
Principal Occupation		Name of Employ						
Owner			's Cleaners Inc	A				
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amot	unt of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions					
Tundraising event listed in Section 31:		20/2011	4400.00					
If yes, list Event # 01292014A No Cash Personal Check Money Order Credit/Debit Card	01/.	29/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Sprecace		Adam			0320			
Residential Street Address	City			State	Zip Code			
124 Gardner Ave		New London		СТ	06320			
Principal Occupation		Name of Employ						
Mechanical Engineer			ral Dynamics	Amor	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with.	Date	Received	Aggregate Contributions					
Is this contribution associated with a fundraising event listed in Section J1? X Yes Method of contribution: (Cash X Personal Check Personal Check Yes								
If yes, list Event # 01292014A	01/	29/2014	\$25.00		\$25.00			

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L 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. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Kopchik		Ken			0322				
Residential Street Address	City			State	Zip Code				
125 Fairchild Rd	L	Stratford		СТ	06614				
Principal Occupation Administrator		Name of Employ							
			obbyist, spouse, or	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	о	dependent child of	Voc	111100	ant of Continuation				
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with a X Voc Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? Cash Personal Check									
If yes, list Event # 01292014A No Money Order Credit/Debit Card	01/2	29/2014	\$100.00		\$100.00				
	I			l					
Last Name	First	l/aith		MI	Contribution ID #				
Robbins Residential Street Address	City	Keith		State	0325 Zip Code				
118 Gardner Ave	City	New London		CT	06320				
Principal Occupation	-	Name of Employ	er						
Sales		GCE							
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	5	dependent child of	of a lobbyist?						
government the contract is with:			x No						
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
No Cash X Personal Check	01/	20/2014	¢50.00		¢50.00				
If yes, list Event # 01292014A	01/.	29/2014	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
Cruthers		David			0326				
Residential Street Address	City			State	Zip Code				
5 Prospect St	<u> </u>	Groton		СТ	06340				
Principal Occupation		Name of Employ							
Assoc. Dir. of Development			Point School						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		•	x No						
government the contract is with:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? X Yes Method of contribution: X Personal Check									
If yes, list Event # 01292014A No Cash X Personal Check Money Order Credit/Debit Card	01/2	29/2014	\$100.00		\$100.00				
If yes, list Event # O1232017A Information of the I									
Last Name	First			MI	Contribution ID #				
Patten		Robert		_	0319				
Residential Street Address	City	Waterford		State CT	Zip Code 06385				
12 Memory Ln Principal Occupation	<u> </u>	Waterford Name of Employ	er	CI	00303				
Financial Advisor			an Stanley						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution				
	0	dependent child of	a loodyist?						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
Tunidialising event listed in Section 31:									
If yes, list Event # 01292014A No Money Order Credit/Debit Card	01/2	29/2014	\$100.00		\$100.00				

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I, MONETARY RECEIPTS (Section A-I)								
	5 (50	ection A-I)	I TYPE OF PERONT					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT					
Team Boughton			April 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Ribas		Francisco			0323			
Residential Street Address	City			State	Zip Code			
52 New Shore Rd		Waterford		СТ	06385			
Principal Occupation		Name of Employ	er					
Civil Engineer		Ganne	ett Fleming Inc					
			obbyist spouse or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	Vac					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a fundamining event listed in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
rundraising event risted in Section 31:								
No Cash X Personal Check	01/2	29/2014	\$100.00		\$100.00			
If yes, list Event # 01292014A								
Last Name	First			MI	Contribution ID #			
LaCombe		Richard			0321			
Residential Street Address	City			State	Zip Code			
165 Clark Ln		Waterford		СТ	06385			
Principal Occupation		Name of Employ	er	<u> </u>				
Retired		N/A	•					
			obbyist, spouse, or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	7 tinou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with:	Dete	D						
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
Cash X Personal Check		20/2014	4400.00					
If yes, list Event # 01292014A No Money Order Credit/Debit Card	01/.	29/2014	\$100.00		\$100.00			
· · · · · · · · · · · · · · · · · · ·								
Last Name	First			MI	Contribution ID #			
Greco		Vincenzo			0270			
Residential Street Address	City			State	Zip Code			
36 London Ave		Oneonta		NY	13820			
Principal Occupation		Name of Employ	er					
Teacher		JCS						
Is contributor a principal of a state contractor or prospective state contractor?	,	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child o	a lobbyist:					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Method of contribution: Superscript Section 112 Yes	Date	Received	Aggregate Contributions					
Tandraising event insect in Section 31:								
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	01/2	29/2014	\$25.00		\$25.00			
Last Name	First			MI	Contribution ID #			
Alosco		Mario			0271			
Residential Street Address	City			State	Zip Code			
7 Harold Ave		Wilmington		MA	01887			
Principal Occupation		Name of Employ	er					
Partner		Radiu	s Partners					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a foodyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Method of contribution: See Section 112 Yes	Date	Received	Aggregate Contributions					
rundraising event listed in Section J1?								
If yes, list Event #	01/2	29/2014	\$100.00		\$100.00			

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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. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Proteau		Kathryn			0274			
Residential Street Address	City			State	Zip Code			
181 Ball Pond Rd		New Fairfield		СТ	06812			
Principal Occupation		Name of Employ	er					
Mortgage Processor		Newto	own Savings Bank					
Is contributor a principal of a state contractor or prospective state contractor?	Jo.		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	••	dependent child of	of a fobbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
Cash Personal Check	l							
If yes, list Event # Money Order X Credit/Debit Card	01/	29/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Proteau	First	Jacques		IVII	0275			
Residential Street Address	City	Jacques		State	Zip Code			
181 Ball Pond Rd		New Fairfield		CT	06812			
Principal Occupation		Name of Employ			00012			
Construction		Self						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution			
	No	dependent child of	of a lobbyist? Yes					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
If yes, list Event #	01/	29/2014	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card								
Last Name	First			MI	Contribution ID #			
DeMayo		Donna			0276			
Residential Street Address	City			State	Zip Code			
20 E Pembroke Rd Unit 59		Danbury		СТ	06811			
Principal Occupation		Name of Employ	er					
Teacher			ury Public Schools					
Is contributor a principal of a state contractor or prospective state contractor?	No	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent ennu (x No					
government the contract is with:	I D.	D : 1						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash Personal Check	01/	29/2014	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card	01/	29/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Laber		Robert			0277			
Residential Street Address	City			State	Zip Code			
14 Driftway Point Rd		Danbury		СТ	06811			
Principal Occupation	•	Name of Employ	er					
Sales		Ingen	soll Auto of Danbury					
Is contributor a principal of a state contractor or prospective state contractor?	No.		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a lobbyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
If yes, list Event # Cash Personal Check Cash Personal Check Money Order X Credit/Debit Card	01/	29/2014	\$100.00		\$100.00			

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L MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Team Boughton			April 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Hansen		David			0278			
Residential Street Address	City			State	Zip Code			
31 Longview Ave	<u> </u>	Danbury		СТ	06811			
Principal Occupation		Name of Employ						
Engineer Is contributor a principal of a state contractor or prospective state contractor?			d Technologies obbyist, spouse, or	Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	Voc	Amou	ant of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
tundraising event risted in Section 31:								
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	01/	29/2014	\$100.00		\$100.00			
					I			
Last Name	First			MI	Contribution ID #			
Curran Residential Street Address	City	Val		State	0279 Zip Code			
149 Captaine Graves	City	Williamsburg	1	VA	23185			
Principal Occupation		Name of Employ		VA	23103			
Radiologist		Penin	sula Radiological Associates					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	ant of Contribution			
If yes, indicate which branch or branches of	3	dependent child of	<u> </u>					
government the contract is with:			x _{No}					
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
Cash Personal Check	04.0	20/2014	+400.00		+100.00			
If yes, list Event # Money Order X Credit/Debit Card	01/.	29/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Pearlman		Pauline			0273			
Residential Street Address	City			State	Zip Code			
14 Marion St		Danbury		СТ	06810			
Principal Occupation		Name of Employ	er					
N/A		N/A						
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x No					
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	01/	29/2014	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Doyle		Michael			0324			
Residential Street Address	City	Name I amalam		State	Zip Code			
67 Faire Harbor Pl Principal Occupation		New London Name of Employ	or	СТ	06320			
Retired		N/A	Ci					
			obbyist, spouse, or	Amou	ant of Contribution			
	0	dependent child of	of a lobbyist? Yes					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
Tunkinassing event isseet in Section 31:								
If yes, list Event # 01292014A	01/	29/2014	\$100.00		\$100.00			

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I, MONETARY RECEIPTS (Section A-I)								
	5 (50	ection A-I)	I					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT					
Team Boughton			April 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals	•					
Last Name	First			MI	Contribution ID #			
Whitcomb		John			0272			
Residential Street Address	City			State	Zip Code			
198 Southern Blvd		Danbury		СТ	06810			
Principal Occupation		Name of Employ	er					
Manager		Self						
		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a fundamental section 112 Yes Wethold of contribution:	Date	Received	Aggregate Contributions					
rundraising event instea in section 11:								
X No Cash Personal Check	01/2	29/2014	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card		•			·			
Last Name	First			MI	Contribution ID #			
Fluskey-Lattin		Annrose			0280			
Residential Street Address	City	Aiiiiose		State	Zip Code			
19 W Pine Dr	City	Danbuny		CT	06811			
Principal Occupation		Danbury Name of Employ	on.	CI	00011			
		1 7						
Teacher			rd Central Schools					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution			
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? Yes Method of contribution:	Date	Received	Aggregate Contributions					
_								
If yes, list Event # Cash Credit/Debit Card	01/2	29/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Hoffstaetter		Frederick			0293			
Residential Street Address	City			State	Zip Code			
6 N Nabby Rd		Danbury		СТ	06811			
Principal Occupation		Name of Employ	er	-				
N/A		N/A						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution			
)	dependent child of	*					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
To this contribution are sixed with a	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
X No Zash Personal Check	01/3	30/2014	\$20.00		\$20.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Farley		John			0286			
Residential Street Address	City	30		State	Zip Code			
111 Oneida Dr	City	Greenwich		CT	06830			
Principal Occupation		Name of Employ	ar .		00030			
Real Estate								
			obbyist, spouse, or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	7 111100	commount			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with:	Dot-	Pagaiyad		-				
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash Personal Check		20/2014	+100.00		±100.00			
If yes, list Event # Money Order X Credit/Debit Card	01/3	30/2014	\$100.00		\$100.00			

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I. MONETARY RECEIPTS (Section A-I)								
	2 (20	ection A-I)	TYPE OF REPORT					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Team Boughton			April 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Bruno		Jennifer			0299			
Residential Street Address	City			State	Zip Code			
45 Codfish Hill Rd		Bethel		СТ	06801			
Principal Occupation		Name of Employ	er					
Homemaker		N/A						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
rundraising event instea in section 11:								
X No Cash X Personal Check	01/	30/2014	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Wetmore		Barbara			0288			
Residential Street Address	City	Barbara		State	Zip Code			
117 Great Plain Rd	City	Danhuni		CT	06811			
Principal Occupation		Danbury Name of Employ	or .	CI	00011			
		1 7						
Food Services			ury School Lunch Program					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent enna (<u> </u>					
government the contract is with:			x No					
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? Cash Personal Check								
If yes, list Event # Cash Credit/Debit Card	01/	30/2014	\$100.00		\$100.00			
,								
Last Name	First			MI	Contribution ID #			
Malloy		Thomas			0283			
Residential Street Address	City			State	Zip Code			
80 Sekelsky Dr		Stratford		СТ	06614			
Principal Occupation		Name of Employ	er	-	-			
International Security		Altusi	ng					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
)	dependent child of	*					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
To this contribution are sixed with a	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
X No Cash Personal Check	01/	30/2014	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card		•			·			
Last Name	First			MI	Contribution ID #			
Elmer		Palma			0294			
Residential Street Address	City	Tallila		State	Zip Code			
	City	Danbuny		CT	06811			
9 Apple Blossom Ln		Danbury Name of Employ	or	Ci	00011			
Principal Occupation		Name of Employ						
Owner -			's Diner					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution			
If yes, indicate which branch or branches of			x _{No}					
government the contract is with: Executive Legislative	- F	n · ·						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
llyl a								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/	30/2014	\$100.00		\$100.00			

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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. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Honiss		James			0281			
Residential Street Address	City			State	Zip Code			
50 Wagon Rd		Glastonbury		СТ	06033			
Principal Occupation		Name of Employ	er					
Retired		N/A						
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child (
government the contract is with: Executive Legislative	_							
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash Personal Check	01/	30/2014	¢10.00		¢10.00			
If yes, list Event # Money Order X Credit/Debit Card	01/.	30/2014	\$10.00		\$10.00			
Last Name	First			MI	Contribution ID #			
Vitetta	1 1150	Connie			0292			
Residential Street Address	City			State	Zip Code			
10 Old Farm Rd		Danbury		СТ	06810			
Principal Occupation		Name of Employ	er					
Retired		N/A						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:			x No					
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions					
rundraising event listed in Section J1?								
If yes, list Event # Cash Credit/Debit Card	01/	30/2014	\$25.00		\$25.00			
Last Name	First	5 1		MI	Contribution ID #			
Ingham Residential Street Address	City	Paula		State	0285			
7 Roger Ave	City	Danbury		CT	Zip Code 06810			
Principal Occupation		Name of Employ	er	Ci	00010			
Retired		N/A						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution			
)	dependent child of						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with a	Date	Received	Aggregate Contributions					
rundraising event listed in Section J1?								
If yes, list Event # Cash Credit/Debit Card	01/	30/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Brandt	O.	DeeDee		g	0282			
Residential Street Address	City	Calom		State SC	Zip Code			
739 Placid Cove Way Principal Occupation		Salem Name of Employ	or .	SC	29676			
Retired		Name of Employ	O.					
			obbyist, spouse, or	Amou	nt of Contribution			
Yes X No)	dependent child of	Vac					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	01/	30/2014	\$100.00		\$100.00			
July 51 and 10 a	L			l				

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I. MONETARY RECEIPT	'S (S	ection A_D			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	13 (31	X11011 A-1)	TYPE OF REPORT		
Team Boughton			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			1
Last Name	First			MI	Contribution ID #
Hawk		James			0284
Residential Street Address	City			State	Zip Code
7 Marbil Rd		Danbury		СТ	06811
Principal Occupation		Name of Employ			
Accountant			anari Fuel		
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	0	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent enna (
government the contract is with:					
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash Personal Check	l				
If yes, list Event # No Money Order X Credit/Debit Card	01/3	30/2014	\$25.00		\$25.00
				<u> </u>	1
Last Name	First			MI	Contribution ID #
Marrinan		Patricia			0291
Residential Street Address	City			State	Zip Code
15 Indian Spg	Щ,	Danbury		СТ	06811
Principal Occupation		Name of Employ	er		
Retired		N/A			
Is contributor a principal of a state contractor or prospective state contractor? Yes X N.	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent ennu (
government the contract is with:					
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash X Personal Check					
If yes, list Event # No Money Order Credit/Debit Card	01/3	30/2014	\$100.00		\$100.00
·				l	
Last Name	First			MI	Contribution ID #
Isabelle		Serge			0295
Residential Street Address	City	5 1		State	Zip Code
3 Westwood Dr		Danbury		СТ	06811
Principal Occupation		Name of Employ	er		
Tree Service		Self			
Is contributor a principal of a state contractor or prospective state contractor?	o	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		1	x _{No}		
government the contract is with:	Doto	Received	Aggregate Contributions	l	
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
Cash Personal Check	01/	20/2014	¢100.00		¢100.00
If yes, list Event # Money Order X Credit/Debit Card	01/.	30/2014	\$100.00		\$100.00
Lost Nama	Einst			MI	Contribution ID #
Last Name	First	Valorio		IVII	
Isabelle	City	Valerie		Ct-t-	0296
Residential Street Address 3 Westwood Dr	City	Dankuni		State CT	Zip Code
		Danbury Name of Employ	or.	Ci	06811
Principal Occupation		Name of Employ	er		
Tree Service		Self	obbyjet engues or	A	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	0	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		- "	X No		
government the contract is with:	Dot-	Pagaiyad		-	
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash Personal Check	01.	20/2014	#100.00		¢100.00
If yes list Event # No Money Order X Credit/Debit Card	I 01/.	30/2014	\$100.00	I	\$100.00

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I. MONETARY RECEIPT	S (Se	ection A-D			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT		
Team Boughton			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First	111144415		MI	Contribution ID #
Gandiaga	1 1100	Franklyn			0297
Residential Street Address	City			State	Zip Code
77 Atwater Ave Apt 6		Derby		СТ	06418
Principal Occupation		Name of Employ	er		•
Revenue Agent		IRS			
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent child of	·		
government the contract is with: Executive Legislative		D : 1			
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash Personal Check	01/	30/2014	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	01/.	30/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Peterson		Clarence			0300
Residential Street Address	City			State	Zip Code
4 Boulder Creek Rd		Newtown		СТ	06470
Principal Occupation	•	Name of Employ	er	•	
Retired		N/A			
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent child of	of a lobbyist?		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a fundamining event listed in Section 112	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1? X No	l				
If yes, list Event #	01/3	30/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Somers	First	Mark		IVII	0298
Residential Street Address	City	Fluik		State	Zip Code
67 Ramsdell St		Groton		СТ	06340
Principal Occupation		Name of Employ	er		
Physician		LMMG	i		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ant of Contribution
If yes, indicate which branch or branches of	o	dependent child of	<u> </u>		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
tundraising event instead in Section 71:	l				
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	01/3	30/2014	\$100.00		\$100.00
				l	la di pu
Last Name Somers	First	Hoothou		MI	Contribution ID #
Residential Street Address	City	Heather		State	0287 Zip Code
67 Ramsdell St	City	Groton		CT	06340
Principal Occupation	-	Name of Employ	er	<u> </u>	00310
VP International Sales		Hydro			
			obbvist, spouse, or	Amou	ınt of Contribution
Yes X N	0	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	01/3	30/2014	\$100.00		\$100.00

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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. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Young		William			0289			
Residential Street Address	City			State	Zip Code			
43 Cobb City Rd		Colebrook		СТ	06021			
Principal Occupation		Name of Employ	er					
Plumber			State Mechanical					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent enna (x _{No}					
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Dute	10001100	1.66. egate controlations					
X No Cash X Personal Check	01/	30/2014	\$100.00		\$100.00			
If yes, list Event #			7					
Last Name	First			MI	Contribution ID #			
Young		John			0290			
Residential Street Address	City			State	Zip Code			
43 Cobb City Rd		Colebrook		СТ	06021			
Principal Occupation		Name of Employ	er		•			
Driver		Share	d Services					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a lobbyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? Cash Personal Check								
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	01/	30/2014	\$100.00		\$100.00			
T. AV	F: .				C C C D			
Last Name Kennerson	First	Alesia		MI	Contribution ID # 0301			
Residential Street Address	City	Alesia		State	Zip Code			
198 Gillette Rd	City	New Hartford	ı	CT	06057			
Principal Occupation	<u>. </u>	Name of Employ		<u> </u>	00037			
Tax Auditor		State						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	ant of Contribution			
	0	dependent child of	*					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
Tundraising event listed in Section 31?								
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	01/	31/2014	\$25.00		\$25.00			
				l	I			
Last Name	First	M		MI	Contribution ID #			
Park Residential Street Address	City	Myoung-hee		State	0303 Zip Code			
6 Deal Dr	City	Danbury		CT	06810			
Principal Occupation		Name of Employ	er	<u> </u>	00010			
Retired		N/A						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	unt of Contribution			
	0	dependent child of	or a robbyist?					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	02/	01/2014	\$100.00		\$100.00			

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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. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Mingione		Michael			0302			
Residential Street Address	City			State	Zip Code			
133 Eleven Levels Rd		Ridgefield		СТ	06877			
Principal Occupation		Name of Employ	er					
CPA Is contributor a principal of a state contractor or prospective state contractor?		Self	obbyist, spouse, or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	Vac	Amou	nt of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a	Date	Received	Aggregate Contributions]				
Tunidraising event insection 31:								
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	02/	01/2014	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Casagrande		Rick			0304			
Residential Street Address	City			State	Zip Code			
29 E Hayestown Rd Unit 29		Danbury		СТ	06811			
Principal Occupation		Name of Employ	er	•				
Teacher		New I	Milford Public Schools					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent child of	x No					
government the contract is with: In this contribution associated with a Mathod of contribution:	Date	Received	Aggregate Contributions	-				
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions					
X No Cash Personal Check	02/	01/2014	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card	,		7-3333					
Last Name	First			MI	Contribution ID #			
Perry		Mark			0305			
Residential Street Address	City			State	Zip Code			
6 Skyline Dr		Danbury		СТ	06810			
Principal Occupation		Name of Employ						
Firefighter			of Danbury					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with:	Date	Received	Aggregate Contributions	1				
fundraising event listed in Section J1?			20 10					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	02/	02/2014	\$100.00		\$100.00			
Last Name	First	Clare		MI	Contribution ID # 0306			
Perry Residential Street Address	City	Clare		State	Zip Code			
6 Skyline Dr	City	Danbury		CT	06810			
Principal Occupation		Name of Employ	er	1				
Admin Asst			cians for Women					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a lobbyist?					
government the contract is with:	_		X No					
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
x No Cash Personal Check	02.5	02/2014	#100.00		¢100.00			
If yes, list Event # Money Order X Credit/Debit Card	02/	02/2014	\$100.00		\$100.00			

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I. MONETARY RECEIPT	S (S	ection A-I)	1	_	
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPOR' April 10 Filing - Original	Γ	
Team Boughton			April 10 1 lilling - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Chelso		George			0307
Residential Street Address	City			State	Zip Code
22 Main St Unit 13	<u> </u>	Danbury		СТ	06810
Principal Occupation N/A		Name of Employ N/A	er		
Is contributor a principal of a state contractor or prospective state contractor?	n		obbyist, spouse, or	Yes Am	ount of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent child of	a lobbyist?	No	
government the contract is with:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Dute	received	riggiogate Contributions		
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	02/	02/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Davis	11130	Benjamin			0308
Residential Street Address	City			State	Zip Code
65 Porriello Dr		Southington		СТ	06489
Principal Occupation	•	Name of Employ	er	•	•
Pharmacist		Walgr	eens	_	
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or	Yes Am	ount of Contribution
If yes, indicate which branch or branches of government the contract is with:		dependent child of	a lobbyist?	No	
Is this contribution associated with a Goderic ground lived in Section 119 Yes Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes, list Event # Cash Credit/Debit Card	02/	02/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Davis		Kim			0309
Residential Street Address	City			State	Zip Code
65 Porriello Dr	<u> </u>	Southington		СТ	06489
Principal Occupation		Name of Employ			
Pharmacist Is contributor a principal of a state contractor or prospective state contractor?		Walgr		1 Am	ount of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of	· · · · · · · · · · · · · · · · · · ·	Yes	ount of Contribution
If yes, indicate which branch or branches of government the contract is with:			x	No	
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
If yes, list Event # X No	02/	02/2014	\$100.00		\$100.00
Lad Nove	First			MI	Contribution ID#
Last Name Camacho	FIISt	Estela		MI	Contribution ID # 0311
Residential Street Address	City	LStela		State	Zip Code
4 Lily Dr		Danbury		СТ	06811
Principal Occupation		Name of Employ	er		
Director		Danbı	ury Public Schools		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l	obbyist, spouse, or if a lobbyist?	Yes	ount of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		-	x	No	
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
tundraising event listed in Section 31?					
If yes list Event # Cash Credit/Debit Card	02/	03/2014	\$50.00		\$50.00

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I. MONETARY RECEIPT	S (S	ection A-I)	TYPE OF REPORT		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					
Team Boughton			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Linares		Art			0310
Residential Street Address	City			State	Zip Code
242 Toby Hill Rd		Westbrook Name of Employ		СТ	06498
Principal Occupation State Senator		State			
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent child of	x No		
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Dute	received	riggiogue Controutions		
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	02/	03/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Morris		Robert			0312
Residential Street Address	City			State	Zip Code
98 Riverside Ave		Riverside		СТ	06878
Principal Occupation		Name of Employ	er		
СРА			nor Davies LLP	1	
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:		dependent ennu (x No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1? Yes Cash Personal Check					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	02/	03/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Ferguson		Michael			0314
Residential Street Address	City			State	Zip Code
4 Old Hayrake Rd		Danbury		СТ	06811
Principal Occupation		Name of Employ	er		
Student Is contributor a principal of a state contractor or prospective state contractor?		N/A Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	О	dependent child of		7 tinot	in or contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No		
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
Tundraising event listed in Section 31?					
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	02/	04/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Fiengo		Nicholas			0313
Residential Street Address	City			State	Zip Code
45 Saunders Dr		Niantic		СТ	06357
Principal Occupation		Name of Employ			
Busboy			os Pizza		
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	02/	04/2014	\$100.00		\$100.00

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I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Type OF REPORT April 10 Filing - Original					
Team Boughton			7 pin 10 r ming Original		
B. Itemized Contributions from	n Ind	lividuals		_	
Last Name	First			MI	Contribution ID #
Smyth		Kori			0328
Residential Street Address	City			State	Zip Code
11138 Accra Ln		San Diego		CA	92131
Principal Occupation Homemaker		Name of Employ N/A	er		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution
	0	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
Cash Personal Check	l				
If yes, list Event # No Money Order X Credit/Debit Card	02/	05/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Smyth		Ryan			0329
Residential Street Address	City	<u> </u>		State	Zip Code
11138 Accra Ln		San Diego		CA	92131
Principal Occupation	•	Name of Employ	er	-	
Consultant		Promo	ontory Financial Group		
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent child of	of a lobbyist?		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	-	
fundraising event listed in Section J1?					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	02/	05/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Prunty	11130	Timothy		IVII	0330
Residential Street Address	City			State	Zip Code
160 Crescent Ave		Waldwick		NJ	07463
Principal Occupation	-	Name of Employ	er	-	-
Sr. Comms Consultant		Lonza	1		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
tundraising event listed in Section 31:					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	02/	06/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Metzgar		Matthew			0331
Residential Street Address	City			State	Zip Code
160 Gordonhurst Ave Apt E1		Montclair		NJ	07043
Principal Occupation	•	Name of Employ	er	•	
Fundraiser		Hartw	rick College		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of government the contract is with:		•	x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?					
If yes list Event # Cash Personal Check No	02/	06/2014	\$40.00		\$40.00

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Team Boughton			April 10 Filing - Original					
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Struna		J. Michael			0332			
Residential Street Address	City			State	Zip Code			
39 Katrina Cir	L	Bethel		СТ	06801			
Principal Occupation Real Estate		Name of Employ Self	er					
			obbyist, spouse, or	Amou	ant of Contribution			
Yes X No	0	dependent child of	Vac					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with a X Voc Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? Cash Personal Check								
If yes, list Event # 01232014A No Money Order Credit/Debit Card	02/0	06/2014	\$100.00		\$100.00			
L AV	F: .			L	Louis Bu			
Last Name Farrell	First	Michael		MI	Contribution ID #			
Residential Street Address	City	Міспаеі		State	Zip Code			
9 Hillside Dr		New Fairfield		CT	06812			
Principal Occupation	-	Name of Employ		<u>!</u>				
Police Office		City o	f Danbury					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a lobbyist?					
government the contract is with:			X No					
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
Cash Personal Check	02/	07/2014	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card	02/	07/2014	\$100.00		4100.00			
Last Name	First			MI	Contribution ID #			
Chelso		Gregory			0334			
Residential Street Address	City			State	Zip Code			
2 Main Dr	<u> </u>	Brookfield		СТ	06804			
Principal Occupation		Name of Employ	er					
Investigator		Self						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.	o	dependent child of	obbyist, spouse, or	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? Yes Cash Personal Check								
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	02/0	07/2014	\$100.00		\$100.00			
T. AV	F: .			L	Louis Bu			
Last Name Shaker	First	Harry		MI	Contribution ID # 0395			
Residential Street Address	City	Tidity		State	Zip Code			
87 Long Meadow Hill Rd		Brookfield		СТ	06804			
Principal Occupation	•	Name of Employ	er		•			
Contractor		Yanke	ee Paint					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x No					
government the contract is with:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?			300 John Jan Jil					
If yes, list Event # 02072014A No	02/0	07/2014	\$30.00		\$30.00			

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L 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. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Tinsley		Mary			0393			
Residential Street Address	City			State	Zip Code			
14 Evergreens Dr		Brookfield		СТ	06804			
Principal Occupation		Name of Employ	er					
Secretary		Weste	ern CT Medical Group					
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent child o						
government the contract is with:	D-4-	D						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
No Cash X Personal Check	02/	07/2014	\$100.00		\$100.00			
If yes, list Event # 02072014A	02/	07/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
DeMarco		Rose			0399			
Residential Street Address	City			State	Zip Code			
20 Sunset Hill Rd		Brookfield		СТ	06804			
Principal Occupation	•	Name of Employ	er		•			
Print Specialist		RR Do	onnelley					
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of	5	dependent child of	of a lobbyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
Cash Personal Check								
If yes, list Event # 02072014A No Money Order X Credit/Debit Card	02/	07/2014	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Appleby	First	Robert		IVII	0392			
Residential Street Address	City			State	Zip Code			
43 Candlewood Shores Rd	ا ا	Brookfield		СТ	06804			
Principal Occupation		Name of Employ	er		!			
Dispatcher		Town	of Brookfield					
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of	5	dependent child of	of a foodyfst?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
Marganal Charle	l							
If yes, list Event # 02072014A No Season Sea	02/	07/2014	\$20.00		\$20.00			
Last Name	First			MI	Contribution ID #			
Harding	FIISt	Stephen		IVII	0400			
Residential Street Address	City	эсерпен		State	Zip Code			
56 Mist Hill Dr	City	Brookfield		CT	06804			
Principal Occupation		Name of Employ	er					
Attorney		Buck-	Taylor Law Office					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	unt of Contribution			
	υ	dependent child of	31 a 1000yist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
Tunidaising event listed in Section 31:								
If yes, list Event # 02072014A No Cash Personal Check No Money Order Credit/Debit Card	02/	07/2014	\$80.00		\$30.00			

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I. MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT					
Team Boughton			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Foncello		Martin			0394
Residential Street Address	City			State	Zip Code
11 Drover Rd	L	Brookfield		СТ	06804
Principal Occupation		Name of Employ			
Officer			overnment		
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o	dependent child of	obbyist, spouse, or	Amou	ant of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a fundamining event listed in Section 112	Date	Received	Aggregate Contributions	1	
Tunidialising event listed in Section 31:					
No I Total Tributal Care	02/0	07/2014	\$100.00		\$100.00
If yes, list Event # 02072014A	<u> </u>				
Last Name	First			MI	Contribution ID #
Appleby		Robin			0396
Residential Street Address	City			State	Zip Code
1 Applefry Farm Rd	Щ,	Brookfield		СТ	06804
Principal Occupation		Name of Employ	er		
Information Requested Is contributor a principal of a state contractor or prospective state contractor?		Self	obbyist, spouse, or	Amoi	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o	dependent child of	Vac	711100	ant of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
government the contract is with: Is this contribution associated with a fundamining event listed in Section 112.	Date	Received	Aggregate Contributions		
itulidraising event instead in Section 31?					
□ No □ □ ····· □ ·····	02/0	07/2014	\$20.00		\$20.00
If yes, list Event # 02072014A					
Last Name	First			MI	Contribution ID #
Corbin		Dale			0397
Residential Street Address	City			State	Zip Code
44 Old Middle Rd	Ļ	Brookfield		СТ	06804
Principal Occupation		Name of Employ	er		
Retired Is contributor a principal of a state contractor or prospective state contractor?		N/A	obbyist, spouse, or	Amou	ant of Contribution
is contributor a principal of a state contractor or prospective state contractor? Yes X N	o	dependent child of		Amot	ant of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a fundamining event listed in Section 112	Date	Received	Aggregate Contributions		
Tundraising event risted in Section 31:					
□ No □ □ ····· □ ······	02/0	07/2014	\$20.00		\$20.00
If yes, list Event # 02072014A					
Last Name	First			MI	Contribution ID #
Taylor		Linda			0398
Residential Street Address	City			State	Zip Code
10 Phobee Ln	L	Brookfield		СТ	06804
Principal Occupation		Name of Employ			
Nurse Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o	dependent child of	Vac	Aniot	an or controution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:	Date	Received	Aggregate Contributions	1	
Is this contribution associated with a fundraising event listed in Section J1? X Yes Method of contribution: Cash X Personal Check					
If yes, list Event # 02072014A	02/0	07/2014	\$50.00		\$50.00

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I. MONETARY RECEIPT	S (Se	ection A-I)	I		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			April 10 Filing - Original		
Team Boughton			April 10 Filling - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Seagraves		Edward			0336
Residential Street Address	City			State	Zip Code
26 Chipmunk Ln		Ridgefield		СТ	06877
Principal Occupation		Name of Employe	er		
Retired		N/A			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child o	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:		1	x No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1? Yes Yes Gash Responsal Check					
If yes, list Event # Cash X Personal Check Money Order	02/0	08/2014	\$35.00		\$35.00
Last Name	First			MI	Contribution ID #
Simone		Gary			0340
Residential Street Address	City			State	Zip Code
93 Park Ave Apt 403		Danbury		СТ	06810
Principal Occupation		Name of Employe			
Parks and Rec Director Is contributor a principal of a state contractor or prospective state contractor?			of Easton obbyist, spouse, or	Amou	ant of Contribution
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child o	Va	Amot	ant of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?			88 18		
X No Cash X Personal Check	02/0	08/2014	\$100.00		\$100.00
If yes, list Event #	,				
Last Name	First			MI	Contribution ID #
Carver		Paul			0341
Residential Street Address	City			State	Zip Code
100 Old Post Rd		Old Saybrook	(СТ	06475
Principal Occupation		Name of Employe	er		
Rate Specialist		State	of CT		
Is contributor a principal of a state contractor or prospective state contractor?	,	Is contributor a lo dependent child o	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution
If was indicate which branch or branches of		dependent cinia o	i u loboyist:		
government the contract is with: Executive Legislative			X No	_	
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash X Personal Check	02/	08/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card	02/1	00/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Carver	1 1150	Lisa			0342
Residential Street Address	City			State	Zip Code
100 Old Post Rd		Old Saybrook	(СТ	06475
Principal Occupation		Name of Employe	er	•	•
Finance Director		Town	of Old Saybrook		
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of		dependent child o	i a lobbyist?		
government the contract is with:			x _{No}	_	
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
x No Cash X Personal Check		00/2011	1100 00		+100.00
If yes list Event # No Money Order Credit/Debit Card	02/0	08/2014	\$100.00		\$100.00

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L MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	`		TYPE OF REPORT		
Team Boughton			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Palanzo		Paul			0344
Residential Street Address	City			State	Zip Code
32 Cornell Rd		Danbury		СТ	06811
Principal Occupation		Name of Employ			
VP Sales			& Kiernan Inc		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1? Yes X Cash Personal Check					
X No X Cash Personal Check If yes, list Event #	02/0	08/2014	\$100.00		\$100.00
in yes, list Event #					
Last Name	First			MI	Contribution ID #
Ward		Edward			0346
Residential Street Address	City	Dankan		State	Zip Code
99 Wooster Heights Rd Principal Occupation	<u>. </u>	Danbury Name of Employ	or .	СТ	06810
Retired		N/A	ci		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ınt of Contribution
	0	dependent child of	obbyist, spouse, or Yes of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			x No		
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions	1	
Tundraising event listed in Section 31:					
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	02/0	08/2014	\$100.00		\$100.00
I av	F: /			L	
Last Name Brinson	First	Corey		MI	Contribution ID # 0348
Residential Street Address	City	Corey		State	Zip Code
19 Stony Ridge Rd		Norwich		CT	06360
Principal Occupation	<u>'</u>	Name of Employ	er		!
Attorney		Self			
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l	obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent child of			
government the contract is with:			x _{No}		
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions		
Cash Personal Check	02/0	08/2014	\$100.00		\$100.00
If yes, list Event # No Money Order X Credit/Debit Card	02/	30/2014	Ψ100.00		ψ100.00
Last Name	First			MI	Contribution ID #
Michael		Georgette			0343
Residential Street Address	City			State	Zip Code
87 Deer Hill Ave		Danbury		СТ	06810
Principal Occupation		Name of Employ	er		
Retired		N/A		1	
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		pzm vinia (x _{No}		
government the contract is with:	Date	Received	Aggregate Contributions	-	
fundraising event listed in Section J1?	Date				
X No Cash X Personal Check If yes, list Event # Money Order Credit/Debit Card	02/0	08/2014	\$100.00		\$100.00

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I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Team Boughton April 10 Filing - Original					
Team Boughton					
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Michael		Louise			0345
Residential Street Address	City	Darahaan		State	Zip Code
87 Deer Hill Ave Principal Occupation		Danbury Name of Employ	or	СТ	06810
Purchasing		1 '	f Danbury		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent child of	x No		
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?			1-88-184-1		
If yes, list Event #	02/	08/2014	\$100.00		\$75.00
Last Name	First			MI	Contribution ID #
Marano		Carlo			0338
Residential Street Address	City			State	Zip Code
10 Lakecrest Dr		Danbury		СТ	06811
Principal Occupation		Name of Employ	er		•
Information Requested		Self			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		dependent enna (x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1? X No	02/	08/2014	\$100.00		\$100.00
I you, is a treat to the control of	l				
Last Name	First			MI	Contribution ID #
Marano	G:	Christine		g	0339
Residential Street Address 10 Lakecrest Dr	City	Danbuny		State CT	Zip Code 06811
Principal Occupation	<u> </u>	Danbury Name of Employ	er	CI	00011
Accountant			& Lyons PC		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of	0	dependent child of			
government the contract is with:			x _{No}		
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash X Personal Check	02/	08/2014	\$100.00		\$100.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
McLachlan		Michael			0350
Residential Street Address	City			State	Zip Code
47 W Wooster St		Danbury		СТ	06813
Principal Occupation State Senator		Name of Employ State			
Is contributor a principal of a state contractor or prospective state contractor?			obbriet enouge or	Amou	unt of Contribution
Yes X No	0	dependent child of	Vac	7 111100	22 Continuent
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1? Yes Cash Personal Check					
If yes, list Event # Cash Personal Check X No	02/	08/2014	\$100.00		\$100.00

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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. Itemized Contributions from	m Ind	lividuals						
Last Name Houck	First	Kenneth		MI	Contribution ID # 0349			
Residential Street Address	City			State	Zip Code			
314 Grant Hill Rd	L	Tolland		СТ	06084			
Principal Occupation N/A		Name of Employ N/A	er					
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
If yes, list Event #	02/0	08/2014	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Schaffrick		Gary			0335			
Residential Street Address	City			State	Zip Code			
515-14 Emmett St	<u> </u>	Bristol		СТ	06010			
Principal Occupation		Name of Employ	er					
Disabled		N/A	-11	1	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o	dependent child of	obbyist, spouse, or	Amot	int of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
government the contract is with: Is this contribution associated with a fundamining event listed in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions	1				
initialising event instead in Section 71?								
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	02/0	08/2014	\$10.00		\$10.00			
Last Name	First			MI	Contribution ID #			
Boehm		William			0347			
Residential Street Address	City			State	Zip Code			
1 E Hayestown Rd # 68	<u> </u>	Danbury		СТ	06811			
Principal Occupation Retired		Name of Employ N/A	er					
		•	obbyist, spouse, or	Amor	ant of Contribution			
Yes 🔼 N	0	dependent child of						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1				
Tundraising event listed in Section 11?								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	02/0	08/2014	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Janey		Denise			0337			
Residential Street Address	City			State	Zip Code			
40 Smoke Hill Dr	L	Danbury		СТ	06811			
Principal Occupation Chief Examiner		Name of Employ	^{er} of Danbury					
			-1.1	Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes Note: The principal of a state contractor or prospective state contractor?	0	dependent child of	of a lobbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash X Personal Check	03.	00/2014	÷75.00		¢75.00			
If you list From till	1 02/0	08/2014	\$75.00	l	\$75.00			

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I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Type OF REPORT Team Boughton April 10 Filing - Original					
ream boughton			T TP TO THE TOTAL THE TOTAL TO THE TOTAL TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOT		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Macauley		Sheila			0351
Residential Street Address	City			State	Zip Code
59 Judith Dr	<u> </u>	Danbury		СТ	06811
Principal Occupation Retired		Name of Employ N/A	er		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or	Amo	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent child of	x N		
government the contract is with:	Date	Received	Aggregate Contributions	<u> </u>	
fundraising event listed in Section J1?	Dute	10001100	riggregate commounts		
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	02/	08/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Macauley	1 1150	Dennis			0352
Residential Street Address	City			State	Zip Code
59 Judith Dr		Danbury		СТ	06811
Principal Occupation	•	Name of Employ	er	•	•
Retired		N/A		_	
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or	Amo	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:		dependent child of	x N		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
tundraising event listed in Section J1? Cash Personal Check	02/	08/2014	\$50.00		\$50.00
If yes, list Event # Money Order X Credit/Debit Card	02,		450.00		
Last Name	First			MI	Contribution ID #
Gerace		Jessica			0353
Residential Street Address	City			State	Zip Code
40 Mountainville Rd	<u> </u>	Danbury		СТ	06810
Principal Occupation Teacher		Name of Employ			
			obbyist, spouse, or	Amo	unt of Contribution
Yes A No	0	dependent child of		es	ant of contribution
If yes, indicate which branch or branches of government the contract is with:			x N	0	
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
If yes, list Event # X No	02/	09/2014	\$100.00		\$100.00
-				1	I
Last Name	First	Charlotto		MI	Contribution ID #
Cilley Residential Street Address	City	Charlotte		State	0354 Zip Code
23 Middle River Rd	City	Danbury		CT	06811
Principal Occupation	<u> </u>	Name of Employ	er	<u> </u>	1 00011
Life Planner		Self			
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le dependent child of	obbyist, spouse, or	Amo	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:		· · ·	x _N	0	
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
tundraising event listed in Section 31?					
If yes list Event # Cash Personal Check No	02/	09/2014	\$100.00		\$100.00

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Team Boughton			April 10 Filing - Original					
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Ofiero		Regina			0355			
Residential Street Address	City			State	Zip Code			
1 Humber Hill Rd	<u> </u>	Danbury		СТ	06810			
Principal Occupation		Name of Employ	er					
Retired Is contributor a principal of a state contractor or prospective state contractor?		N/A Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	Vac	7 tinot	ant of Contribution			
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
tundraising event instead in Section 31:								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	02/	09/2014	\$100.00		\$100.00			
	I			I				
Last Name	First	No. 1		MI	Contribution ID #			
Purcaro Residential Street Address	City	Michael		State	0356 Zip Code			
15 Foster Dr	City	Ellington		CT	06029			
Principal Occupation		Name of Employ	er	<u> </u>	00023			
Director of Business and Finance			n Public Schools					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution			
	0	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with a fundamining event listed in Section 112.	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? Cash Personal Check								
If yes, list Event # 02272014A No Money Order X Credit/Debit Card	02/	09/2014	\$100.00		\$100.00			
Last Name	First	-		MI	Contribution ID #			
Cannon	FIISt	Patrick		IVII	0401			
Residential Street Address	City	Tatrick		State	Zip Code			
77 Beaver Brook Rd		Ridgefield		CT	06877			
Principal Occupation	!	Name of Employ	er					
Retired		N/A						
Is contributor a principal of a state contractor or prospective state contractor?	`		obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of	5	dependent child of	or a robbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions					
No Cash Personal Check	02.4	00/2014	+400.00		+100.00			
If yes, list Event # 02092014A No Money Order Credit/Debit Card	02/	09/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Kennedy		Laura			0402			
Residential Street Address	City			State	Zip Code			
111 Aunt Hack Rd		Danbury		СТ	06811			
Principal Occupation		Name of Employ	er	-	•			
Admin Asst		Walnı	ut Hill Community Church					
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		acpendent child (a lobbyist?					
government the contract is with: Legislative Legislative	Б.	D i 4						
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions					
No Cash X Personal Check	02/	09/2014	\$100.00		\$100.00			
If yes, list Event # 02092014A	52/	05/2017	Ψ100.00	l	T-30.00			

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I. MONETARY RECEIPT	S (Se	ection A-I)	TYPE OF REPORT		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Type OF REPORT Team Boughton April 10 Filing - Original					
	-				
B. Itemized Contributions from		lividuals			
Last Name	First			MI	Contribution ID #
Grispin	-	Wendy			0403
Residential Street Address 6 Pond Crest Rd	City	Danhumi		State	Zip Code 06811
Principal Occupation		Danbury Name of Employe	or	СТ	06811
Attorney			y Payne PC		
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Ye	Amoi	unt of Contribution
If yes, indicate which branch or branches of		dependent child o	x No		
government the contract is with:	Date	Received	Aggregate Contributions	<u>'</u>	
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event # 02092014A	02/0	09/2014	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Dorsch	riist	Misty		IVII	0404
Residential Street Address	City	Miscy		State	Zip Code
12 Bernlou Dr		Danbury		СТ	06811
Principal Occupation		Name of Employe	er	_!	
Teller		Newto	own Savings Bank		
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or	Amoi	unt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative	,	dependent child of	if a lobbyist?		
Is this contribution associated with a	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1? No No Cash Personal Check	02//	09/2014	¢100.00		¢100.00
If yes, list Event # 02092014A	02/1	09/2014	\$100.00	<u></u>	\$100.00
Last Name	First			MI	Contribution ID #
McNally		Edward			0405
Residential Street Address	City			State	Zip Code
17 Jarrod Dr		Danbury		СТ	06811
Principal Occupation Consultant		Name of Employer Self	er		
			obbyist, spouse, or	Amor	unt of Contribution
Yes A No)	dependent child of	of a lobbyist?	es	
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No	,	
Is this contribution associated with a fundamining event listed in Section 112.	Date	Received	Aggregate Contributions	7	
tundraising event risted in Section 31:					
If yes, list Event # 02092014A Cash Cash Personal Check Money Order Credit/Debit Card	02/0	09/2014	\$100.00	\perp	\$100.00
Last Name	First			MI	Contribution ID #
McNally		Glenna			0410
Residential Street Address	City			State	Zip Code
17 Jarrod Dr		Danbury		СТ	06811
Principal Occupation		Name of Employ	er		
Recruiter		Self	shbyrigt amouse or	1 4	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child o	obbyist, spouse, or of a lobbyist? Ye	:S Amot	ant of Contribution
If yes, indicate which branch or branches of Executive Legislative			x No	,	
government the contract is with.	Date	Received	Aggregate Contributions	┨	
fundraising event listed in Section J1?			-		
If yes list Event # 02092014A Cash X Personal Check No Money Order Credit/Debit Card	02/0	09/2014	\$100.00		\$100.00

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I. MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT					
Team Boughton			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Hyde		Thomas			0406
Residential Street Address	City			State	Zip Code
16 10th St	L	Derby		СТ	06418
Principal Occupation		Name of Employ	er		
Unemployed		N/A	-11	· · · · · · · · · · · · · · · · · · ·	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o	dependent child of	obbyist, spouse, or	Amot	int of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a X Yes Method of contribution:	Date	Received	Aggregate Contributions		
Tundraising event fisted in Section 31?					
If yes, list Event # 02092014A No Cash Personal Check No Money Order Credit/Debit Card	02/0	09/2014	\$25.00		\$25.00
If yes, list Event # OZOSZOITA I Money Order I Creativized Card					
Last Name	First			MI	Contribution ID #
Pardee		Darrin			0407
Residential Street Address	City	Dankana		State	Zip Code
39 Middle River Rd Principal Occupation	Щ.	Danbury Name of Employ	or	СТ	06811
Chiropractor		Self	ci		
· · · · · · · · · · · · · · · · · · ·			obbyist, spouse, or	Amou	ınt of Contribution
Yes X N	О	dependent child of	Vac		
If yes, indicate which branch or branches of government the contract is with:			x No		
Is this contribution associated with a Nethod of contribution:	Date	Received	Aggregate Contributions	1	
X Cash Personal Check					
If yes, list Event # 02092014A No Money Order Credit/Debit Card	02/0	09/2014	\$100.00		\$100.00
	I			l	La .a . p.
Last Name Pardee	First	Joanne		MI	Contribution ID # 0408
Residential Street Address	City	Joanne		State	Zip Code
39 Middle River Rd	City	Danbury		CT	06811
Principal Occupation	-	Name of Employ	er		
Information Requested		Inforr	nation Requested		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of	0	dependent child of	a loodyist:		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
No Resonal Check	02//	00/2014	¢100.00		¢100.00
If yes, list Event # 02092014A	02/0	09/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Gehan		Brian			0409
Residential Street Address	City			State	Zip Code
50 Saw Mill Rd # 12102		Danbury		СТ	06810
Principal Occupation		Name of Employ	er	-	
Golf Professional		Richte	er Park Authority		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of		acpendent child (a loodyist?		
government the contract is with:	Dot-	Pagaiyad			
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
No Cash X Personal Check	02/0	09/2014	\$100.00		\$100.00
If yes list Event # 02092014A Money Order Credit/Debit Card	1			1	

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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. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Helmus		Danielle			0357			
Residential Street Address	City			State	Zip Code			
1 E Hayestown Rd Unit 29		Danbury		СТ	06811			
Principal Occupation		Name of Employ	er					
Accountant		GE						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent enna (x _{No}					
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Dute	110001100	riggregate contributions					
X No Cash Personal Check	02/	10/2014	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card	,		Ţ					
Last Name	First			MI	Contribution ID #			
LeRose		Donald			0358			
Residential Street Address	City			State	Zip Code			
1 Glenn Hill Rd		Danbury		СТ	06811			
Principal Occupation		Name of Employ	er		•			
Retired		N/A						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a lobbyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a fundamining event licted in Section 112.	Date	Received	Aggregate Contributions					
Tunidialising event instead in Section 71:								
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	02/	10/2014	\$50.00		\$50.00			
T. AV	F: .			L	Louis B"			
Last Name Palmer	First	Shawn		MI	Contribution ID # 0359			
Residential Street Address	City	Silawii		State	Zip Code			
48 Jolin Ln	City	Colchester		CT	06415			
Principal Occupation	<u>. </u>	Name of Employ	er	<u> </u>	1 00 113			
SVP, Chief Revenue Officer		1 ,	d Journal Publishing Compan	ıy				
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or		unt of Contribution			
Yes 🔼 No	0	dependent child of	·					
If yes, indicate which branch or branches of government the contract is with:			x No					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
Tundraising event listed in Section 31?								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	02/	10/2014	\$25.00		\$25.00			
				l				
Last Name	First			MI	Contribution ID #			
Schultz Residential Street Address	City	AJ		State	0360 Zip Code			
3 Bellevue Ter	City	Cromwell		CT	06416			
Principal Occupation		Name of Employ	er	<u> </u>	00410			
Sales Director			ky Fitness					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution			
If yes, indicate which branch or branches of	U	dependent child of	or a roodyrst?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a fundraising event listed in Section 112	Date	Received	Aggregate Contributions					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	02/	12/2014	\$50.00		\$50.00			

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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. Itemized Contributions from	m Ind	lividuals						
Last Name Dreher	First	Quentin		MI	Contribution ID # 0361			
Residential Street Address	City			State	Zip Code			
333 Dover St	<u> </u>	Bridgeport		СТ	06610			
Principal Occupation		Name of Employ	er					
Manager			sky Aircraft					
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		•	x _{No}					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? X No	02/:	12/2014	\$10.00		\$10.00			
					1			
Last Name	First	5		MI	Contribution ID #			
Joy Residential Street Address	City	David		State	0363 Zip Code			
100 Bramblebrae	City	South Winds	or	CT	06074			
Principal Occupation	<u>' </u>	Name of Employ		<u> </u>	00074			
N/A		N/A						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of	0	dependent child of	of a lobbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
If yes, list Event # X No Cash Personal Check Money Order X Credit/Debit Card	02/:	12/2014	\$10.00		\$10.00			
	First				Louis D#			
Last Name Ehrhard	FIISt	Daniel		MI	Contribution ID # 0362			
Residential Street Address	City			State	Zip Code			
32 Candlewood Dr	Ļ.,	Danbury		СТ	06811			
Principal Occupation		Name of Employ						
Sales Is contributor a principal of a state contractor or prospective state contractor?			east Ltg obbyist, spouse, or	Amou	ant of Contribution			
Yes 🔼 N	o	dependent child of		111100	an or commount			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions	1				
Tundraising event listed in Section 11?								
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	02/:	12/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Houck		Kenneth			0368			
Residential Street Address	City			State	Zip Code			
314 Grant Hill Rd	Щ,	Tolland		СТ	06084			
Principal Occupation		Name of Employ	er					
N/A Is contributor a principal of a state contractor or prospective state contractor?		N/A	obbyist, spouse, or	Amou	unt of Contribution			
Yes X N	o	dependent child of	Vac	Amou	or Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1				
fundraising event listed in Section J1? Yes Cash Personal Check								
No Cash Personal Check	02/	13/2014	\$75.00		\$25.00			

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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. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Francis		Laura			0370				
Residential Street Address	City			State	Zip Code				
65 Laurelbrook Rd		Durham		СТ	06422				
Principal Occupation		Name of Employ	er						
First Selectman		Town	of Durham						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent child of	or a robbyrst?						
government the contract is with:		D : 1							
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash Personal Check	02/	12/2014	¢50.00		¢50.00				
If yes, list Event # Money Order X Credit/Debit Card	02/	13/2014	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
Rutsky	1 1100	Curtiss			0364				
Residential Street Address	City			State	Zip Code				
29 Industrial Park Rd		New Hartford	I	СТ	06057				
Principal Occupation	•	Name of Employ	er	!					
President		Synta	c Coated Products						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	5	dependent child of	of a lobbyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions						
iundraising event listed in Section J1?									
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	02/	13/2014	\$25.00		\$25.00				
Last Name	First			MI	Contribution ID #				
Volovski	FIISt	Daniel		IVII	0365				
Residential Street Address	City	Damer		State	Zip Code				
2 Greenfield St		Waterford		СТ	06385				
Principal Occupation	!	Name of Employ	er						
Insurance		HAI G	iroup						
Is contributor a principal of a state contractor or prospective state contractor?	_		obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of	5	dependent child of	or a robbyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
Tundraising event listed in Section 31?									
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	02/	13/2014	\$10.00		\$10.00				
Last Name	First			MI	Contribution ID #				
Clifford	FIISt	Edward		IVII	0366				
Residential Street Address	City	Lawara		State	Zip Code				
58 Tally Ho Rd	,	Ridgefield		CT	06877				
Principal Occupation		Name of Employ	er		,				
Retired		N/A							
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	-	dependent child of	or a robbyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a fundraising event listed in Section 112	Date	Received	Aggregate Contributions						
Tulidasing event insect in Section 71:					105.05				
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	02/	13/2014	\$25.00		\$25.00				

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Team Boughton April 10 Filing - Original								
Team Boughton			T the second of the second					
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Cundiff		Jennifer			0367			
Residential Street Address	City	Dathal		State	Zip Code			
10 Sharon Ct Principal Occupation	L	Name of Employ	or	СТ	06801			
Consultant			wer Devices					
Is contributor a principal of a state contractor or prospective state contractor?	n		obbyist, spouse, or	Amou	ant of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent child of	a lobbyist?					
government the contract is with:	Date	Received	Aggregate Contributions	`-				
fundraising event listed in Section J1?	Dute	Received	Aggregate Contributions					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	02/	13/2014	\$10.00		\$10.00			
Last Name	First			MI	Contribution ID #			
Ferrarone	11130	Shirley		1411	0369			
Residential Street Address	City			State	Zip Code			
8 Rose Ln Unit 24-5		Danbury		СТ	06811			
Principal Occupation	•	Name of Employ	er	-	•			
Retired		N/A						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or	Amou	ant of Contribution			
If yes, indicate which branch or branches of government the contract is with:		dependent child of	a lobbyist?					
Is this contribution associated with a Sociated With a Yes Method of contribution:	Date	Received	Aggregate Contributions	1				
Tundraising event listed in Section J1? X No	02/	13/2014	\$50.00		\$50.00			
If yes, list Event # Money Order X Credit/Debit Card								
Last Name	First			MI	Contribution ID #			
Insinna		Claire			0371			
Residential Street Address	City			State	Zip Code			
32 Glendale Dr		Danbury		СТ	06811			
Principal Occupation Receptionist		Name of Employ	^{er} atology Group					
· · · · · · · · · · · · · · · · · · ·				Amor	ant of Contribution			
Yes A No	0	dependent child of	37.	s				
If yes, indicate which branch or branches of government the contract is with:			x No	,				
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
If yes, list Event # X No Cash Personal Check Money Order X Credit/Debit Card	02/	13/2014	\$25.00		\$25.00			
				<u> </u>	La .a . m.			
Last Name Pederson	First	Michael		MI	Contribution ID # 0372			
Residential Street Address	City	Michael		State	Zip Code			
6 Fox Hollow Rd	City	New Fairfield		CT	06812			
Principal Occupation	!	Name of Employ		1				
Police Officer		City o	f Danbury					
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l	obbyist, spouse, or Ye	Amou	unt of Contribution			
If yes, indicate which branch or branches of government the contract is with:		-	x No	,				
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	7				
fundraising event fisted in Section 31?								
If yes list Event # Cash Credit/Debit Card	02/	14/2014	\$100.00		\$100.00			

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I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Type OF REPORT Team Boughton April 10 Filing - Original					
Team Boughton			April 10 1 lilling - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Yaglenski		Lydia			0384
Residential Street Address	City			State	Zip Code
61 Padanaram Rd		Danbury		СТ	06811
Principal Occupation		Name of Employ	er		
Retired		N/A		.	
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist?	s	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:		1	x No		
In this contribution associated with a Mothed of contribution:	Date	Received	Aggregate Contributions	7	
fundraising event listed in Section J1? Yes Yes Cash Regresonal Check					
If yes, list Event # Cash X Personal Check Money Order	02/	14/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Natale		Deborah			0385
Residential Street Address	City			State	Zip Code
61 Padanaram Rd		Danbury		СТ	06811
Principal Occupation		Name of Employ			
Sales Manager Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amor	ant of Contribution
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	V	s	int of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	┪	
fundraising event listed in Section J1?					
X No Cash X Personal Check	02/	14/2014	\$100.00		\$100.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Alosco		Alberta			0376
Residential Street Address	City			State	Zip Code
9 Bernlou Dr		Danbury		СТ	06811
Principal Occupation		Name of Employ	er		
N/A		N/A			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Ye	s Amou	ant of Contribution
If yes, indicate which branch or branches of government the contract is with Executive Legislative		dependent enna c	x No		
government the contract of with	Doto	Received	Aggregate Contributions	4	
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X No Cash X Personal Check	02/	14/2014	\$100.00		\$100.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Cowell		Valorie			0373
Residential Street Address	City			State	Zip Code
3 Fairway Dr		Danbury		СТ	06811
Principal Occupation		Name of Employ	er		
Retired		N/A		,	
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or Of a lobbyist?	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		-	X No	.1	
government the contract is with:	Date	Received	Aggregate Contributions	\dashv	
fundraising event listed in Section J1?	Date		op-opare contributions	1	
X No Cash X Personal Check	02/	14/2014	\$25.00		\$25.00
If yes_list Event # Money Order Credit/Debit Card	I '		i ·	1	

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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								
Team Boughton			7 April 10 Filling Original					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Cowell		Joe		<u> </u>	0374			
Residential Street Address	City			State	Zip Code			
3 Fairway Dr Principal Occupation	L	Danbury Name of Employ	or	СТ	06811			
Retired		N/A	ei					
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of government the contract is with:		dependent enna e	x _{No}					
Is this contribution associated with a Mathed of contribution.	Date	Received	Aggregate Contributions	1				
fundraising event listed in Section J1? Yes Cash Representation.								
If yes, list Event # Cash Credit/Debit Card	02/	14/2014	\$25.00		\$25.00			
Last Name	First			MI	Contribution ID #			
Korres		George			0412			
Residential Street Address	City			State	Zip Code			
8 Richardson Dr		Ridgefield		СТ	06877			
Principal Occupation		Name of Employ	er	-				
Food Services		LCK F	ood Service					
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of government the contract is with:		dependent enna c	x No					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1				
fundraising event listed in Section J1?								
If yes, list Event # Cash Credit/Debit Card	02/	14/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Vitetta		Connie			0411			
Residential Street Address	City			State	Zip Code			
10 Old Farm Rd		Danbury		СТ	06810			
Principal Occupation		Name of Employ	er					
Retired		N/A						
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of government the contract is with:			x No					
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
If yes, list Event # X No	02/	14/2014	\$50.00		\$25.00			
				T.a	la .a . m.			
Last Name Natale	First	Randy		MI	Contribution ID # 0387			
Residential Street Address	City	Railuy		State	Zip Code			
11 Nicholas Sq	City	New Milford		CT	06776			
Principal Occupation		Name of Employ	er	1				
Electrical Tech		Sperr	у					
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		p	x No					
Is this contribution associated with a Mathed of contribution	Date	Received	Aggregate Contributions	†				
fundraising event listed in Section J1? Yes Yes Respond Check								
If yes list Event # Cash X Personal Check Money Order	02/	14/2014	\$100.00		\$100.00			

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I. MONETARY RECEIPT	S (S	ection A-I)	1			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Type OF REPORT Team Boughton April 10 Filing - Original						
Team Boughton April 10 Filing - Original						
B. Itemized Contributions from	m Ind	lividuals				
Last Name	First			MI	Contribution ID #	
Botelho		Gracinda		-	0389	
Residential Street Address	City	Dankan		State	Zip Code	
4 Francis Rd Principal Occupation		Danbury Name of Employ	or	СТ	06810	
Retired		N/A				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution	
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No			
Is this contribution associated with a Sociated with a Yes	Date	Received	Aggregate Contributions			
iundraising event listed in Section J1?						
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	02/	14/2014	\$50.00		\$50.00	
Last Name	First			MI	Contribution ID #	
Collischon		Helen			0413	
Residential Street Address	City			State	Zip Code	
153 Penny Ln		Cobleskill		NY	12043	
Principal Occupation		Name of Employ	er	-	•	
Retired		N/A				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution	
If yes, indicate which branch or branches of Executive Legislative		dependent chird (x No			
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions			
fundraising event listed in Section J1? Yes Cash Regresonal Check						
If yes, list Event #	02/	14/2014	\$25.00		\$25.00	
Last Name	First			MI	Contribution ID #	
Randhawa		Gurminder			0414	
Residential Street Address	City			State	Zip Code	
124 W King St	<u> </u>	Danbury		СТ	06811	
Principal Occupation		Name of Employ				
Business Director			nawa Corporation			
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution	
If yes, indicate which branch or branches of government the contract is with:			x No			
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions			
fundraising event listed in Section J1? X No Cash Personal Check	١					
If yes, list Event # No Money Order Credit/Debit Card	02/	14/2014	\$100.00		\$100.00	
Last Name	First			MI	Contribution ID #	
Randhawa		Taranjit			0415	
Residential Street Address	City			State	Zip Code	
124 W King St		Danbury		СТ	06811	
Principal Occupation		Name of Employ				
Business Director			nawa Corporation			
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution	
If yes, indicate which branch or branches of Executive Legislative			x _{No}			
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions			
fundraising event listed in Section J1? Yes Cash Regresonal Check						
X No Cash X Personal Check If yes, list Event # Card Order Credit/Debit Card	02/	14/2014	\$100.00		\$100.00	

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I MONETA DV DE CEIDTO (C. C. A. D.								
I. MONETARY RECEIPT	S (S	ection A-I)	1					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Team Boughton April 10 Filing - Original								
B. Itemized Contributions from	m Ind	lividuals	•					
Last Name	First			MI	Contribution ID #			
Randhawa		Simar			0416			
Residential Street Address	City			State	Zip Code			
124 W King St		Danbury		СТ	06811			
Principal Occupation		Name of Employ	er					
Business Director		Mill Pl	ain Oil Inc					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	Vac					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Grand History Head of Contribution: Yes Method of contribution:	Date	Received	Aggregate Contributions					
rundraising event fisted in Section 31?								
If yes list Event #	02/	14/2014	\$100.00		\$100.00			
If yes, list Event # Money Order								
Last Name	First			MI	Contribution ID #			
Randhawa		Sumeet			0417			
Residential Street Address	City			State	Zip Code			
124 W King St		Danbury		CT	06811			
Principal Occupation	<u> </u>	Name of Employ	or	<u> </u>	00011			
Business Director			ain Oil Inc					
			obbyist, spouse, or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	Vac	Amou	nt of Contribution			
If yes, indicate which branch or branches of			x _{No}					
government the contract is with: Executive Legislative								
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions					
If yes, list Event #	02/	14/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Aourangajb		Mohiuddin			0418			
Residential Street Address	City			State	Zip Code			
23 Scupp Rd # 1-12		Danbury		CT	06811			
Principal Occupation		Name of Employ	er					
Station Attendant		Randl	nawa Corporation					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution			
	3	dependent child of	or a roodyrst:					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a fundacing event listed in Section 112	Date	Received	Aggregate Contributions					
Tandarasing event insect in Section 31:								
X No	02/	14/2014	\$50.00		\$50.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Mabrouk		Ashraf			0419			
Residential Street Address	City			State	Zip Code			
366 Main St Apt 2		Danbury		СТ	06810			
Principal Occupation		Name of Employ	er	<u> </u>	00010			
Supervisor			nawa Corporation					
			abbyigt groups or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor?	o	dependent child of	Vac	Amou	02 Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with:	Dot-	Pagaiyad		-				
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
x No Cash x Personal Check		14/2014	+50.00		* F0.00			
If yes, list Event # Money Order Credit/Debit Card	02/	14/2014	\$50.00		\$50.00			

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT April 10 Filing - Original					
Team Boughton			7 pin 10 1 ming - Original					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Sikder		Abdur		<u> </u>	0420			
Residential Street Address	City			State	Zip Code			
24 Mill Plain Rd Unit 1D Principal Occupation	L	Danbury Name of Employ	or	СТ	06811			
Information Requested			ain Oil Inc					
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of government the contract is with:		dependent enna c	x No					
Is this contribution associated with a Mathed of contribution.	Date	Received	Aggregate Contributions	1				
fundraising event listed in Section J1? Yes Yes X Cash Personal Check								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	02/	14/2014	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Sayabe		Shafiq			0427			
Residential Street Address	City	· ·		State	Zip Code			
5 Nabby Rd Unit B81		Danbury		СТ	06811			
Principal Occupation		Name of Employ	er					
Station Attendant		Mill Pl	ain Oil Inc					
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of government the contract is with:		dependent enna c	x No					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1				
fundraising event listed in Section J1?								
If yes, list Event # Cash Credit/Debit Card	02/	14/2014	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Roehrs		Hanna			0377			
Residential Street Address	City			State	Zip Code			
12 Kelly Ct		Sandy Hook		СТ	06482			
Principal Occupation		Name of Employ	er					
Homemaker		N/A						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of government the contract is with:		•	x _{No}					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions	1				
tundraising event listed in Section 31?								
If yes, list Event # Cash Credit/Debit Card	02/	14/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Arcure		John			0378			
Residential Street Address	City			State	Zip Code			
20 Maloney Dr		Wappingers I	Falls	NY	12590			
Principal Occupation		Name of Employ						
Carpenter			Flooring					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with:	Date	Received	Aggregate Contributions	1				
fundraising event listed in Section J1?			30 .0					
If yes list Event # X Cash Personal Check No Money Order Credit/Debit Card	02/	14/2014	\$100.00		\$100.00			

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I. MONETARY RECEIPTS (Section A-I)									
	5 (5)	ection A-I)	I						
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	First			MI	Contribution ID #				
Micitello		Anthony			0379				
Residential Street Address	City			State	Zip Code				
49 Mayfair Rd		Poughquag		NY	12570				
Principal Occupation		Name of Employ	er						
Floor Installer		Westo	chester Floors						
Is contributor a principal of a state contractor or prospective state contractor?			obbyict enouge or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
	Date	Received	Aggregate Contributions						
s this contribution associated with a fundraising event listed in Section J1?									
X No X Cash Personal Check	02/	14/2014	\$100.00		\$100.00				
If yes, list Event #		,	T						
Last Name	First			MI	Contribution ID #				
Hernandez	1 1150	Jorge			0382				
Residential Street Address	City	Jorge		State	Zip Code				
	City	Tuelcabas		NY	10707				
31 Midland Pl	L	Tuckahoe		INT	10707				
Principal Occupation		Name of Employ							
Information Requested			nation Requested						
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	0	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent enna (<u> </u>						
government the contract is with:			x No						
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? X Cash Personal Check									
If yes, list Event # Cash Credit/Debit Card	02/	14/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Edelstein		Jodi			0383				
Residential Street Address	City			State	Zip Code				
115 N Lake Shore Dr		Brookfield		СТ	06804				
Principal Occupation		Name of Employ	er	-					
None		None							
Is contributor a principal of a state contractor or prospective state contractor?	_	Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
	5	dependent child of	·						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
lundraising event listed in Section 31?									
X No Cash X Personal Check	02/	14/2014	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Natale		Robert			0386				
Residential Street Address	City			State	Zip Code				
115 N Lake Shore Dr	City	Brookfield		CT	06804				
Principal Occupation	<u> </u>	Name of Employ	ar .		00004				
Deputy Fire Marshal			of Greenwich						
			abbyigt groups or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	Vac	Amou	in or Contribution				
If yes, indicate which branch or branches of Executive Legislative		=	x _{No}						
government the contract is with:	Б.	D i d		1					
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
x No Cash X Personal Check		4.4/2011			+400.00				
If yes, list Event # Money Order Credit/Debit Card	02/	14/2014	\$100.00		\$100.00				

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I. MONETARY RECEIPT	S (S	ection A-I)					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT							
Team Boughton			April 10 Filing - Original				
B. Itemized Contributions from	m Inc	lividuals					
Last Name	First			MI	Contribution ID #		
Trepado		Stella			0388		
Residential Street Address	City			State	Zip Code		
20 Wixted Ave		Danbury		СТ	06810		
Principal Occupation		Name of Employ	er				
Information Requested		Inforr	nation Requested				
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution		
If yes, indicate which branch or branches of Executive Legislative		dependent child of	x No				
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions				
fundraising event listed in Section J1?							
If yes, list Event # Cash No Cash No Personal Check Money Order Credit/Debit Card	02/	14/2014	\$50.00		\$50.00		
Lost Nome	First			MI	Contribution ID #		
Last Name Butts	FIISt	Brian		MII	0390		
Residential Street Address	City	Dilaii		State	Zip Code		
1 Carolines Way	City	New Milford		CT	06776		
Principal Occupation		Name of Employ	er	<u> </u>	1 00770		
Excavation		Self					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	ant of Contribution		
	0	dependent child of	of a foodyist?				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No				
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions				
Tundraising event listed in Section 31? Cash Personal Check							
If yes, list Event # No Money Order Credit/Debit Card	02/	14/2014	\$50.00		\$50.00		
Last Name	First			MI	Contribution ID #		
Butts		Gordon			0391		
Residential Street Address	City			State	Zip Code		
159 Sawyer Hill Rd		New Milford		СТ	06776		
Principal Occupation		Name of Employ	er				
Excavation		Self					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution		
If yes, indicate which branch or branches of Executive Legislative		dependent enna (x No				
government the contract is with:	Doto	Received	Aggregate Contributions				
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions				
X No	02/	14/2014	\$50.00		\$50.00		
in yes, list Event #							
Last Name	First			MI	Contribution ID #		
Segan		Philip			0380		
Residential Street Address	City			State	Zip Code		
110 Deer Hill Ave		Danbury		СТ	06810		
Principal Occupation		Name of Employ					
Information Requested Is contributor a principal of a state contractor or prospective state contractor?			nation Requested obbyist, spouse, or	Amou	unt of Contribution		
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of	Vac	. 111100			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}				
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions				
fundraising event listed in Section J1? Yes Cash Personal Check							
X No	02/	14/2014	\$100.00		\$100.00		

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Type OF REPORT April 10 Filing - Original								
Team Boughton			, April 10 1 lilling Chighten					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Jesse		John			0381			
Residential Street Address	City			State	Zip Code			
110 Deer Hill Ave		Danbury		СТ	06810			
Principal Occupation Retired		Name of Employ	er					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amo	unt of Contribution			
If we sindicate which branch or branches of)	dependent child of	f a lobbyist?	Yes				
government the contract is with:				No				
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
Cash Rersonal Check		/	4400.00					
If yes, list Event # No Money Order Credit/Debit Card	02/	14/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Guida		Gregory			0375			
Residential Street Address	City			State	Zip Code			
13 Pellbridge Dr		Hopewell Jun	ction	NY	12533			
Principal Occupation		Name of Employe	er	•	•			
Design / Sales		CT Kit	chen & Bath					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or	Yes	unt of Contribution			
If yes, indicate which branch or branches of		dependent child o	a loodyist?	No				
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	_				
fundraising event listed in Section J1?			86 .6					
If yes, list Event # Cash X Personal Check Money Order Credit/Debit Card	02/:	14/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Gemza Gemza	FIISt	Tancy		IVII	0421			
Residential Street Address	City	,		State	Zip Code			
12A Spruce Mountain Rd		Danbury		СТ	06810			
Principal Occupation		Name of Employe	er		•			
Arbonne sales		Self						
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or	Amor Yes	unt of Contribution			
If yes, indicate which branch or branches of		dependent enna o	x					
government the contract of with	Date	Received	Aggregate Contributions	-				
fundraising event listed in Section J1?	Duite	10001100	1.6gregate controllous					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	02/	16/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Galasso	1 1130	Stacey		IVII	0422			
Residential Street Address	City	Stacey		State	Zip Code			
361 Rimmon Hill Rd		Beacon Falls		СТ	06403			
Principal Occupation	-	Name of Employ	er					
Teacher		Stratf	ord BOE					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le	obbyist, spouse, or	Yes	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		acpendent child (x 1	No.				
government the contract is with:	Date	Received	Aggregate Contributions	-				
fundraising event listed in Section J1?	Date		op-opure Contributions					
If yes, list Event # Cash Personal Check No	02/	16/2014	\$100.00		\$100.00			

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			April 10 Filing - Original					
Team Boughton			7 prii 10 r iiiig Originai					
B. Itemized Contributions from	n Ind	lividuals		_				
Last Name	First			MI	Contribution ID #			
Carlson		Bill			0424			
Residential Street Address	City			State	Zip Code			
7 Wheeler Dr		Danbury		СТ	06811			
Principal Occupation Retired		Name of Employ N/A	er					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of)	dependent child of	or a lobbyist?					
government the contract is with:	В.	D : 1		-				
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
Cash Personal Check	02/	17/2014	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card	02/	17/2014	\$100.00					
Last Name	First			MI	Contribution ID #			
Bontempi		Elizabeth			0425			
Residential Street Address	City			State	Zip Code			
175 Kohanza St		Danbury		СТ	06811			
Principal Occupation		Name of Employ	er					
Retired		N/A						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of government the contract is with:		dependent ennu (x No					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1				
fundraising event listed in Section J1?								
If yes, list Event # Cash Credit/Debit Card	02/	17/2014	\$25.00		\$25.00			
Last Name	First			MI	Contribution ID #			
David		Cynthia			0423			
Residential Street Address	City			State	Zip Code			
52 N Main St		Essex		СТ	06426			
Principal Occupation		Name of Employ	er					
Consulting			ia David & Associates					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution			
If yes, indicate which branch or branches of government the contract is with:			x No					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions	1				
tundraising event listed in Section 31:								
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	02/	17/2014	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Reinhardt		Beth			0426			
Residential Street Address	City			State	Zip Code			
23 Crestview Ln		Danbury		СТ	06810			
Principal Occupation		Name of Employ	er	-	•			
Manager		Pepsi	Co					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x No					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	†				
fundraising event listed in Section J1?								
If yes list Event # Cash Personal Check No	02/	18/2014	\$100.00		\$100.00			

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I, MONETARY RECEIPTS (Section A-I)								
	5 (5)	ection A-I)	I TYPE OF REPORT					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Team Boughton April 10 Filing - Original								
B. Itemized Contributions from	n Ind	lividuals	•					
Last Name	First			MI	Contribution ID #			
Rotiroti		Paul			0428			
Residential Street Address	City			State	Zip Code			
36 Dartmouth Pl		Newington		СТ	06111			
Principal Occupation		Name of Employ	er					
Attorney		State	of CT					
			obbyict enouge or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	Vac					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a fundamental section 112 Yes Wethold of contribution:	Date	Received	Aggregate Contributions					
rundraising event instea in section 11:								
X No Cash Personal Check	02/	18/2014	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card		•	·		·			
Last Name	First			MI	Contribution ID #			
Asch		Theresa			0433			
Residential Street Address	City	Theresa		State	Zip Code			
18 Brittania Dr	City	Danbuny		CT	06811			
Principal Occupation		Danbury Name of Employ	on.	CI	00011			
			CI					
Retired		N/A	11 1 · · · · · · · · · · · · · · · · ·					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution			
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? Yes Method of contribution:	Date	Received	Aggregate Contributions					
_								
If yes, list Event # Cash Credit/Debit Card	02/	19/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Klarsfeld		Rhoda			0431			
Residential Street Address	City			State	Zip Code			
38 Farview Farm Rd		Redding		CT	06896			
Principal Occupation		Name of Employ	er					
Homemaker		Self						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
	,	dependent child of	-					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
rundraising event insect in section 31:								
X No Cash Personal Check	02/	19/2014	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card								
Last Name	First			MI	Contribution ID #			
Cutsumpas		Nicoletta			0429			
Residential Street Address	City			State	Zip Code			
12 Maplecrest Dr	City	Danbury		CT	06811			
Principal Occupation		Name of Employ	or	Ci	00011			
Retired		N/A	Ci.					
			obbyist, spouse, or	Amon	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	Aiiiou	in or Contribution			
If yes, indicate which branch or branches of Executive Legislative		=	x _{No}					
government the contract is with:	Б.	D i d						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash X Personal Check		40/2011			+100.00			
If yes, list Event # Money Order Credit/Debit Card	02/	19/2014	\$100.00		\$100.00			

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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. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
DeCaro		Fred			0432			
Residential Street Address	City			State	Zip Code			
3 Sweet Briar Ln		Cos Cob		СТ	06807			
Principal Occupation		Name of Employ	er		-			
Consultant		Self						
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of						
government the contract is with: Executive Legislative	D-4-	D i d						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
Cash Personal Check	02/	19/2014	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card	02/	19/2014	\$100.00		φ100.00 			
Last Name	First			MI	Contribution ID #			
Heelan		Sam			0430			
Residential Street Address	City			State	Zip Code			
6 Cherokee Dr		Brookfield		СТ	06804			
Principal Occupation		Name of Employ	er	•				
Sales		Iovino	o Brothers					
Is contributor a principal of a state contractor or prospective state contractor?	`		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
Cash X Personal Check								
If yes, list Event # Money Order Credit/Debit Card	02/	19/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Mirra	11130	Gerald		IVII	0434			
Residential Street Address	City	00.0.0		State	Zip Code			
511 Normandy Vlg		Nanuet		NY	10954			
Principal Occupation		Name of Employ	er					
Sales		Mass	Mutual					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	_	dependent child of	or a robbyist:					
government the contract is with:			x _{No}					
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash Personal Check	02/	20/2014	#100.00		±100.00			
If yes, list Event # Money Order X Credit/Debit Card	02/.	20/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Mirra	1 1150	Eileen			0436			
Residential Street Address	City			State	Zip Code			
511 Normandy Vlg		Nanuet		NY	10954			
Principal Occupation		Name of Employ	er	•				
N/A		N/A						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a foodyist?					
government the contract is with:			x _{No}					
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
x No Cash Personal Check		20/204						
If yes, list Event # \times No \to Money Order \times \times Credit/Debit Card	02/	20/2014	\$100.00		\$100.00			

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I, MONETARY RECEIPTS (Section A-I)								
	5 (50	ection A-I)	TYPE OF PEROPE					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Type OF REPORT Team Boughton April 10 Filing - Original								
Team Boughton								
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Turner		Stephen			0438			
Residential Street Address	City			State	Zip Code			
67 Londonderry Dr		Greenwich		СТ	06830			
Principal Occupation		Name of Employ	er					
N/A		N/A						
			obbyist, spouse, or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a General list of the second list	Date	Received	Aggregate Contributions					
fundraising event listed in Section 31?								
x No Cash x Personal Check	02/	20/2014	\$50.00		\$50.00			
If yes, list Event #		•			·			
Last Name	First			MI	Contribution ID #			
Turner		Claudine			0439			
Residential Street Address	City	CidddillC		State	Zip Code			
	City	Croonwich		CT	06830			
67 Londonderry Dr		Greenwich	or .	CI	00030			
Principal Occupation		Name of Employ	ei					
N/A		N/A						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent enna (
government the contract is with:								
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
tundraising event listed in Section J1?								
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	02/	20/2014	\$100.00		\$100.00			
in yes, and break in the state of the state								
Last Name	First			MI	Contribution ID #			
Wilson		Thomas			0440			
Residential Street Address	City			State	Zip Code			
78 Cooper Rd		Ridgefield		СТ	06877			
Principal Occupation		Name of Employ	er					
Owner		Minut	eman of Danbury					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
X No Cash Personal Check	02/2	20/2014	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card		•						
Last Name	First			MI	Contribution ID #			
Johnson		Theodore			0443			
Residential Street Address	City	THEOGOTE		State	Zip Code			
310 Seabury Dr	City	Bloomfield		CT	06002			
			OF .	CI	00002			
Principal Occupation		Name of Employ	C1					
Retired		N/A	obbysist angues		nt of Containation			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	,	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution			
If yes, indicate which branch or branches of			x No					
government the contract is with: Executive Legislative								
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event fisted in Section 31?								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	02/	20/2014	\$100.00		\$100.00			

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I. MONETARY RECEIPT	S (S	ection A-I)	TYPE OF REPORT		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					
Team Boughton			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Johnson		Nancy		-	0444
Residential Street Address	City	DI6-14		State	Zip Code
310 Seabury Dr Principal Occupation		Bloomfield Name of Employ	or	СТ	06002
Public Policy Advisor		1 ,	· Donelson		
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of	5	dependent child of	of a lobbyist?		
government the contract is with: Is this contribution associated with a Method of contribution: Method of contribution:	D-4-	Received			
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X No Cash X Personal Check	02/	20/2014	\$100.00		\$100.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Arconti		Carol			0435
Residential Street Address	City			State	Zip Code
4 Ridgewood Dr		Danbury Name of Employ		СТ	06811
Principal Occupation Partner		Self	er		
			obbyist, spouse, or	Amou	ant of Contribution
Yes X N	0	dependent child of	Vac		
If yes, indicate which branch or branches of government the contract is with:			x No		
Is this contribution associated with a Social Soci	Date	Received	Aggregate Contributions		
rundraising event listed in Section 31?					
If yes, list Event # Cash Cash Personal Check Money Order X Credit/Debit Card	02/	20/2014	\$25.00		\$25.00
Last Name	First			MI	Contribution ID #
Hearty	First	Brian		IVII	0442
Residential Street Address	City	5.14.1		State	Zip Code
5 Charcoal Ridge Rd E		New Fairfield		СТ	06812
Principal Occupation	•	Name of Employ	er	•	
Electrician		City o	f Danbury		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.	0		obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent child of	I a loooyist:		
government the contract is with: Executive Legislative		p : 1			
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
If ves. list Event # Personal Check Money Order Credit/Debit Card	02/	20/2014	\$50.00		\$50.00
If yes, list Event # Money Order X Credit/Debit Card	·		·		
Last Name	First			MI	Contribution ID #
Bunko		Michael			0441
Residential Street Address	City			State	Zip Code
195 Hobart St	<u> </u>	Southington		СТ	06489
Principal Occupation Real Estate		Name of Employ Self	er		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ant of Contribution
Yes X No	0	dependent child of	Vac		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
Tundraising event fisted in Section 31?					
If yes, list Event # Cash Personal Check X No	02/	20/2014	\$50.00		\$50.00

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I. MONETARY RECEIPT	S (S	ection A-I)	TYPE OF REPORT		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Team Boughton April 10 Filing - Original					
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Lyman		Emmett			0437
Residential Street Address	City			State	Zip Code
136 Town St		East Haddam		СТ	06423
Principal Occupation Retired/Grandfather		Name of Employ N/A	er		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	ınt of Contribution
If yes, indicate which branch or branches of	5	dependent child of	of a lobbyist?		
government the contract is with: Is this contribution associated with a Method of contribution: Method of contribution:	D-4-	D i 4		4	
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	02/	20/2014	\$50.00		\$50.00
	l				
Last Name	First			MI	Contribution ID #
Blessey Residential Street Address	C'i	Richard		Gr. r	0594
6 Dunsinane Rd	City	Brookfield		State	Zip Code 06804
Principal Occupation	<u> </u>	Name of Employ	er	СТ	06804
CEO			e Metal Products Corp		
			obbyist, spouse, or	Amou	ınt of Contribution
Yes X No	0	dependent child of	Va	1	
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?					
If yes, list Event # Cash Credit/Debit Card	02/	22/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Steinmetz		Paul			0451
Residential Street Address	City			State	Zip Code
269 Old Litchfield Rd		Washington		СТ	06793
Principal Occupation		Name of Employ	er		
Fundraising		WCSU			
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		dependent enna e	x No		
government the contract is with:	Date	Received	Aggregate Contributions	-	
fundraising event listed in Section J1?	Dute	110001100	riggiogate controllous		
If yes, list Event # Cash Personal Check Cash Personal Check Money Order Credit/Debit Card	02/	22/2014	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Dabney	1 1130	Emily		1411	0448
Residential Street Address	City			State	Zip Code
7 Hefflon Farm Rd		Old Lyme		СТ	06371
Principal Occupation	•	Name of Employ	er	-	•
Student		N/A			
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?			34 4		
If yes list Event # 02232014A Cash Personal Check No Cash Personal Check No	02/	22/2014	\$100.00		\$100.00

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	o (o	ection A-1)	TYPE OF REPORT					
Team Boughton			April 10 Filing - Original					
B. Itemized Contributions from Individuals								
	_	ii viuuuis		MI	Contribution ID #			
Last Name Charette	First	Carole		MI	Contribution ID # 0446			
Residential Street Address	City			State	Zip Code			
33 Burlington Rd		Unionville		СТ	06085			
Principal Occupation		Name of Employ	er					
Retired		N/A						
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes		Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with:	Date	Received	Aggregate Contributions	1				
fundraising event listed in Section J1?			86 18					
If yes, list Event # Cash X Personal Check Money Order	02/2	22/2014	\$100.00		\$100.00			
noney order Carde Debt Card								
Last Name	First			MI	Contribution ID #			
Charette		Wilbur			0447			
Residential Street Address	City			State	Zip Code			
33 Burlington Rd		Unionville		СТ	06085			
Principal Occupation		Name of Employ	er					
Retired		N/A						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?					
government the contract is with: Executive Legislative	لے							
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
If yes, list Event # Cash X Personal Check Money Order Credit/Debit Card	02/2	22/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Williams		Sydney			0445			
Residential Street Address	City			State	Zip Code			
15 Smith Neck Rd		Old Lyme		СТ	06370			
Principal Occupation		Name of Employ						
Stock Brokers			ess, Crespi, Hardt	,				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or	Amou	int of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
tundraising event listed in Section J1?								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	02/	22/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Dabney	1 1130	William			0449			
Residential Street Address	City			State	Zip Code			
5214 Tilton Dr		Evans		GA	30809			
Principal Occupation		Name of Employ	er					
Systems Engineer			rtment of Defense					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with a fundraining event listed in Section 112.	Date	Received	Aggregate Contributions					
Tundraising event listed in Section 31:								
If yes, list Event # 02232014A Solution If yes, list Event # 02232014A Solution If yes, list Event # 02232014A	02/	22/2014	\$100.00		\$100.00			

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I MONETADY DECEMBER (CC., A.D.								
I. MONETARY RECEIPT	5 (5)	ection A-I)	I TYPE OF DEDONA					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Team Boughton			April 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals	•					
Last Name	First			MI	Contribution ID #			
Ward-Dabney		Beverly			0450			
Residential Street Address	City			State	Zip Code			
129 W Lynne Dr		Martinez		GA	30907			
Principal Occupation		Name of Employ	er					
Retired		N/A						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	Vac					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
	Date	Received	Aggregate Contributions					
s this contribution associated with a fundraising event listed in Section J1?								
No Cash Personal Check	02/	22/2014	\$100.00		\$100.00			
If yes, list Event # 02232014A	02,	,	Ψ200.00					
Last Name	First			MI	Contribution ID #			
Bonoyer	1 1100	Emily			0452			
Residential Street Address	City	Lilliy		State	Zip Code			
	City	Modford			02155			
5 Saint Clemens St		Medford		MA	02155			
Principal Occupation		Name of Employ	er					
Nanny		Self						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent enna (
government the contract is with:								
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? Cash Personal Check								
If yes, list Event # Cash Credit/Debit Card	02/	23/2014	\$100.00		\$100.00			
,								
Last Name	First			MI	Contribution ID #			
Levinson		Barry			0453			
Residential Street Address	City			State	Zip Code			
5599 Shadow Lawn Dr		Sarasota		FL	34242			
Principal Occupation		Name of Employ	er					
Retired		N/A						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution			
	,	dependent child of	•					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with a fundraising event listed in Section 112	Date	Received	Aggregate Contributions					
rundraising event insect in section 31:								
If yes list Event # Cash Personal Check Money Order X Credit/Debit Card	02/	23/2014	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Renz		Nancy			0454			
Residential Street Address	City	•		State	Zip Code			
8 Eustis Ave		Danbury		СТ	06811			
Principal Occupation		Name of Employ	er		*****			
Finance			el Public Schools					
			abbyist spays or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	. 111100				
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
Is this contribution associated with a Method of contribution:	Dota	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions					
X No Cash Personal Check	02.	22/2014	#100.00		¢100.00			
If yes, list Event # Money Order X Credit/Debit Card	02/.	23/2014	\$100.00		\$100.00			

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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. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Bysko		John			0520			
Residential Street Address	City			State	Zip Code			
30 Burr Rd		Lyme		СТ	06371			
Principal Occupation		Name of Employ	er					
Firefighter		North	Haven Fire Dept					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of	-	dependent child of	of a foodyist?					
government the contract is with:			X No					
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
Cash X Personal Check		00/0014	4400.00					
If yes, list Event # 02232014A	02/	23/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Cinami	11130	Steven		1411	0521			
Residential Street Address	City	Steven		State	Zip Code			
62A Buttonball Rd		Old Lyme		СТ	06371			
Principal Occupation		Name of Employ	er		!			
Consultant		PCMS						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a fundaminary and listed in Section 112.	Date	Received	Aggregate Contributions					
Cash X Personal Check								
If yes, list Event # 02232014A No Money Order Credit/Debit Card	02/	23/2014	\$100.00		\$100.00			
				L				
Last Name	First			MI	Contribution ID #			
Pappalardo Residential Street Address	City	Frank		State	0529 Zip Code			
70 Eastview Dr	City	Coventry		CT	06238			
Principal Occupation		Name of Employ	er	C.	00230			
Owner		Innov	ative Environmental					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution			
)	dependent child of	·					
If yes, indicate which branch or branches of government the contract is with:			x No					
Is this contribution associated with a fundamining awart listed in Section 112	Date	Received	Aggregate Contributions					
Tunidiaising event instead in Section 31:								
If yes, list Event # 02232014A No Money Order Credit/Debit Card	02/	23/2014	\$100.00		\$100.00			
					la .a . m "			
Last Name Coffee	First	Eileen		MI	Contribution ID # 0532			
Residential Street Address	City	cileen		State	Zip Code			
130-1 Sill Ln	City	Old Lyme		CT	06371			
Principal Occupation		Name of Employ	er	C.	003/1			
Information Requested			of Old Lyme					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution			
	J	dependent child of	of a foodyist?					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with a fundamining awart listed in Section 112	Date	Received	Aggregate Contributions					
Tundialsing event listed in Section 71?								
If yes, list Event # 02232014A	02/	23/2014	\$25.00		\$25.00			

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	5 (51	ction A-i)	TYPE OF REPORT					
Team Boughton			April 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Buchanan	1 1150	Wayne			0534			
Residential Street Address	City	,		State	Zip Code			
17 Sargent Rd		South Lyme		СТ	06376			
Principal Occupation		Name of Employ	er					
Research Proj Mgr			oast Guard					
			obbyist spouse or	Amou	ınt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Voc					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a fundamining awart listed in Section 112	Date	Received	Aggregate Contributions	1				
fundraising event listed in Section 11:								
U No F	02/2	23/2014	\$100.00		\$100.00			
If yes, list Event # 02232014A								
Last Name	First			MI	Contribution ID #			
Sibley		Arthur			0536			
Residential Street Address	City			State	Zip Code			
15 Riverbend		Old Lyme		СТ	06371			
Principal Occupation		Name of Employ	er					
Owner		Indep	endent Explosives					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a foodyist?					
government the contract is with:			x _{No}					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
Tundraising event listed in Section 31?								
If yes, list Event # 02232014A No Money Order Credit/Debit Card	02/2	23/2014	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Ziolkovski		Brian			0537			
Residential Street Address	City			State	Zip Code			
2 Butterwick Ln	ļ.,,	Old Lyme		СТ	06371			
Principal Occupation		Name of Employ						
Police Officer			of Old Saybrook					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of			x _{No}					
government the contract is with:		D : 1						
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
No Cash X Personal Check	02/	23/2014	\$100.00		\$100.00			
If yes, list Event # 02232014A	02/.	23/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Diebolt		Mark			0538			
Residential Street Address	City			State	Zip Code			
6967 Mill Pond Cir		Naples		FL	34104			
Principal Occupation		Name of Employ	er					
Owner		Self						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	int of Contribution			
	,	dependent child of	of a foodyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1				
Tunidiaising event instead in Section 31:								
If yes, list Event # 02232014A Solution If yes, list Event # 02232014A Cash Solution If Yes, list Event # 02232014A	02/	23/2014	\$100.00		\$100.00			

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L MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Team Boughton			April 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Scott		Caroline			0541			
Residential Street Address	City			State	Zip Code			
148 Saybrook Rd		Essex		СТ	06426			
Principal Occupation Consultant		Name of Employ	er mation Requested					
			abbyigt groups or	Amou	ant of Contribution			
Yes X No)	dependent child of	Vac					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with a fundraising event listed in Section 112	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? Cash Personal Check								
If yes, list Event # 02232014A No Money Order Credit/Debit Card	02/2	23/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Ramey	Tilst	Charles		IVII	0543			
Residential Street Address	City			State	Zip Code			
461 Bank St # 608		New London		СТ	06320			
Principal Occupation		Name of Employ	er	•				
Retired		N/A						
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent enna e						
government the contract is with: Is this contribution associated with a Method of contribution:	Data	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions					
No Cash X Personal Check	02/2	23/2014	\$100.00		\$100.00			
If yes, list Event # 02232014A								
Last Name	First			MI	Contribution ID #			
Bysko		Jillian			0544			
Residential Street Address	City			State	Zip Code			
20 Irvingdell Pl		East Lyme		СТ	06333			
Principal Occupation Registered Nurse		Name of Employ	^{er} ıs Hospital					
			obbvist snouse or	Amou	ant of Contribution			
Yes A No)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a fundamining event listed in Section 112	Date	Received	Aggregate Contributions	1				
Tunidialising event listed in Section 31:								
If yes, list Event # 02232014A No Money Order Credit/Debit Card	02/2	23/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Griswold	1 1150	Mark			0546			
Residential Street Address	City			State	Zip Code			
14 Griswold Point Rd		Old Lyme		СТ	06371			
Principal Occupation		Name of Employ	er					
Sales			n Elmer	1				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x No					
government the contract is with:	Date	Received	Aggregate Contributions	-				
fundraising event listed in Section J1?			200					
If yes, list Event # 02232014A No Solution No Solution No Solution No	02/2	23/2014	\$100.00		\$100.00			

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Team Boughton			April 10 Filing - Original					
B. Itemized Contributions from	m Ind	lividuals						
Last Name Ruppenicker	First	Harry		MI	Contribution ID # 0549			
Residential Street Address	City			State	Zip Code			
17 Hammick Rd S		Westbrook		СТ	06498			
Principal Occupation		Name of Employ	er	-	-			
Information Requested			's Marina					
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
If yes, list Event # 02232014A	02/2	23/2014	\$25.00		\$25.00			
Last Name	First			MI	Contribution ID #			
Lehrer		Leon			0548			
Residential Street Address	City			State	Zip Code			
22 Fenwood Dr		Old Saybrook	(СТ	06475			
Principal Occupation		Name of Employ	er	-				
Information Requested		Inforr	nation Requested					
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of		аеренает сппа с						
government the contract is with: Executive Legislative	L D.	D : 1						
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions					
If yes, list Event # 02232014A No Cash Personal Check Money Order X Credit/Debit Card	02/2	23/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
DeRisio		Margaret			0522			
Residential Street Address	City			State	Zip Code			
12 Jericho Dr	Щ,	Old Lyme		СТ	06371			
Principal Occupation		Name of Employ	er					
Retired Is contributor a principal of a state contractor or prospective state contractor?		N/A	obbyist, spouse, or	Amor	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o	dependent child of		Amot	int of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a fundamining event listed in Section 112	Date	Received	Aggregate Contributions					
Tunidialising event listed in Section 31:								
If yes, list Event # 02232014A No Money Order Credit/Debit Card	02/2	23/2014	\$25.00		\$25.00			
Last Name	First			MI	Contribution ID #			
Bysko		John			0479			
Residential Street Address	City			State	Zip Code			
4 Lantern Ln	L	Old Lyme		СТ	06371			
Principal Occupation		Name of Employ						
CPA/Investment Advisor			A. Bysko Associates	Amor	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o	dependent child of	obbyist, spouse, or	Amou	int of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1				
Tunidialising event listed in Section 31:								
No Cash Personal Check	02/2	23/2014	\$100.00		\$100.00			

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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. Itemized Contributions from	n Inc	lividuals						
Last Name	First			MI	Contribution ID #			
Bysko		Janet			0480			
Residential Street Address	City			State	Zip Code			
4 Lantern Ln		Old Lyme		СТ	06371			
Principal Occupation		Name of Employ	er					
Adminstrator		John .	A. Bysko Associates					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a labbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child (
government the contract is with: Executive Legislative	Б.	D : 1						
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
No Cash X Personal Check	02/	23/2014	\$100.00		\$100.00			
If yes, list Event # 02232014A	02/	23/2014	\$100.00		\$100.00 			
Last Name	First			MI	Contribution ID #			
Perks		Michael			0545			
Residential Street Address	City			State	Zip Code			
77 Neck Rd		Old Lyme		СТ	06371			
Principal Occupation		Name of Employ	er					
Retired		N/A						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	-	dependent child of	51 a 1000y1st?					
government the contract is with:			x _{No}					
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
Cash X Personal Check	02,	22/204.4	+35.00		+25.00			
If yes, list Event # 02232014A	02/	23/2014	\$25.00		\$25.00			
Last Name	First			MI	Contribution ID #			
Tooker	11130	Judith		· · · ·	0530			
Residential Street Address	City			State	Zip Code			
67 Lyme St		Old Lyme		СТ	06371			
Principal Occupation		Name of Employ	er					
Tax Collector		Town	of Old Lyme					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a foodyist:					
government the contract is with:			x _{No}					
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
X Cash Personal Check	02,	22/2014	+20.00		±20.00			
If yes, list Event # 02232014A	02/	23/2014	\$20.00		\$20.00			
Last Name	First			MI	Contribution ID #			
Griswold	11150	David			0531			
Residential Street Address	City			State	Zip Code			
3 Chadwick Dr		Old Lyme		СТ	06371			
Principal Occupation		Name of Employ	er					
Information Requested		Inforr	mation Requested					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	•	dependent child of	of a lobbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
tundraising event risted in Section 31?		22/2011			+50.00			
If yes, list Event # 02232014A Cash Cash Personal Check No	02/	23/2014	\$50.00		\$50.00			

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I, MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	5 (5)	ction A-1)	TYPE OF REPORT						
Team Boughton			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Johnson		Clifford			0535				
Residential Street Address	City			State	Zip Code				
15 Lyme St	,	Old Lyme		СТ	06371				
Principal Occupation		Name of Employ	er						
Retired		N/A							
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	nt of Contribution				
)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with a fundamining event listed in Section 112.	Date	Received	Aggregate Contributions						
X Parsonal Check									
If yes, list Event # 02232014A No Money Order Credit/Debit Card	02/	23/2014	\$50.00		\$50.00				
3.9									
Last Name	First			MI	Contribution ID #				
Shriver		Richard			0533				
Residential Street Address	City			State	Zip Code				
1 Pilgrims Lndg		Old Lyme		СТ	06371				
Principal Occupation		Name of Employ	er						
Retired		N/A							
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child (<u></u>						
government the contract is with:			x No						
Is this contribution associated with a fundacional organization for the second	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? Cash Personal Check									
If yes, list Event # 02232014A No Money Order Credit/Debit Card	02/	23/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Kelsey		J. David		~	0528				
Residential Street Address	City	0111		State	Zip Code				
3 Lake Dr		Old Lyme		СТ	06371				
Principal Occupation		Name of Employ							
Investment Mgmt Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	37	Amou	nt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Duit	10001100	11661-08410 Continuations						
No Cash X Personal Check	02/	23/2014	\$100.00		\$100.00				
If yes, list Event# 02232014A	02,		Ψ100.00						
Last Name	First			MI	Contribution ID #				
Callahan		Margaret			0539				
Residential Street Address	City			State	Zip Code				
222 Tyler Ave	,	Groton		СТ	06340				
Principal Occupation		Name of Employ	er						
Retired		N/A							
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	of a foodyist?						
government the contract is with: Executive Executive Legislative			x No						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
Tundraising event listed in Section 31:									
If yes, list Event # 02232014A No Money Order Credit/Debit Card	02/	23/2014	\$100.00		\$100.00				

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I. MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Team Boughton			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Serapilia		Margaret			0547
Residential Street Address	City			State	Zip Code
86 Swan Ave		Old Lyme		СТ	06371
Principal Occupation		Name of Employe	er		
Realtor		Berks	hire Hathaway		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?			1.99.18		
No X Cash Personal Check	02/2	23/2014	\$30.00		\$30.00
If yes, list Event # 02232014A			·		·
Last Name	First			MI	Contribution ID #
Carney		Devin			0540
Residential Street Address	City			State	Zip Code
18 Cottage Pl	<u> </u>	Old Saybrook	(СТ	06475
Principal Occupation		Name of Employe	er		
Realtor			vell Banker		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		acpendent enna e			
government the contract is with: Is this contribution associated with a Method of contribution:	Data	Received	Aggregate Contributions		
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
No Cash X Personal Check	02/3	23/2014	\$50.00		\$50.00
If yes, list Event # 02232014A	02/	23, 2011	430.00		
Last Name	First			MI	Contribution ID #
Oliveira		Frank			0525
Residential Street Address	City			State	Zip Code
7 Hefflon Farm Rd		Old Lyme		СТ	06371
Principal Occupation		Name of Employ	er		
Retired		N/A			
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent enna e	· —		
government the contract is with:	Data	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
No Cash X Personal Check	02/2	23/2014	\$100.00		\$100.00
If yes, list Event # 02232014A	-,		Ţ		
Last Name	First			MI	Contribution ID #
Torrenti		John			0524
Residential Street Address	City			State	Zip Code
9 Mallard Dr		Old Saybrook	<	СТ	06475
Principal Occupation		Name of Employe	er		
Retired		N/A			
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of		acpendent child (a loodyist:		
government the contract is with:	ъ.,	Dagaine 4			
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
No No Cash X Personal Check	02/3	23/2014	\$50.00		\$50.00
If yes list Event # 02232014A	1 -, ,	-,	450.00	I	

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I. MONETARY RECEIPT	S (Se	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Team Boughton			TYPE OF REPORT April 10 Filing - Original		
ream Boughton			, p.i. io i iiiig oligina.		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Delinks		Charles		-	0527
Residential Street Address	City	0141		State	Zip Code
20 Homestead Cir Principal Occupation		Old Lyme Name of Employ	or	СТ	06371
Self			er Computing		
Is contributor a principal of a state contractor or prospective state contractor?	n		obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of	5	dependent child of	of a lobbyist?		
government the contract is with:	D.	D : 1			
Is this contribution associated with a fundraising event listed in Section J1? X Yes	Date	Received	Aggregate Contributions		
No Cash X Personal Check	02/	23/2014	\$100.00		\$100.00
If yes, list Event # 02232014A		-, -			
Last Name	First			MI	Contribution ID #
Griswold		Emily			0542
Residential Street Address	City			State	Zip Code
13-1 Griswold Pt	L	Old Lyme		СТ	06371
Principal Occupation Information Requested		Name of Employ	nation Requested		
			obbyist, spouse, or	Amou	ant of Contribution
Yes X N	o	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1? Cash Personal Check					
If yes, list Event # 02232014A No Money Order Credit/Debit Card	02/	23/2014	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Griswold	1 1130	Timothy		IVII	0523
Residential Street Address	City	,		State	Zip Code
13 Griswold Pt		Old Lyme		СТ	06371
Principal Occupation		Name of Employ	er	=	•
Retired		N/A			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with	Date	Received	Aggregate Contributions		
Is this contribution associated with a fundraising event listed in Section J1? X Yes Method of contribution: X Personal Check					
If yes, list Event # 02232014A	02/2	23/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Alaimo		Nicholas			0526
Residential Street Address	City			State	Zip Code
117 Seaside Ave		Westbrook		СТ	06498
Principal Occupation		Name of Employ	er	-	
Buyer			rsal Design	1	
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		S-p	x _{No}		
government the contract is with:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?			55-56		
If yes list Event # 02232014A No Cash X Personal Check	02/2	23/2014	\$30.00		\$30.00

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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. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Libby		Stacia			0478				
Residential Street Address	City			State	Zip Code				
155 Main St		Ivoryton		СТ	06442				
Principal Occupation		Name of Employ							
Insurance Is contributor a principal of a state contractor or prospective state contractor?			pson & Peck obbyist, spouse, or	Amou	ant of Contribution				
is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	Vac	111100	an or commount				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with a fundamining agent listed in Section 112	Date	Received	Aggregate Contributions						
X Parsonal Check									
If yes, list Event # 02232014A No Money Order Credit/Debit Card	02/	23/2014	\$20.00		\$20.00				
Last Name	First			MI	Contribution ID #				
Forbis	1 1130	John		""	0477				
Residential Street Address	City			State	Zip Code				
43 Lyme St		Old Lyme		СТ	06371				
Principal Occupation		Name of Employ	er	-	-				
Consultant		Self							
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent enna e	· —						
government the contract is with: Is this contribution associated with a Method of contribution: Method of contribution:	Date	Received	Aggregate Contributions	-					
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
No Cash X Personal Check	02/	23/2014	\$100.00		\$100.00				
If yes, list Event # 02232014A									
Last Name	First			MI	Contribution ID #				
Forbis		Alison			0481				
Residential Street Address	City			State	Zip Code				
43 Lyme St		Old Lyme		СТ	06371				
Principal Occupation N/A		Name of Employ N/A	er						
·		-	obbyist, spouse, or	Amou	unt of Contribution				
Yes A No)	dependent child of	37						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a fundamining agent listed in Section 112	Date	Received	Aggregate Contributions	1					
Tunidialsing event listed in Section 31?									
If yes, list Event # 02232014A No Money Order Credit/Debit Card	02/	23/2014	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
Ward	1 1130	Scott		""	0455				
Residential Street Address	City			State	Zip Code				
48 Old Hawleyville Rd		Bethel		СТ	06801				
Principal Occupation		Name of Employ	er	-	-				
Self		Self							
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of Executive Legislative		ar _p and on think t	x No						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	-					
fundraising event listed in Section J1?			00.084.0 00.110410115						
If yes list Event # Cash Personal Check No	02/	24/2014	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card	I			1					

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I, MONETARY RECEIPTS (Section A-I)									
	5 (50	ection A-I)	TYPE OF PEROPE						
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	First			MI	Contribution ID #				
Wiatr		Francis			0456				
Residential Street Address	City			State	Zip Code				
23 Steeple View Ln		Woodbury		СТ	06798				
Principal Occupation		Name of Employ	er						
Consultant		WSB							
			obbyist, spouse, or	Amou	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? Method of contribution: Yes									
X No Cash Personal Check	02/	24/2014	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card		,	7						
Last Name	First			MI	Contribution ID #				
Burgos-Rodriquez	1 1150	Abner		.,,,	0457				
Residential Street Address	City	Abrier		State	Zip Code				
	City	Danhumi			06811				
8 Corntassle Rd	<u> </u>	Danbury		СТ	06811				
Principal Occupation		Name of Employ							
Manager			ard Petroleum						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent enna (
government the contract is with:									
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? Cash Personal Check									
If yes, list Event # Cash Credit/Debit Card	02/2	25/2014	\$50.00		\$50.00				
,									
Last Name	First			MI	Contribution ID #				
Blansfield		James			0459				
Residential Street Address	City			State	Zip Code				
2 High Fields Dr		Danbury		CT	06811				
Principal Occupation		Name of Employ	er	-	-				
President		Blaus	field Builders Inc						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
)	dependent child of	*						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
To this contribution are cited with a	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
X No Cash X Personal Check	02/2	25/2014	\$100.00		\$100.00				
If yes, list Event #		•							
Last Name	First			MI	Contribution ID #				
Blansfield		Margie			0460				
Residential Street Address	City	riargic		State	Zip Code				
2 High Fields Dr	City	Danbury		CT	06811				
	_	Name of Employ	ON.	Ci	00011				
Principal Occupation									
Vice President Is contributor a principal of a state contractor or prospective state contractor?			field Builders Inc obbyist, spouse, or	Amon	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	Amou	in or Commountion				
If yes, indicate which branch or branches of			x No						
government the contract is with: Executive Legislative		Danier 1							
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
		a= /aa : :							
If yes, list Event # Cash Credit/Debit Card	02/2	25/2014	\$100.00		\$100.00				

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I MONETA DV DE CEIDTO (C. C. A. D.								
L. MONETARY RECEIPT	S (S	ection A-I)	1					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Team Boughton			April 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals	•					
Last Name	First			MI	Contribution ID #			
Siklos		Joseph			0461			
Residential Street Address	City			State	Zip Code			
36 Federal Rd		Danbury		СТ	06810			
Principal Occupation		Name of Employ	er					
CEO		Marlir	Controls Inc					
			obbyict enouge or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	Voc					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
	Date	Received	Aggregate Contributions					
s this contribution associated with a fundraising event listed in Section J1?								
X No Cash X Personal Check	02/	25/2014	\$100.00		\$100.00			
If yes, list Event #	02,	20, 202 .	Ψ100.00					
Last Name	First			MI	Contribution ID #			
Grossman	1 1150	Robert		1411	0462			
Residential Street Address	City	Robert		State	Zip Code			
	City	Manatana			-			
45 Mt Pleasant Rd		Newtown		СТ	06570			
Principal Occupation		Name of Employ	er					
Self		Self						
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent enna (<u></u>					
government the contract is with:			x _{No}					
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions					
tundraising event listed in Section J1?								
If yes, list Event # Cash Credit/Debit Card	02/	25/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Figueroa		Laura			0471			
Residential Street Address	City			State	Zip Code			
6 Parkwood Terrace Dr		Danbury		CT	06811			
Principal Occupation		Name of Employ	er					
Administrative Asst		NAE,	Inc					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
)	dependent child of	•					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
To this contribution are cited with a	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
X No Cash Personal Check	02/2	25/2014	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card		-	·					
Last Name	First			MI	Contribution ID #			
Sjursen		Arnold			0472			
Residential Street Address	City	7.1.10.10		State	Zip Code			
14 Wood Ridge Hills Rd	City	Old Lyme		CT	06371			
Principal Occupation		Name of Employ	or	Ci	00371			
VP Sales		Copol						
			abbyigt groups or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	Amou	in or Contribution			
If yes, indicate which branch or branches of Executive Legislative		=	x _{No}					
government the contract is with:	Б.	D i d						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash Personal Check		25/2011			+100.00			
If yes, list Event # Money Order X Credit/Debit Card	02/	25/2014	\$100.00		\$100.00			

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I. MONETARY RECEIPTS (Section A-I)								
	5 (50	ection A-I)	TYPE OF PEROPE					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Team Boughton			April 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Sjursen		Ruth			0473			
Residential Street Address	City			State	Zip Code			
14 Wood Ridge Hills Rd		Old Lyme		СТ	06371			
Principal Occupation		Name of Employ	er					
VP Sales		Copol	Intl.					
		-	obbyict chance or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	37					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? Method of contribution: Yes								
X No Cash Personal Check	02/	25/2014	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card	,	,	T					
Last Name	First			MI	Contribution ID #			
Pietrafesa	1 1100	Ralph			0466			
Residential Street Address	City	Кагрп		State	Zip Code			
	City	Danhumi			06811			
36 Hawley Road Ext		Danbury		СТ	06811			
Principal Occupation		Name of Employ	er					
Director of Sales		Self						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent enna (
government the contract is with:								
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? X Cash Personal Check								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	02/	25/2014	\$100.00		\$100.00			
,								
Last Name	First			MI	Contribution ID #			
Casey		Linda			0463			
Residential Street Address	City			State	Zip Code			
137 Triangle St		Danbury		CT	06810			
Principal Occupation		Name of Employ	er					
Retired		N/A						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution			
	,	dependent child of	*					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
rundraising event insect in section 31:								
X No	02/	25/2014	\$50.00		\$50.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Casey		Michael			0464			
Residential Street Address	City			State	Zip Code			
137 Triangle St		Danbury		СТ	06810			
Principal Occupation		Name of Employ	or	<u> </u>	00010			
Head Custodian			ury Board of Ed					
			abbreigt anguag or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	Amou	02 Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with:	D-4	Dagaiyad						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash X Personal Check		25/2011	150.00		* F0.00			
If yes, list Event # Money Order Credit/Debit Card	02/	25/2014	\$50.00		\$50.00			

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I, MONETARY RECEIPTS (Section A-I)								
	5 (50	ection A-I)	I TYPE OF BERORE					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Team Boughton			April 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals	•					
Last Name	First			MI	Contribution ID #			
Roy		Manik			0458			
Residential Street Address	City			State	Zip Code			
10 E Gate Rd		Danbury		СТ	06811			
Principal Occupation		Name of Employ	er					
Owner		Self						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
rundraising event risted in Section 31?								
X No Cash X Personal Check	02/	25/2014	\$100.00		\$100.00			
If yes, list Event #		•			·			
Last Name	First			MI	Contribution ID #			
Wise		Норе			0465			
Residential Street Address	City	Порс		State	Zip Code			
1 Keeler Close	City	Pidaofiold		CT	06877			
Principal Occupation		Ridgefield Name of Employ	on.	CI	00077			
Elections			of Ridgefield					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution			
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? Yes Method of contribution:	Date	Received	Aggregate Contributions					
If yes, list Event # Cash Credit/Debit Card	02/	25/2014	\$50.00		\$50.00			
				<u> </u>				
Last Name	First			MI	Contribution ID #			
Ruggiero		Celeste			0467			
Residential Street Address	City			State	Zip Code			
3 Pondfield Rd		New Fairfield		CT	06812			
Principal Occupation		Name of Employ	er	-				
Clerk		Danb	ury Probate Court					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution			
	,	dependent child of	•					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
To this contribution are cived with a	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
X No Cash X Personal Check	02/2	25/2014	\$50.00		\$50.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Benicewicz		Anthony			0469			
Residential Street Address	City	7.11.1011.7		State	Zip Code			
56 Clapboard Ridge Rd	City	Danbury		CT	06811			
Principal Occupation		Name of Employ	ar .		00011			
Information Requested		N/A	Ci.					
			obbyist, spouse, or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	Amou	in or Contribution			
If yes, indicate which branch or branches of Executive Legislative		=	x _{No}					
government the contract is with:	D.	D i d		1				
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash X Personal Check		25/2011			+100.00			
If yes, list Event # Money Order Credit/Debit Card	02/	25/2014	\$100.00		\$100.00			

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	<u>s (s</u> i	ection A-1)	TYPE OF REPORT					
Team Boughton			7 prii 10 r iiiig - Originiai					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Heagney		Robert			0468			
Residential Street Address	City			State	Zip Code			
8 Fawnbrook Ln		Simsbury		СТ	06070			
Principal Occupation		Name of Employ	er					
Attorney		ARK U	Jnderwriting Inc					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions]				
Tunidasing event listed in Section 31:								
× No	02/2	25/2014	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Benicewicz		Linda			0470			
Residential Street Address	City			State	Zip Code			
37 E Lake Rd		Danbury		СТ	06811			
Principal Occupation		Name of Employ	er					
Secretary		1 7	ury Public Schools					
			obbyist spouse or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	Vac	111100	ni or commound			
If yes, indicate which branch or branches of Executive Legislative			x No					
government the contract is with: Is this contribution associated with a Method of contribution:	Doto	Received	Aggregate Contributions	-				
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions					
Cash X Personal Check		25/224	4400.00					
If yes, list Event # Money Order Credit/Debit Card	02/.	25/2014	\$100.00		\$100.00			
•								
Last Name	First			MI	Contribution ID #			
Griswold		Karen			0474			
Residential Street Address	City			State	Zip Code			
65 Cottage St		Groton		СТ	06340			
Principal Occupation		Name of Employ	er					
Retired		N/A						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	or a roodyrst:					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
rundraising event listed in Section J1?								
Ŭ No ☐	02/2	26/2014	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card								
Last Name	First			MI	Contribution ID #			
Patel		Gary			0475			
Residential Street Address	City			State	Zip Code			
118 Waverly Ave		Millington		NJ	07946			
Principal Occupation		Name of Employ	er					
Hotel Owner		Self						
			obbyist, spouse, or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac					
If yes, indicate which branch or branches of Executive Legislative			x No					
government the contract is with:	Date	Received	Aggregate Contributions	1				
s this contribution associated with a fundraising event listed in Section J1?	Date		. 155105ate Contributions					
No Cash Personal Check	02.	27/2014	#100.00		¢100.00			
If yes, list Event # 02272014A No Money Order X Credit/Debit Card	02/	27/2014	\$100.00		\$100.00			

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I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT April 10 Filing - Original		
Team Boughton			7,pin 10 1 ming - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Brennan		Melissa			0485
Residential Street Address	City			State	Zip Code
20 Blanket Meadow Rd Principal Occupation		Monroe Name of Employ	or.	СТ	06468
N/A		N/A	Ci		
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with a Souther Hamiltonian Yes Method of contribution:	Date	Received	Aggregate Contributions	1	
tundraising event listed in Section 31?					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	02/	27/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Pisciotta		Christine			0482
Residential Street Address	City			State	Zip Code
35 1/2 Milltown Rd		New Fairfield		СТ	06812
Principal Occupation		Name of Employ	er	-	•
Cashier		Danb	ury High School		
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		dependent enna c	x No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
tundraising event listed in Section J1? Cash Personal Check	02.0	27/204.4	+50.00		+50.00
If yes, list Event #	02/.	27/2014	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Finn		Michael			0488
Residential Street Address	City			State	Zip Code
12 Hollis Dr		Brookfield		СТ	06804
Principal Occupation		Name of Employ			
Fireman			ury Fire Department	1	-t-f-Ct-ilti
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	obbyist, spouse, or	Amot	nt of Contribution
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
If yes, list Event # X No	02/	27/2014	\$100.00		\$100.00
				1	a
Last Name Rotella	First	Terri		MI	Contribution ID # 0491
Residential Street Address	City	Terri		State	Zip Code
62 Rockwell Rd	City	Bethel		CT	06801
Principal Occupation		Name of Employ	er	1	
Realtor		Sothe	by Intl Realty		
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
tundraising event listed in Section 31?					
If yes list Event # Cash Credit/Debit Card	02/	27/2014	\$20.00		\$20.00

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Team Boughton			April 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Cafe		Martin			0492			
Residential Street Address	City			State	Zip Code			
130 Halleran Dr		Newington		СТ	06111			
Principal Occupation		Name of Employ	er					
Sales		C&C						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent enna (x _{No}					
government the contract is with.	Date	Received	Aggregate Contributions	1				
fundraising event listed in Section J1?			86 18					
No Cash Personal Check	02/	27/2014	\$100.00		\$100.00			
If yes, list Event # 02272014A			•		·			
Last Name	First			MI	Contribution ID #			
Cafe		Kenneth			0493			
Residential Street Address	City			State	Zip Code			
130 Halleran Dr		Newington		СТ	06111			
Principal Occupation		Name of Employ	er					
Sales		C&C						
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of						
government the contract is with: Executive Legislative	-		x _{No}					
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
Cash Personal Check	02/	27/2014	±100.00		±100.00			
If yes, list Event # 02272014A No Money Order X Credit/Debit Card	02/.	27/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Champagne	1 1150	Daniel			0500			
Residential Street Address	City			State	Zip Code			
30 Lawler Rd		Vernon		СТ	06066			
Principal Occupation		Name of Employ	er					
Mayor		Town	of Vernon					
Is contributor a principal of a state contractor or prospective state contractor?	`		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a followist:					
government the contract is with:			x _{No}					
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
No Cash X Personal Check		27/2011	4400.00					
If yes, list Event # 02272014A No Money Order Credit/Debit Card	02/.	27/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
McCoy	11130	Angela		IVII	0498			
Residential Street Address	City	7.1.90.0		State	Zip Code			
216 Skinner Rd		Vernon		СТ	06066			
Principal Occupation		Name of Employ	er					
Sales		CLS						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution			
	J	dependent child of	of a fobbyist?					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
Tunidasing event instead in Section 31:								
If yes, list Event # 02272014A Cash Credit/Debit Card	02/	27/2014	\$100.00		\$100.00			

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I, MONETARY RECEIPTS (Section A-I)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	o (o	ection A-1)	TYPE OF REPORT				
Team Boughton			April 10 Filing - Original				
B. Itemized Contributions from Individuals							
	_	iiviuuais		l , ,,	C (T C ID)		
Last Name Ackert	First	Teddie		MI	Contribution ID # 0502		
Residential Street Address	City	reduic		State	Zip Code		
67 Deer Hill Ln	City	Coventry		CT	06238		
Principal Occupation		Name of Employ	er	<u> </u>			
Broker Services		Unite	d Healthcare				
Is contributor a principal of a state contractor or prospective state contractor?	`		obbyist, spouse, or Yes	Amou	nt of Contribution		
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?				
government the contract is with:			x _{No}				
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions				
No Cash X Personal Check	02/	27/2014	\$100.00		\$100.00		
If yes, list Event # 02272014A	02/	27/2014	\$100.00		φ100.00 		
Last Name	First			MI	Contribution ID #		
Palmer		August			0504		
Residential Street Address	City			State	Zip Code		
11 Red Barn Rd		Oxford		СТ	06478		
Principal Occupation		Name of Employ	er	-	•		
Engineer		Richa	rd Dudgeon Inc	_			
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	nt of Contribution		
If yes, indicate which branch or branches of		dependent child of	<u> </u>				
government the contract is with: Executive Legislative			x _{No}				
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions				
X No Cash X Personal Check	02/	27/2014	¢100.00		¢100.00		
If yes, list Event # Money Order Credit/Debit Card	02/.	27/2014	\$100.00		\$100.00		
Last Name	First			MI	Contribution ID #		
Guertin		Mary			0489		
Residential Street Address	City			State	Zip Code		
3 Winthrop Rd		Bethel		СТ	06801		
Principal Occupation		Name of Employ	er				
Realtor		Sothe	by Intl Realty				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution		
If yes, indicate which branch or branches of Executive Legislative			x _{No}				
government the contract is with:	Date	Received	Aggregate Contributions				
fundraising event listed in Section J1?	Duite	10001100	riggregate contributions				
X No Cash X Personal Check	02/2	27/2014	\$100.00		\$100.00		
If yes, list Event #							
Last Name	First			MI	Contribution ID #		
Bush		Laura			0494		
Residential Street Address	City			State	Zip Code		
219 Risley Rd	ļ.,,	Vernon		СТ	06066		
Principal Occupation		Name of Employ					
Teacher Is contributor a principal of a state contractor or prospective state contractor?			ver BOE obbyist, spouse, or	Amou	nt of Contribution		
Yes X No)	dependent child of	Vac	Amou	of Continuation		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}				
Is this contribution associated with a fundaminary and listed in Section 112.	Date	Received	Aggregate Contributions				
Tunidiaising event instead in Section 31:							
If yes, list Event # 02272014A Cash X Personal Check No	02/2	27/2014	\$20.00		\$20.00		

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	o (o	ection A-1)	TYPE OF REPORT					
Team Boughton			April 10 Filing - Original					
B. Itemized Contributions from Individuals								
	First	ii viuuui 5		MI	Contribution ID #			
Last Name Chory	First	Tony		MI	0505			
Residential Street Address	City	,		State	Zip Code			
26 Dale Rd		Trumbull		СТ	06611			
Principal Occupation		Name of Employ	er	-				
Engineer		Sikors	sky Aircraft					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent enna e	x _{No}					
government the contract is with:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Date	received	riggiogue Controutions					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	02/2	27/2014	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Breslau		William			0503			
Residential Street Address	City			State	Zip Code			
60 Haylin Dr		Vernon		CT	06066			
Principal Occupation		Name of Employ	er					
Attorney		Kahar	n Kerensky & Capossela					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	or a robbyrst?					
government the contract is with:								
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
If yes, list Event # 02272014A No Cash	02/2	27/2014	\$100.00		\$100.00			
3.5, 5.5 5.5 5.5 5.5 5.5 5.5 5.5 5.5 5.5								
Last Name	First			MI	Contribution ID #			
Riscassi		Victor			0499			
Residential Street Address	City			State	Zip Code			
71 Bette Cir		Vernon		СТ	06066			
Principal Occupation		Name of Employ	er					
Self		Inforr	nation Requested					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a fundaming awart listed in Section 112.	Date	Received	Aggregate Contributions					
rundraising event fisted in Section 31?								
If yes, list Event # 02272014A	02/2	27/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Bianca	FIISt	Anthony		IVII	0497			
Residential Street Address	City	Anthony		State	Zip Code			
55 Kilbourne Ave	City	New Britain		CT	06053			
Principal Occupation		Name of Employ	or	Ci	00033			
Homebuilder			Construction					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a foodyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a fundamining event listed in Section 112	Date	Received	Aggregate Contributions					
tundraising event listed in Section 31?	l							
If yes, list Event # 02272014A Cash Credit/Debit Card	02/2	27/2014	\$100.00		\$100.00			

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A MONETA DV DE CENTRO (C. C. A. D.									
I. MONETARY RECEIPT	S (Se	ection A-I)	TYPE OF REPORT						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Team Boughton									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Grossi		Sondra			0476				
Residential Street Address	City			State	Zip Code				
4 Driftway Rd		Danbury		СТ	06811				
Principal Occupation		Name of Employ	er						
Sr Comp Tech		City o	f Danbury						
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a foodyist?						
government the contract is with:			x _{No}						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
Cash Personal Check									
If yes, list Event # Cash Credit/Debit Card	02/	27/2014	\$100.00		\$50.00				
				l					
Last Name	First			MI	Contribution ID #				
Zaccara		Carol			0483				
Residential Street Address	City			State	Zip Code				
62 Barker Rd	L	New Milford		СТ	06776				
Principal Occupation		Name of Employ	er						
Retired		N/A							
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a foodyist?						
government the contract is with:			x _{No}						
Is this contribution associated with a Method of contribution: Yes	Date	Received	Aggregate Contributions						
tundraising event listed in Section J1?									
If yes, list Event # Cash Credit/Debit Card	02/2	27/2014	\$100.00		\$100.00				
3.9				l					
Last Name	First			MI	Contribution ID #				
Zaccara		Henry			0484				
Residential Street Address	City			State	Zip Code				
62 Barker Rd		New Milford		СТ	06776				
Principal Occupation		Name of Employ	er						
Owner		Chuck	c's Steak House						
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child (·						
government the contract is with:			x _{No}						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
If yes, list Event # Cash Credit/Debit Card	02/2	27/2014	\$100.00		\$100.00				
				l					
Last Name	First			MI	Contribution ID #				
McNally		Brian			0486				
Residential Street Address	City			State	Zip Code				
49 Clearview Ave		Danbury		СТ	06811				
Principal Occupation		Name of Employ	er						
Contractor		Self							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	,		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a foodyist?						
government the contract is with:			x _{No}						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section 31?									
If yes, list Event # Cash Credit/Debit Card	02/	27/2014	\$100.00		\$100.00				

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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. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Dika		Reggie			0487			
Residential Street Address	City			State	Zip Code			
7 Sugar Maple Ln		New Fairfield		СТ	06812			
Principal Occupation		Name of Employ	er					
Restaurant		Self						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent child c	x No					
government the contract is with.	Data	Received	Aggregate Contributions					
s this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions					
X No Resonal Check	02/	27/2014	\$100.00		\$100.00			
If yes, list Event # Money Order Credit/Debit Card	02/.	27/2014	\$100.00		ş100.00			
Last Name	First			MI	Contribution ID #			
Kelly		Patricia			0490			
Residential Street Address	City			State	Zip Code			
34 Aunt Patty's Ln W		Bethel		СТ	06801			
Principal Occupation		Name of Employ	er	!				
Realtor		Sothe	by Intl Realty					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Method of contribution: Yes Yes	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? X No Cash X Personal Check								
If yes, list Event # Money Order Credit/Debit Card	02/	27/2014	\$30.00		\$30.00			
LadVana	First			MI	Contribution ID #			
Last Name Huffman	FIISt	Glynnis		IVII	0495			
Residential Street Address	City	Olyllilis		State	Zip Code			
711 Prospect Ave	City	West Hartfor	d	CT	06109			
Principal Occupation		Name of Employ		<u> </u>				
Owner		Cuttir	ng Edge Pizza					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
Yes X No)	dependent child of	·					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a fundraising event listed in Section 112	Date	Received	Aggregate Contributions					
Cook Demond Check								
If yes, list Event # 02272014A	02/	27/2014	\$100.00		\$100.00			
Last Name	First	•		MI	Contribution ID #			
Huffman	First	Terry		IVII	0496			
Residential Street Address	City	TCTTY		State	Zip Code			
711 Prospect Ave		West Hartfor	d	CT	06109			
Principal Occupation		Name of Employ	er					
Owner		Cuttir	ng Edge Pizza					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a foodyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a fundamining expert listed in Section 112	Date	Received	Aggregate Contributions					
tundraising event listed in Section 31:								
If yes, list Event # 02272014A Cash Personal Check No	02/	27/2014	\$100.00		\$100.00			

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I. MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT					
Team Boughton			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
LaFountaine		Cory			0501
Residential Street Address	City			State	Zip Code
28 Maiden Ln	L	Vernon		СТ	06066
Principal Occupation		Name of Employ			
Logistics Coordinator			n BOE	A	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	0	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amot	int of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a fundamining event listed in Section 112	Date	Received	Aggregate Contributions		
Tunidialising event listed in Section 31:					
If yes, list Event # 02272014A No Cash Credit/Debit Card	02/2	27/2014	\$50.00		\$50.00
				l	
Last Name	First	_		MI	Contribution ID #
Oros Residential Street Address	City	Joan		Ct-t-	0508
1169 Flanders Rd	City	Coventry		State CT	Zip Code 06238
Principal Occupation	Ь—	Name of Employ	er	Ci	00238
Retired		N/A			
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	ant of Contribution
	0	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
Tundraising event listed in Section 31:					
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	03/0	01/2014	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Walker	11130	Kerrie		IVII	0506
Residential Street Address	City			State	Zip Code
132 Mile Creek Rd		Old Lyme		СТ	06371
Principal Occupation	•	Name of Employ	er		
Administrative Asst		Cham	ber of Commerce of Eastern	Connecticu	ıt
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent child of	a lobbyist:		
government the contract is with: Executive Legislative	Data	D i 4	Aggregate Contributions		
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
No Cash Personal Check	03/0	01/2014	\$100.00		\$100.00
If yes, list Event # 02232014A No Money Order X Credit/Debit Card			4		
Last Name	First			MI	Contribution ID #
Cafe		David			0509
Residential Street Address	City			State	Zip Code
130 Halleran Dr	<u> </u>	Newington		СТ	06111
Principal Occupation		Name of Employ	er		
Customer Service		C&C	obbyict spouse or	Amor	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	0	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	an of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:	Date	Received	Aggregate Contributions	1	
st this contribution associated with a fundraising event listed in Section J1? Wethod of contribution: Yes Method of contribution:					
If yes, list Event # 02272014A No Cash Personal Check	03/0	02/2014	\$100.00		\$100.00

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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							
Team Boughton April 10 Filing - Original							
B. Itemized Contributions from	n Ind	lividuals					
Last Name	First				MI	Contribution ID #	
Fish		Geraldine		\rightarrow		0507	
Residential Street Address	City	D: 1 G 11			State	Zip Code	
400 North St Principal Occupation	L	Ridgefield Name of Employ	or .		СТ	06877	
Mom		N/A	ci				
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l	obbyist, spouse, or	Yes	Amour	nt of Contribution	
If yes, indicate which branch or branches of Executive Legislative		dependent child c	x	No			
government the contract is with: In this contribution accordant with a Mathod of contribution:	Date	Received	Aggregate Contributions				
fundraising event listed in Section J1?			86 -6				
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	03/	02/2014	\$100.00			\$100.00	
Last Name	First			$\neg \tau$	MI	Contribution ID #	
Ferraro		Darleen				0510	
Residential Street Address	City				State	Zip Code	
62 Beech Rd		New Canaan			СТ	06840	
Principal Occupation		Name of Employ	er				
Teacher		Bedfo	rd Central Schools				
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or	Yes	Amou	nt of Contribution	
If yes, indicate which branch or branches of government the contract is with:		dependent enna c	x	No			
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions	\neg			
Tundraising event listed in Section J1? X No	03/	03/2014	\$100.00		(\$100.00	
If yes, list Event# Money Order X Credit/Debit Card		·				-	
Last Name	First				MI	Contribution ID #	
Ferraro		Jason				0511	
Residential Street Address	City				State	Zip Code	
62 Beech Rd	<u> </u>	New Canaan			СТ	06840	
Principal Occupation		Name of Employ					
Lieutenant Is contributor a principal of a state contractor or prospective state contractor?			Canaan Police obbyist, spouse, or		Amou	nt of Contribution	
Yes 🔼 No	0	dependent child of		Yes	Timoui	in or controllion	
If yes, indicate which branch or branches of government the contract is with:			х	No			
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions				
If yes, list Event # X No Cash Personal Check Money Order X Credit/Debit Card	03/	03/2014	\$100.00		:	\$100.00	
				二	7.0	0 . 7	
Last Name	First	Matthew			MI	Contribution ID # 0512	
Hartsburg Residential Street Address	City	Matthew		\dashv	State	Zip Code	
40 Lake Avenue Ext	City	Danbury			CT	06811	
Principal Occupation		Name of Employ	er				
Chiropractor		Harts	ourg Chiropractic				
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or if a lobbyist?	Yes	Amou	nt of Contribution	
If yes, indicate which branch or branches of government the contract is with:		- "	•	No			
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	\neg			
tundraising event listed in Section 31?							
If yes list Event # Cash Credit/Debit Card	03/	04/2014	\$100.00		:	\$100.00	

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I. MONETARY RECEIPTS (Section A-I)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Type OF REPORT April 10 Filing - Original							
Team Boughton April 10 Filing - Original							
B. Itemized Contributions from	n Ind	lividuals					
Last Name	First			MI	Contribution ID #		
Cammisa		Frank			0513		
Residential Street Address	City			State	Zip Code		
8 Linden Ln	<u> </u>	Plymouth		MA	02360		
Principal Occupation Education		Name of Employ SSEC	er				
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	ant of Contribution		
If yes, indicate which branch or branches of	0	dependent child of	f a lobbyist?				
government the contract is with: Executive Legislative		D : 1		4			
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions				
Cash Personal Check	02/	04/2014	¢100.00		¢100.00		
If yes, list Event # Money Order X Credit/Debit Card	03/	04/2014	\$100.00		\$100.00		
Last Name	First			MI	Contribution ID #		
Bailey		Patty			0514		
Residential Street Address	City			State	Zip Code		
159 Sunny Valley Rd		New Milford		СТ	06776		
Principal Occupation		Name of Employ	er				
Adminstrative			nal Tax Systems, Inc.				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.	0	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		dependent enna e	x No				
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	-			
fundraising event listed in Section J1?							
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	03/	04/2014	\$25.00		\$25.00		
Last Name	First			MI	Contribution ID #		
Orwick		Neil			0515		
Residential Street Address	City			State	Zip Code		
221 Charter Oak Rd		Southbury		СТ	06488		
Principal Occupation		Name of Employ	er				
Designer		CT Kit	chen & Bath	_			
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution		
If yes, indicate which branch or branches of		dependent enna e	x No				
government the contract is with:	Date	Received	Aggregate Contributions	-			
fundraising event listed in Section J1? Yes Yes Cash Responsible Check							
If yes, list Event # Cash No Cash No Money Order Credit/Debit Card	03/	04/2014	\$100.00		\$100.00		
Last Name	First			MI	Contribution ID #		
Boynton		Kenneth			0516		
Residential Street Address	City			State	Zip Code		
100-25 Dobson Rd		Vernon		СТ	06066		
Principal Occupation		Name of Employ	er		•		
Developer		Boynt	on Construction Inc				
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}				
In this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1			
fundraising event listed in Section J1? Yes Yes Respond Check							
If yes list Event # Cash X Personal Check Cash X Personal Check Credit/Debit Card	03/	04/2014	\$100.00		\$100.00		

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I MONETA DV DECEIDTS (C L A. D.									
I. MONETARY RECEIPT	5 (50	ection A-I)	I TYPE OF DEDORE						
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	First			MI	Contribution ID #				
Korres		Christopher			0517				
Residential Street Address	City			State	Zip Code				
8 Richardson Dr		Ridgefield		СТ	06877				
Principal Occupation		Name of Employ	er						
Manager		LLK F	ood Service Corp						
			obbyist, spouse, or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Voc						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
rundraising event risted in Section 31?									
X No Cash X Personal Check	03/0	04/2014	\$100.00		\$100.00				
If yes, list Event #		•			·				
Last Name	First			MI	Contribution ID #				
Vigar		Judith			0518				
Residential Street Address	City	Judicii		State	Zip Code				
19 Mimosa Pl	City	Pidaofiold		CT	06877				
Principal Occupation		Ridgefield Name of Employ	on.	CI	00077				
VP Research & Development		Pepsi							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution				
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? Yes Method of contribution:	Date	Received	Aggregate Contributions						
If yes, list Event # Cash Credit/Debit Card	03/0	04/2014	\$100.00		\$100.00				
				<u> </u>					
Last Name	First			MI	Contribution ID #				
Vigar		James			0519				
Residential Street Address	City			State	Zip Code				
19 Mimosa Pl		Ridgefield		CT	06877				
Principal Occupation		Name of Employ	er	-					
N/A		N/A							
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution				
	,	dependent child of	or a roodyrst:						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a fundraising event listed in Section 112	Date	Received	Aggregate Contributions						
rundraising event insect in section 31:									
X No	03/0	04/2014	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Heagney		Addison			0552				
Residential Street Address	City			State	Zip Code				
8 Fawnbrook Ln		Simsbury		СТ	06070				
Principal Occupation		Name of Employ	er						
Jr. Underwriter			Jnderwriting Inc						
			abbyist spays or	Amou	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	Vac						
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
Is this contribution associated with a Method of contribution:	Dete	Received	Aggregate Contributions	1					
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
X No Cash X Personal Check	03.	0E/2014	#10.00		¢10.00				
If yes, list Event # Money Order Credit/Debit Card	03/0	05/2014	\$10.00		\$10.00				

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I, MONETARY RECEIPTS (Section A-I)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Type OF REPORT April 10 Filing - Original							
Team Boughton April 10 Filing - Original							
B. Itemized Contributions from	n Ind	lividuals					
Last Name	First			MI	Contribution ID #		
Heagney		Emmet			0553		
Residential Street Address	City	C: 1		State	Zip Code		
8 Fawnbrook Ln Principal Occupation		Simsbury Name of Employ	or	СТ	06070		
Student		N/A	ei				
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution		
If yes, indicate which branch or branches of Executive Legislative		dependent child c	x _{No}				
government the contract is with: In this containation associated with a Mathed of containation.	Date	Received	Aggregate Contributions	-			
fundraising event listed in Section J1?			35 -5				
If yes, list Event # X No X Cash Personal Check Money Order Credit/Debit Card	03/	05/2014	\$10.00		\$10.00		
Last Name	First			MI	Contribution ID #		
Newbury	1 1150	Ann			0551		
Residential Street Address	City			State	Zip Code		
23 Hatters Ln		Farmington		СТ	06032		
Principal Occupation		Name of Employ	er	•			
Retired		N/A		_			
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution		
If yes, indicate which branch or branches of government the contract is with:		dependent child of	x No				
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions				
fundraising event listed in Section J1? Yes X No Cash X Personal Check	02/	05/2014	* F0.00		* F0.00		
If yes, list Event # Money Order Credit/Debit Card	03/	05/2014	\$50.00		\$50.00		
Last Name	First			MI	Contribution ID #		
Tinsley		Bill			0550		
Residential Street Address	City			State	Zip Code		
14 Evergreen Dr		Brookfield		СТ	06804		
Principal Occupation		Name of Employ	er of Brookfield				
First Selectman Is contributor a principal of a state contractor or prospective state contractor?				Amou	nt of Contribution		
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	V	Amot	int of Contribution		
If yes, indicate which branch or branches of government the contract is with:			x No				
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions				
fundraising event listed in Section J1? X No	03/	05/2014	\$100.00		\$100.00		
in you, mis strong or the stro							
Last Name	First			MI	Contribution ID #		
Fahle		Brenda		_	0554		
Residential Street Address	City	Collogovillo		State	Zip Code		
3220 Meadow Ln Principal Occupation		Collegeville Name of Employ	or	PA	19426		
N/A		N/A	Ci				
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l	obbyist, spouse, or Yes	Amou	nt of Contribution		
If yes, indicate which branch or branches of government the contract is with:		dependent child of	x No				
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1			
tundraising event listed in Section 31?							
If yes list Event # Cash X Personal Check Money Order	03/	06/2014	\$100.00		\$100.00		

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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							
Team Boughton							
B. Itemized Contributions from	m Ind	lividuals					
Last Name	First			MI	Contribution ID #		
Fahle		Rickey		<u> </u>	0555		
Residential Street Address	City	C II :II		State	Zip Code		
3220 Meadow Ln Principal Occupation	L	Collegeville Name of Employ	or.	PA	19426		
Retired		N/A	ci				
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or If a lobbyist? Yes	Amou	ant of Contribution		
If yes, indicate which branch or branches of government the contract is with:			x _{No}				
Is this contribution associated with a Souther Hamiltonian Yes Method of contribution:	Date	Received	Aggregate Contributions	1			
tundraising event listed in Section 31?							
If yes, list Event # Cash Credit/Debit Card	03/	06/2014	\$100.00		\$100.00		
Last Name	First			MI	Contribution ID #		
Cerminara		Felice			0556		
Residential Street Address	City			State	Zip Code		
2A Country Way		Danbury		СТ	06811		
Principal Occupation		Name of Employ	er	-	-		
President		F&M E	Electrical Supply Co				
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		dependent enna c	x No				
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	†			
fundraising event listed in Section J1? Yes Cash Personal Check							
If yes, list Event # Cash Credit/Debit Card	03/	06/2014	\$100.00		\$100.00		
Last Name	First			MI	Contribution ID #		
Wilbur		Mike			0557		
Residential Street Address	City			State	Zip Code		
4 Joseph St		Acushnet		MA	02743		
Principal Occupation		Name of Employ	er				
Driver			Oxygen & Medical Supplies				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	Is contributor a le dependent child of	obbyist, spouse, or If a lobbyist? Yes	Amou	ant of Contribution		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No				
Is this contribution associated with a	Date	Received	Aggregate Contributions]			
fundraising event listed in Section J1? X No	03/	06/2014	\$100.00		\$100.00		
	L .				T		
Last Name	First	Duinn		MI	Contribution ID #		
Peck Residential Street Address	City	Brian		State	0558 Zip Code		
200 N Farms Rd	City	Middlebury		CT	06762		
Principal Occupation		Name of Employ	er	1 3.	00.02		
Doctor			tis Center of CT				
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution		
If yes, indicate which branch or branches of government the contract is with:		aspendent emid (x No				
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1			
tundraising event listed in Section 31?							
If yes list Event # Cash X Personal Check Cash X Personal Check Credit/Debit Card	03/	06/2014	\$100.00		\$100.00		

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I MONETA DV DECEIDTS (C L A. D.									
I. MONETARY RECEIPT	5 (50	ection A-I)	I						
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	First			MI	Contribution ID #				
Addessi		Mathilde			0559				
Residential Street Address	City			State	Zip Code				
15 E Hayestown Rd		Danbury		СТ	06811				
Principal Occupation		Name of Employ	er						
 Homemaker		N/A							
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
	Date	Received	Aggregate Contributions						
s this contribution associated with a fundraising event listed in Section J1?									
x No Cash x Personal Check	03/0	06/2014	\$100.00		\$100.00				
If yes, list Event #	00,	00,202.	Ψ100.00						
Last Name	First			MI	Contribution ID #				
Keeler	1 1130	Michael		1411	0560				
Residential Street Address	City	Michael		State					
	City	Db		1	Zip Code				
104 Miry Brook Rd		Danbury		СТ	06810				
Principal Occupation		Name of Employ	er						
Information Requested		Self							
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child (<u> </u>						
government the contract is with:			x _{No}						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
tundraising event listed in Section J1?									
If yes, list Event #	03/0	06/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Buzaid		Cynthia			0562				
Residential Street Address	City			State	Zip Code				
9 Lakecrest Dr		Danbury		СТ	06811				
Principal Occupation		Name of Employ	er						
Secretary		Mutua	al Appliance						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
X No Cash X Personal Check	03/0	06/2014	\$100.00		\$100.00				
If yes, list Event #		•			·				
Last Name	First			MI	Contribution ID #				
Patel		Minaxi			0561				
Residential Street Address	City	riiidxi		State	Zip Code				
24 Maplecrest Dr	City	Danbuny		CT	06811				
		Danbury Name of Employ	or.	I C1	00011				
Principal Occupation		Name of Employ							
Hairdresser			Jnisex		nt of Containation				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	,	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution				
If yes, indicate which branch or branches of			x No						
government the contract is with: Executive Legislative									
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	03/0	06/2014	\$100.00		\$100.00				

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I MONETA DV DECEIDTS (C L A. D.									
I. MONETARY RECEIPT	5 (5)	ection A-I)	I TYPE OF PERONT						
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	First			MI	Contribution ID #				
Mehta		Nalishha			0563				
Residential Street Address	City			State	Zip Code				
3601 Wisconsin Ave NW		Washington		DC	20016				
Principal Occupation		Name of Employ	er						
Program Officer		Solida	arity Center						
Is contributor a principal of a state contractor or prospective state contractor?			obbyjet enouge or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
rundraising event instea in section 11:									
X No Cash Personal Check	03/	07/2014	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card		•			·				
Last Name	First			MI	Contribution ID #				
Fedele		Michael			0564				
Residential Street Address	City	riiciidei		State	Zip Code				
	City	Stamford		CT	06903				
64 Huckleberry Holw Principal Occupation		Name of Employ	ON.	CI	00903				
		1 7							
President/CEO			innacle Group						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution				
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? Yes Method of contribution:	Date	Received	Aggregate Contributions						
_									
If yes, list Event # Cash Credit/Debit Card	03/	08/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Fedele		Carol			0565				
Residential Street Address	City			State	Zip Code				
64 Huckleberry Holw		Stamford		CT	06903				
Principal Occupation		Name of Employ	er						
N/A		N/A							
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
	,	dependent child of	-						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section 31?									
X No Cash Personal Check	03/	08/2014	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card									
Last Name	First			MI	Contribution ID #				
Fedele		Alesandra			0566				
Residential Street Address	City			State	Zip Code				
64 Huckleberry Holw		Stamford		СТ	06903				
Principal Occupation		Name of Employ	er	<u> </u>					
Coordinator			ford Hospital						
			obbyict chance or	Amou	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	Amou	o. controution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with:	D-4	Dagaiyad							
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash Personal Check	<u> </u>	00/2011	1100.00		±100.00				
If yes, list Event # Money Order X Credit/Debit Card	03/	08/2014	\$100.00		\$100.00				

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I. MONETARY RECEIPT	S (Se	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT April 10 Filing - Original		
Team Boughton			7 prii 10 r iiiig Original		
B. Itemized Contributions from	n Ind	lividuals		_	
Last Name	First			MI	Contribution ID #
Forbes		Elizabeth			0567
Residential Street Address	City			State	Zip Code
2 Candlewood Dr	L	Danbury		СТ	06811
Principal Occupation RN		Name of Employ WCHI	er N/Danbury Hospital		
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Ye	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent chird (x No		
government the contract is with:	Date	Received	Aggregate Contributions	-	
fundraising event listed in Section J1?	Duite	10001100	riggiogate controlations		
If yes, list Event # Cash Personal Check Cash Personal Check Money Order Credit/Debit Card	03/0	09/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Cabral	riist	Duarte		IVII	0568
Residential Street Address	City	Duarte		State	Zip Code
31 Beachland Ave		Milford		СТ	06460
Principal Occupation		Name of Employ	er		
Retired		N/A			
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Ye	Amou	ant of Contribution
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?	,	
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	-	
fundraising event listed in Section J1?					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	03/:	10/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Blackstock		Alan			0569
Residential Street Address	City			State	Zip Code
4 Limekiln Ct		Bethel		СТ	06801
Principal Occupation		Name of Employ	er		
Associate Director, Treasury			ir, Inc.		
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:			x No		
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1? X No	03/:	10/2014	\$100.00		\$100.00
I noney order in create some care					
Last Name	First			MI	Contribution ID #
Farrenkopf		Douglas			0571
Residential Street Address	City	Dathal		State	Zip Code
26 Benedict Rd Principal Occupation		Bethel Name of Employ	or .	СТ	06801
Retired		N/A	Ci		
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l	obbyist, spouse, or Ye	Amou	unt of Contribution
If yes, indicate which branch or branches of		dependent child of	or a lobbyist?		
government the contract is with:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?			34 4		
If yes list Event # Cash Personal Check No	03/:	10/2014	\$25.00		\$25.00

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I. MONETARY RECEIPT	S (S	ection A-I)	TYPE OF PEROPE		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			April 10 Filing - Original		
Team Boughton			7 pin 10 r ming Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Rego		Manuel			0570
Residential Street Address	City			State	Zip Code
18 Wicks Manor Dr		Danbury		СТ	06810
Principal Occupation Printer		Name of Employ N/A	er		
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent chird (x No		
government the contract is with: In this containation associated with a Mathed of containation.	Date	Received	Aggregate Contributions	-	
fundraising event listed in Section J1?			1.999		
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	03/	10/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Shah	11130	Ajay		1411	0579
Residential Street Address	City	, ,,,,		State	Zip Code
110 Coalpit Hill Rd Unit B10		Danbury		СТ	06810
Principal Occupation		Name of Employ	er	•	
Realtor		Natio	nwide Homes		
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		dependent child of	of a lobbyist?		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	-	
fundraising event listed in Section J1? Yes Cash Personal Check					
If yes, list Event # Cash Credit/Debit Card	03/	11/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Harrigan		Anne			0572
Residential Street Address	City			State	Zip Code
17 Richter Dr		Danbury		СТ	06811
Principal Occupation		Name of Employ	er		
N/A		N/A			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
tundraising event listed in Section 31:					
If yes, list Event # Cash Credit/Debit Card	03/	11/2014	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Harrigan		John			0573
Residential Street Address	City			State	Zip Code
17 Richter Dr		Danbury		СТ	06811
Principal Occupation		Name of Employ	er		
N/A		N/A		,	
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	Is contributor a l dependent child of	obbyist, spouse, or	Amou	nt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
tundraising event listed in Section 31?					
If yes list Event # Cash Credit/Debit Card	03/	11/2014	\$50.00		\$50.00

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I. MONETARY RECEIPT	'S (Sc	ection A-D			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	- (TYPE OF REPORT		
Team Boughton			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Kapitan		Janet			0578
Residential Street Address	City			State	Zip Code
36 N Benham Rd		Seymour		СТ	06483
Principal Occupation		Name of Employ	er		
Accountant		Winte	ers Bros Waste		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of		dependent child of	or a roodyrst?		
government the contract is with:	Б.	D : 1			
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash X Personal Check	02/	11/2014	¢100.00		\$100.00
If yes, list Event # Money Order	03/	11/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Kelsey	1 1130	Gregory		1111	0574
Residential Street Address	City	Oregory		State	Zip Code
27 White Pine Dr	City	Brookfield		CT	06804
Principal Occupation		Name of Employ	er	<u> </u>	00004
Sales			n Path Inc		
			obbyist, spouse, or	Amou	ant of Contribution
Yes X N	0	dependent child of	Vac		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	03/	11/2014	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Papuga		David			0577
Residential Street Address	City			State	Zip Code
156 Bailey Woods Rd		Brooklyn		СТ	06234
Principal Occupation		Name of Employ	er		
Information Requested		Self			
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of		dependent child of	or a roodyrst?		
government the contract is with: Executive			x _{No}		
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash X Personal Check		/20	4400.00		1100.00
If yes, list Event # No Money Order Credit/Debit Card	03/	11/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Mehta	1 1130	Ravindra		1111	0580
Residential Street Address	City	Ravinara		State	Zip Code
8 Powder Horn HI	City	Brookfield		CT	06804
Principal Occupation		Name of Employ	er	<u> </u>	
Engineer			ringer Ingelheim		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution
	υ	dependent child of	1 a 1000yist?		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
Talliand and special in Section 31:					
If yes, list Event # Cash Credit/Debit Card	03/	11/2014	\$100.00		\$100.00

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I. MONETARY RECEIPT	S (S	ection A-I)	I summe of principal		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT April 10 Filing - Original		
Team Boughton			7 prii 10 r iiing Griginai		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Steck		Charles			0575
Residential Street Address	City	5.4.4		State	Zip Code
131 Putnam Park Rd	<u> </u>	Bethel		СТ	06801
Principal Occupation Retired		Name of Employ N/A	er		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or Ye	Amo	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent enna e	x _{No}	.	
government the contract is with: In this containation associated with a Mathed of containation.	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1? Yes Yes Cash Regresonal Check					
If yes, list Event # Cash X Personal Check Money Order Credit/Debit Card	03/	11/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Oros	1 1150	William			0576
Residential Street Address	City	-		State	Zip Code
1169 Flanders Rd		Coventry		СТ	06238
Principal Occupation	•	Name of Employ	er	•	•
Retired		N/A			
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or	Amor	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:		dependent child of	a lobbyist?		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	_	
tundraising event listed in Section J1? Cash Personal Check			450.00		
If yes, list Event # Money Order Credit/Debit Card	03/	11/2014	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Feeley		Kenneth			0581
Residential Street Address	City			State	Zip Code
58 Partridge Ln	<u> </u>	East Falmout		MA	02536
Principal Occupation		Name of Employ	er		
Retired Is contributor a principal of a state contractor or prognestive state contractor?		N/A	obbyist, spouse, or	Amo	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	dependent child of	37.	Allio	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash X Personal Check	03/	11/2014	\$100.00		\$100.00
If yes, list Event #	,	, -			
Last Name	First			MI	Contribution ID #
Sulmasy		Marla			0664
Residential Street Address	City			State	Zip Code
14 Seaside Ln		Old Lyme		СТ	06371
Principal Occupation		Name of Employ			
Accountant			couts of CT	Ama	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of	obbyist, spouse, or of a lobbyist? Ye	S	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x No	, [
Is this contribution associated with a Mathed of contribution	Date	Received	Aggregate Contributions	┪	
fundraising event listed in Section J1?					
If yes list Event # Cash X Personal Check Money Order	03/	11/2014	\$100.00		\$100.00

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I MONETADY DECEMBER (Continue A D									
I. MONETARY RECEIPT	S (S	ection A-I)	I						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Type OF REPORT Team Boughton April 10 Filing - Original									
Team Boughton									
B. Itemized Contributions from	m Ind	lividuals							
Last Name	First			MI	Contribution ID #				
Camastro		Bob			0582				
Residential Street Address	City			State	Zip Code				
36 Sunrise Ter		Lagrangeville	2	NY	12540				
Principal Occupation		Name of Employ	er						
Auto Dealer		Self							
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of	5	dependent child of	of a lobbyist?						
government the contract is with:			x _{No}						
Is this contribution associated with a fundacione quest listed in Section 112	Date	Received	Aggregate Contributions						
fundraising event listed in Section 31:									
If yes, list Event # Cash Cash Personal Check Money Order X Credit/Debit Card	03/	12/2014	\$100.00		\$100.00				
in you, in a section and									
Last Name	First			MI	Contribution ID #				
Camastro		Laurie			0583				
Residential Street Address	City			State	Zip Code				
36 Sunrise Ter		Lagrangeville	2	NY	12540				
Principal Occupation		Name of Employ	er						
N/A		N/A		-					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a foodyist?						
government the contract is with:			x _{No}						
Is this contribution associated with a Yes Yes	Date	Received	Aggregate Contributions						
rundraising event listed in Section J1?									
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	03/	12/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Rochman		Joanne			0586				
Residential Street Address	City			State	Zip Code				
82 Taunton Hill Rd	L	Newtown		СТ	06470				
Principal Occupation		Name of Employ	er						
Writer		Self							
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child (*						
government the contract is with: Executive Legislative			x No						
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash Personal Check	l								
If yes, list Event # Money Order Credit/Debit Card	03/	12/2014	\$100.00		\$100.00				
				<u> </u>					
Last Name	First			MI	Contribution ID #				
Rochman		Pierre			0587				
Residential Street Address	City			State	Zip Code				
82 Taunton Hill Rd	L	Newtown		СТ	06470				
Principal Occupation		Name of Employ	er						
Dry Cleaning		Self	11.14						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		cinia	x No						
government the contract is with: Executive Legislative	Б.	D : 1							
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash X Personal Check		12/2014	4100.00		±100.00				
If yes, list Event # Money Order Credit/Debit Card	03/	12/2014	\$100.00		\$100.00				

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A MONETARY DECEME	G (G									
I. MONETARY RECEIPT	5 (5)	ection A-I)	I							
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	First			MI	Contribution ID #					
Patel		Jagat			0588					
Residential Street Address	City			State	Zip Code					
27 Percheron Dr		Monroe		СТ	06468					
Principal Occupation		Name of Employ	er							
Dentist Danbury Dental Associates										
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	int of Contribution					
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac							
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}							
	Date	Received	Aggregate Contributions	1						
s this contribution associated with a fundraising event listed in Section J1?										
X No Cash X Personal Check	03/	12/2014	\$100.00		\$100.00					
If yes, list Event #		,								
Last Name	First			MI	Contribution ID #					
Albright		James			0589					
Residential Street Address	City	Junes		State	Zip Code					
51 Brookside Blvd	City	West Hartfor	d	CT	06107					
Principal Occupation		Name of Employ		Ci	00107					
			CI							
Retired		N/A								
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	int of Contribution					
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? Yes Method of contribution:	Date	Received	Aggregate Contributions							
If yes, list Event # Cash Credit/Debit Card	03/	12/2014	\$50.00		\$50.00					
Last Name	First			MI	Contribution ID #					
Fager		Donald			0592					
Residential Street Address	City			State	Zip Code					
39 Canaan Close		New Canaan		СТ	06840					
Principal Occupation		Name of Employ	er							
Attorney		Fager	& Amsler							
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	int of Contribution					
If yes, indicate which branch or branches of	,	dependent child of	or a roodyrst:							
government the contract is with:			x _{No}							
Is this contribution associated with a fundraising event listed in Section 112	Date	Received	Aggregate Contributions							
Table 1 and										
X No	03/	12/2014	\$100.00		\$100.00					
If yes, list Event #										
Last Name	First			MI	Contribution ID #					
Amalfitano		Joseph			0999					
Residential Street Address	City	•		State	Zip Code					
3 Golden Heights Rd		Danbury		СТ	06811					
Principal Occupation		Name of Employ	er							
Retired		N/A								
			obbyist, spouse, or	Amou	int of Contribution					
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac							
If yes, indicate which branch or branches of Executive Legislative			x _{No}							
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1						
fundraising event listed in Section J1?	2410		op-space contributions							
X No Cash X Personal Check	03/	12/2014	\$25.00		\$25.00					
If yes, list Event # Money Order Credit/Debit Card	03/	12/2014	\$∠2,00	1	φ ∠ J.00					

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I MONETA DV DECEME	0 (0	4° A T			
I. MONETARY RECEIPT	5 (50	ection A-I)	I		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Team Boughton April 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Hayes		David			0591
Residential Street Address	City			State	Zip Code
740 Ocean Ave		New London		СТ	06320
Principal Occupation		Name of Employ	er		
Retired		N/A			
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a fundamental section 112 Yes Wethold of contribution:	Date	Received	Aggregate Contributions		
rundraising event risted in Section 31?					
X No Cash X Personal Check	03/:	12/2014	\$100.00		\$100.00
If yes, list Event #		•			·
Last Name	First			MI	Contribution ID #
Underhill		Ann			0584
Residential Street Address	City	Ziiii		State	Zip Code
20 Pond Crest Rd	City	Danbuny		CT	06811
Principal Occupation		Danbury Name of Employ	on.	CI	00011
			CI		
Bakery Delivery		Self	11.11		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution
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? Yes Method of contribution:	Date	Received	Aggregate Contributions		
_					
If yes, list Event # Cash Credit/Debit Card	03/:	12/2014	\$25.00		\$25.00
Last Name	First			MI	Contribution ID #
Heagney		Barbara			0593
Residential Street Address	City			State	Zip Code
8 Fawnbrook Ln		Simsbury		CT	06070
Principal Occupation		Name of Employ	er		
Teacher		Farmi	ngton Public Schools		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution
	,	dependent child of	·		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section 31?					
X No	03/:	12/2014	\$100.00		\$100.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Mehta		Jayshree			0585
Residential Street Address	City	,		State	Zip Code
8 Powder Horn Hl		Brookfield		СТ	06804
Principal Occupation		Name of Employ	er		
Retired		N/A			
			obbyist, spouse, or	Amou	nt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	. 111100	
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with: Is this contribution associated with a Method of contribution:	Doto	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X No Cash X Personal Check	027	12/2014	#100.00		¢100.00
If yes, list Event # Money Order Credit/Debit Card	03/	12/2014	\$100.00		\$100.00

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A MONEY DV DECEMBE	a (a				
I. MONETARY RECEIPT	S (S	ection A-I)	I		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT April 40 Filling Original					
Team Boughton April 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Sander		Lincoln			0590
Residential Street Address	City			State	Zip Code
211 Walnut Tree Hill Rd		Sandy Hook		CT	06482
Principal Occupation		Name of Employ	er		
Retired		N/A		_	
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent child of	of a lobbyist?		
government the contract is with:			x _{No}		
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
Tunidasing event instead in Section 31:					
If yes, list Event # Cash Credit/Debit Card	03/	12/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Sengle		Philip			0603
Residential Street Address	City			State	Zip Code
25 James Vincent Dr		Clinton		СТ	06413
Principal Occupation		Name of Employ	er		
Retired		N/A			
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent child of	or a robbyist?		
government the contract is with:			x No		
Is this contribution associated with a Method of contribution: Yes	Date	Received	Aggregate Contributions		
tundraising event listed in Section J1?					
If yes, list Event # Cash Credit/Debit Card	03/	13/2014	\$50.00		\$50.00
3.9					
Last Name	First			MI	Contribution ID #
Норе		George			0599
Residential Street Address	City			State	Zip Code
53 Secor Rd		Brookfield		СТ	06804
Principal Occupation		Name of Employ	er		
Retired		N/A			
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent cinia (*		
government the contract is with: Executive Legislative			x No		
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash X Personal Check					
If yes, list Event # Money Order Credit/Debit Card	03/	13/2014	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Orchulli		Jack			0595
Residential Street Address	City			State	Zip Code
446 Hollow Tree Ridge Rd		Darien		СТ	06820
Principal Occupation		Name of Employ	er		
Retired		N/A	11.14	,	
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution
If yes, indicate which branch or branches of			x No		
government the contract is with: Executive Legislative	Б.	D : 1			
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash Personal Check		42/204 :			+100.00
If yes, list Event # Money Order X Credit/Debit Card	03/	13/2014	\$100.00		\$100.00

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I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT April 10 Filing - Original		
Team Boughton			7 prii 10 r iiing Grigina		
B. Itemized Contributions from	n Ind	lividuals		_	
Last Name	First			MI	Contribution ID #
Geist		Faith			0598
Residential Street Address	City			State	Zip Code
122 Dowd St	<u> </u>	Newington		СТ	06111
Principal Occupation Retired		Name of Employ N/A	er		
			obbyist, spouse, or	Amor	ant of Contribution
Yes X No	0	dependent child of		s	
If yes, indicate which branch or branches of government the contract is with:			x _{No}	,	
Is this contribution associated with a Method of contribution: Yes Yes	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1? X No					
If yes, list Event # Money Order Credit/Debit Card	03/	13/2014	\$25.00		\$25.00
Last Name	First			MI	Contribution ID #
Soares		Kathleen			0605
Residential Street Address	City			State	Zip Code
36 Lindencrest Dr		Danbury		СТ	06811
Principal Occupation	•	Name of Employ	er	-	•
Realtor		ERA G	Goodfellow Homes		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent child of	of a foodysst?		
government the contract is with: Executive Legislative	L 5 .	D : 1		_	
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash X Personal Check	02/	13/2014	\$50.00		\$50.00
If yes, list Event #	03/	13/2014	\$30.00		\$30.00
Last Name	First			MI	Contribution ID #
Knight		Doris			0604
Residential Street Address	City			State	Zip Code
414 Old Tavern Rd		Orange		СТ	06477
Principal Occupation		Name of Employ	er		
Office Clerk			t's Inc		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Ye	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent enna e	x _{No}		
Is this contribution associated with a Mathed of contribution.	Doto	Received	Aggregate Contributions	_	
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X No Cash X Personal Check	03/	13/2014	\$25.00		\$25.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Srinivasan		Prasad			0597
Residential Street Address	City			State	Zip Code
268 Grandview Dr		Glastonbury		СТ	06033
Principal Occupation		Name of Employ			
MD Is contributor a principal of a state contractor or prospective state contractor?		_	y Associates of Hartford obbyist, spouse, or	Amo	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes No	о	dependent child of	V.	s	ant of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}	,	
Is this contribution associated with a Mathed of contribution	Date	Received	Aggregate Contributions	7	
fundraising event listed in Section J1? Yes Yes Respond Check					
If yes list Event # Cash X Personal Check Money Order	03/	13/2014	\$100.00		\$100.00

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I MONETA DV DECEME	0 (0	4° A T			
I. MONETARY RECEIPT	5 (50	ection A-I)	I		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Team Boughton			April 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals	•		
Last Name	First			MI	Contribution ID #
Benicewicz		Isabelle			0596
Residential Street Address	City			State	Zip Code
116 Clapboard Ridge Rd		Danbury		СТ	06811
Principal Occupation		Name of Employ	er		
Information Requested		Inforr	nation Requested		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section 31:					
X No Cash X Personal Check	03/:	13/2014	\$50.00		\$50.00
If yes, list Event #		•	'		·
Last Name	First			MI	Contribution ID #
Nero		Vincent			0600
Residential Street Address	City	VIIICCIIC		State	Zip Code
	City	Bethel		CT	06801
12 Kristy Dr Principal Occupation		Name of Employ	on.	CI	00801
			CI		
Retired		N/A			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution
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? Yes Method of contribution:	Date	Received	Aggregate Contributions		
_					
If yes, list Event # Cash Credit/Debit Card	03/:	13/2014	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Prusak		Joseph			0601
Residential Street Address	City			State	Zip Code
4 Circle Dr E		Danbury		СТ	06811
Principal Occupation		Name of Employ	er	-	
Retired		N/A			
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution
	,	dependent child of	•		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
To this contribution are cited with a	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
X No Cash X Personal Check	03/:	13/2014	\$25.00		\$25.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Meyer		Gertrude			0602
Residential Street Address	City	00.0.000		State	Zip Code
6 Yogananda St	City	Sandy Hook		CT	06482
Principal Occupation		Name of Employ	er	<u> </u>	00702
Retired		N/A	Ci.		
			obbyjet enouge or	A	nt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	in or Commounton
If yes, indicate which branch or branches of			x _{No}		
government the contract is with: Executive Legislative		n · ·			
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
If yes, list Event # Cash Credit/Debit Card	03/:	13/2014	\$50.00		\$50.00

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A MONETARY DECEME	G (G				
I. MONETARY RECEIPT	5 (5)	ection A-I)	I		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Team Boughton April 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Batista		Steve			0606
Residential Street Address	City			State	Zip Code
51 Hine Hill Rd		New Milford		СТ	06776
Principal Occupation		Name of Employ	er		
Franchisee		Dunki	n Donuts		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
rundraising event instea in section 11:					
X No Cash X Personal Check	03/	13/2014	\$100.00		\$100.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Batista		Eduardo			0607
Residential Street Address	City			State	Zip Code
21 Equestrian Ridge Rd		Newtown		СТ	06470
Principal Occupation		Name of Employ	er		
Owner		1 7	n Donuts		
			obbyjet enouge or	Amou	nt of Contribution
is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	Vac		
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Date	received	riggiogate contributions		
X No Cash X Personal Check	03/	13/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card	03/	13/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
	FIISt	Neumoni		IVII	
Bastos	City	Neuzani		Ct-t-	0608
Residential Street Address	City	Dankuni		State	Zip Code
134 Deer Hill Ave Apt 7		Danbury		СТ	06810
Principal Occupation		Name of Employ			
Owner			n Donuts		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		1	x No		
government the contract is with:	Б.	D : 1			
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash X Personal Check	02/	12/2014	+400.00		+100.00
If yes, list Event # Money Order Credit/Debit Card	03/	13/2014	\$100.00		\$100.00
Last Name	First	- 66		MI	Contribution ID #
Carilli		Jeffrey			0609
Residential Street Address	City			State	Zip Code
907 Half Moon Bay Dr		Croton On H		NY	10520
Principal Occupation		Name of Employ	er		
Self		Self			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution
If yes, indicate which branch or branches of			x No		
government the contract is with: Executive Legislative	-				
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash Personal Check					
If yes, list Event # Money Order X Credit/Debit Card	03/	13/2014	\$50.00		\$50.00

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I. MONETARY RECEIPT	S (S	ection A-I)	1			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			April 10 Filing - Original	RT		
Team Boughton			7,prii 10 1 iiing - Original			
B. Itemized Contributions from	m Ind	lividuals				
Last Name	First				MI	Contribution ID #
Hannon		J. David				0610
Residential Street Address	City				State	Zip Code
38 Knox Rd	<u> </u>	Name of Employ			СТ	06759
Principal Occupation Regional Planning			er atonic Valley Council of I	Electe	d Officials	
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	١,,	Amou	nt of Contribution
Yes X No	0	dependent child of		Yes		
government the contract is with: Executive Legislative			х	No		
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions			
Cash Personal Check						
If yes, list Event #	03/	13/2014	\$100.00			\$100.00
Last Name	First			П	MI	Contribution ID #
Hance		Mark				0611
Residential Street Address	City				State	Zip Code
156 Minuteman Rd		Ridgefield			CT	06877
Principal Occupation		Name of Employ	er			
Marketing		IBM				
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative		аеренаен сина с	x	No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	NO		
fundraising event listed in Section J1?	Dute	Received	Aggregate Controllons			
If yes. list Event # Cash Personal Check Money Order X Credit/Debit Card	03/	13/2014	\$25.00			\$25.00
If yes, list Event # Money Order X Credit/Debit Card						
Last Name	First				MI	Contribution ID #
Pinkham		Marilyn				0613
Residential Street Address	City				State	Zip Code
27 N Turkey Hill Rd	<u> </u>	Westport			СТ	06880
Principal Occupation		Name of Employ				
CFO Is contributor a principal of a state contractor or prospective state contractor?		LVA S			A mou	nt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	o	dependent child of		Yes	Alliou	nt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x	No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions			
Tunidasing event instead in Section 31:						
If yes, list Event # Cash Credit/Debit Card	03/	14/2014	\$100.00			\$100.00
Last Name	First				MI	Contribution ID #
Wiehl	First	Richard			IVII	0614
Residential Street Address	City	Richard			State	Zip Code
5 Hatch Rd		Trumbull			CT	06611
Principal Occupation		Name of Employ	er			
Executive		Consu	ımers Petroleum			
Is contributor a principal of a state contractor or prospective state contractor?	o		obbyist, spouse, or	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent child of	•	No		
government the contract is with:	D. /	Danaire d		No		
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions			
x No Cash x Personal Check	03/	14/2014	\$100.00			\$100.00
If yes, list Event # Money Order Credit/Debit Card	1 33/	, 2017	Ψ100.00			

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I MONETA DV DE CEIDTO (C. C. A. D.								
I. MONETARY RECEIPT	S (S	ection A-I)	I					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Type OF REPORT April 10 Filing - Original								
Team Boughton								
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Reynolds		Robert			0615			
Residential Street Address	City			State	Zip Code			
185 Southern Blvd		Danbury		СТ	06810			
Principal Occupation		Name of Employ	er					
Retired		N/A						
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a lobbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with a Method of contribution: Section 112 Yes	Date	Received	Aggregate Contributions					
tundraising event risted in Section 31:								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	03/:	14/2014	\$25.00		\$25.00			
	l			l				
Last Name	First			MI	Contribution ID #			
Shepard		David			0622			
Residential Street Address	City			State	Zip Code			
8M Beach St		Bethel		СТ	06801			
Principal Occupation		Name of Employ	er					
Sales Rep		Jewel	ry Designs					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a foodyist?					
government the contract is with:			x _{No}					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
tundraising event listed in Section J1?								
If yes, list Event #	03/:	14/2014	\$100.00		\$100.00			
3.9				l				
Last Name	First			MI	Contribution ID #			
Snyder		Kurt			0623			
Residential Street Address	City			State	Zip Code			
30 Upper Reservoir Rd		New Milford		СТ	06776			
Principal Occupation		Name of Employ	er					
Manager			ry Designs					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	,	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent cinia c	•					
government the contract is with:			x _{No}					
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
Tunidiansing event insect in section 31:								
If yes, list Event #	03/:	14/2014	\$100.00		\$100.00			
				l				
Last Name	First			MI	Contribution ID #			
Underhill		Robert			0624			
Residential Street Address	City			State	Zip Code			
5 8th Ave		Danbury		СТ	06810			
Principal Occupation		Name of Employ						
Jeweler			ry Designs					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		acpondent child (x No					
government the contract is with: Executive Legislative								
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	03/:	14/2014	\$100.00		\$100.00			

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I MONETA DV DE CEIDTO (C. C. A. D.								
I. MONETARY RECEIPT	S (S	ection A-I)	1					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT					
Team Boughton			April 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals	•					
Last Name	First			MI	Contribution ID #			
Underhill		Lindsay			0626			
Residential Street Address	City	-		State	Zip Code			
5 8th Ave		Danbury		СТ	06810			
Principal Occupation		Name of Employ	er					
Gemologist			ry Designs					
			obbyist, spouse, or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	37	Alliou	int of Contribution			
If yes, indicate which branch or branches of			· .					
government the contract is with: Executive Legislative								
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
Tunidasing event listed in Section 31:								
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	03/	14/2014	\$100.00		\$100.00			
in yes, list Event #								
Last Name	First			MI	Contribution ID #			
Cordeiro		Tony			0625			
Residential Street Address	City	,		State	Zip Code			
61 Hickory Rd		Naugatuck		СТ	06770			
		_	on.	Ci	00770			
Principal Occupation		Name of Employ						
Marketing/IT			ry Designs					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent cinia (<u> </u>					
government the contract is with:			x _{No}					
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
X No Cash Personal Check	03/	14/2014	\$100.00		\$100.00			
If yes, list Event #		, -	,					
Last Name	First			MI	Contribution ID #			
Balzi	1 1150	Francis		.,,,	0627			
·	o:	FIGURES		G				
Residential Street Address	City			State	Zip Code			
17 Hanover Ridge Rd		Brookfield		СТ	06804			
Principal Occupation		Name of Employ	er					
Operations		Jewel	ry Designs					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
	,	dependent child of	of a followist:					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
x No Cash Personal Check	03/	14/2014	\$100.00		\$100.00			
If yes, list Event #	00,	- 1, 202 1	Ψ100.00					
Last Name	First			MI	Contribution ID #			
	FIISt	14		IVII				
Underhill		Karen			0628			
Residential Street Address	City			State	Zip Code			
30 Shamrock Dr		Brookfield		СТ	06804			
Principal Occupation		Name of Employ	er					
Gemologist		Jewel	ry Designs					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a foodyist?					
government the contract is with:			x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1				
fundraising event listed in Section 31?								
X No Cash X Personal Check	03/	14/2014	\$100.00		\$100.00			
If yes, list Event #	I /	•		I	-			

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I. MONETARY RECEIPT	S (S	ection A-I)	Type of proof		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT April 10 Filing - Original		
Team Boughton			7 April 10 Tilling Chighter		
B. Itemized Contributions from	n Ind	lividuals		_	
Last Name	First			MI	Contribution ID #
Underhill		Robert			0629
Residential Street Address	City			State	Zip Code
30 Shamrock Dr		Brookfield		СТ	06804
Principal Occupation Jeweler		Name of Employ	^{er} ry Designs		
			obbyist, spouse, or	Amou	ınt of Contribution
Yes X No)	dependent child of	of a lobbyist?	3	
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions		
Cash Personal Check					
If yes, list Event # Cash Credit/Debit Card	03/	14/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Santos	11130	Adelia		1411	0630
Residential Street Address	City	7100110		State	Zip Code
24 Virginia Ave		Danbury		СТ	06810
Principal Occupation		Name of Employe	er	<u>.</u>	•
Realtor		Wm P	itt Sotheby's Realty		
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or See tablesise2	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent child of	i a lobbyist?		
government the contract is with:			x _{No}	_	
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
Cash X Personal Check		/	400.00		
If yes, list Event #	03/	14/2014	\$20.00		\$20.00
Last Name	First			MI	Contribution ID #
Lehrer		Samuel			0633
Residential Street Address	City			State	Zip Code
400 Sharon Dr		New Orleans		LA	70124
Principal Occupation		Name of Employ	er		•
Retired		N/A			
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or If a lobbyist? Ye	Amou	ant of Contribution
If was indicate which branch or branches of		dependent child o	x No		
government the contract is with: Executive Legislative		D : 1		_	
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash X Personal Check	03/	14/2014	\$100.00		\$100.00
If yes, list Event #	03/	14/2014	Ψ100.00		Ψ100.00
Last Name	First			MI	Contribution ID #
Leavenworth		Lucy			0634
Residential Street Address	City			State	Zip Code
6 Revere Rd		New Milford		СТ	06776
Principal Occupation		Name of Employ	er		
Retired		N/A			
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Ye	Amou	ınt of Contribution
If yes, indicate which branch or branches of		acpendent ciniu (x No		
government the contract is with:	Doto	Received	Aggregate Contributions	-	
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X No Cash X Personal Check	03/	14/2014	\$100.00		\$100.00
If yes_list Event # Money Order Credit/Debit Card				1	

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I MONETA DV DECEMBER (C. P. A. D.									
I. MONETARY RECEIPT	5 (5)	ection A-I)	I						
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	First			MI	Contribution ID #				
Rogers		Steven			0618				
Residential Street Address	City			State	Zip Code				
234 Bayberry Dr		Thomaston		СТ	06787				
Principal Occupation		Name of Employ	er						
Firefighter		City o	f Danbury						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with a	Date	Received	Aggregate Contributions						
Tundraising event listed in Section 31?									
No Cash X Personal Check	03/	14/2014	\$100.00		\$100.00				
If yes, list Event # 03082014A		-							
Last Name	First			MI	Contribution ID #				
Brandimarte		Matthew			0619				
Residential Street Address	City			State	Zip Code				
15 Palma Cir		Waterbury		CT	06704				
Principal Occupation		Name of Employ	er	<u> </u>	00704				
Construction		Self	Ci						
			obbyist, spouse, or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	3/	Amou	iit of Contribution				
If yes, indicate which branch or branches of		•							
government the contract is with: Executive Legislative		D : 1							
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
Cash X Personal Check									
If yes, list Event # 03082014A No Money Order Credit/Debit Card	03/	14/2014	\$100.00		\$100.00				
<u> </u>				1					
Last Name	First			MI	Contribution ID #				
Bunko		Michael			0620				
Residential Street Address	City			State	Zip Code				
195 Hobart St		Southington		СТ	06489				
Principal Occupation		Name of Employ	er						
Real Estate		Self							
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	a lobbyist:						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a fundraicing event licted in Section 112.	Date	Received	Aggregate Contributions						
Tunidraising event instead in Section 31:									
If yes, list Event # 03082014A Cash Cash Personal Check No Money Order Credit/Debit Card	03/	14/2014	\$100.00		\$50.00				
33302021									
Last Name	First			MI	Contribution ID #				
Kaplanis		Nicole			0631				
Residential Street Address	City			State	Zip Code				
20 Marc Rd		Danbury		CT	06810				
Principal Occupation		Name of Employ	er						
RN		NYPH	- WC						
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a foodyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
If yes, list Event # Cash Credit/Debit Card	03/	14/2014	\$100.00		\$100.00				
,, Credit/Debit Card									

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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. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Suprin		Kathleen			0632			
Residential Street Address	City			State	Zip Code			
140 Great Neck Rd		Waterford		СТ	06385			
Principal Occupation		Name of Employ	er					
Principal		Learn	Inc					
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of		dependent child (
government the contract is with: Executive Legislative	1	p : 1						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
No Cash X Personal Check	02/	14/2014	¢E0.00		\$50.00			
If yes, list Event # 02232014A	03/	14/2014	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Lombardi		Thomas			0621			
Residential Street Address	City			State	Zip Code			
41 Oak St		Southington		СТ	06489			
Principal Occupation		Name of Employ	er		•			
CPA		Cente	rplan Development					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	O	dependent child of	of a foodyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
Cash X Personal Check								
If yes, list Event # 03082014A No Money Order Credit/Debit Card	03/	14/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Hylenski	FIISt	Peter		IVII	0616			
Residential Street Address	City	retei		State	Zip Code			
13 Firelight Dr		Danbury		CT	06810			
Principal Occupation		Name of Employ	er					
Retired		N/A						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution			
If yes, indicate which branch or branches of	o	dependent child of	·					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions					
tundraising event risted in Section 31?								
If yes, list Event # Cash Cash Personal Check No	03/	14/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Hylenski	FIISt	Angela		IVII	0617			
Residential Street Address	City	Aligeia		State	Zip Code			
13 Firelight Dr	City	Danbury		CT	06810			
Principal Occupation	-	Name of Employ	er					
Retired		N/A						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of	U	dependent child of	of a foodyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Society 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	03/	14/2014	\$100.00		\$100.00			

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I. MONETARY RECEIPT	S (S	ection A-I)	Type of perops		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT April 10 Filing - Original					
ream boughton			T provide the second se		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Cirone		Anthony			0612
Residential Street Address	City			State	Zip Code
4 Briarwood Ln		Newtown		СТ	06470
Principal Occupation CPA		Name of Employ Equal	er e & Chrome LLP		
Is contributor a principal of a state contractor or prospective state contractor?	`		obbyist, spouse, or	Amo Yes	unt of Contribution
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?		
government the contract is with:	Гъ.	D : 1		No	
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash X Personal Check	02/	14/2014	¢100.00		¢100 00
If yes, list Event # Money Order Credit/Debit Card	03/	14/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Fonteyne		Paul			0639
Residential Street Address	City			State	Zip Code
4 Deepwood Ln		Westport		СТ	06880
Principal Occupation		Name of Employ	er		
Management		Boehr			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	Is contributor a l dependent child of	obbyist, spouse, or	Yes	unt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		dependent enna (· –	No	
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	\neg	
fundraising event listed in Section J1?					
If yes, list Event # Cash Credit/Debit Card	03/	15/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Wieland		Richard			0638
Residential Street Address	City			State	Zip Code
44 Turney Rd		Redding		СТ	06896
Principal Occupation		Name of Employ	er		
Retired		N/A			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	/es Amo	unt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x 1	чo	
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
tundraising event listed in Section 31:					
If yes, list Event # Cash Credit/Debit Card	03/	15/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Hughes		Harold			0640
Residential Street Address	City			State	Zip Code
32 Hillside Ave		Danbury		СТ	06811
Principal Occupation		Name of Employ	er	-	•
Retired		N/A			
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amo	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative			X 1	чo	
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	\neg	
fundraising event listed in Section J1? Yes Yes Respond Check					
If yes list Event # Cash X Personal Check Cash X Personal Check Credit/Debit Card	03/	15/2014	\$10.00		\$10.00

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I. MONETARY RECEIPT	S (S	ection A-I)	Type of penone		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Team Boughton April 10 Filing - Original					
Team Boughton			7 prii 10 r iiiiig - Originai		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Wiedl		Thomas			0645
Residential Street Address	City			State	Zip Code
12 Brighton St	<u> </u>	Danbury		СТ	06811
Principal Occupation Fire Department		Name of Employer City o	^{er} f Danbury		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent child of	x No		
government the contract is with: In this containation associated with a Mathed of containation.	Date	Received	Aggregate Contributions	-	
fundraising event listed in Section J1?	Dute	received	Aggregate Contributions		
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	03/	15/2014	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Caldwell	11130	Beth		IVII	0636
Residential Street Address	City			State	Zip Code
1 Hill View Ln		Woodbury		СТ	06798
Principal Occupation	•	Name of Employ	er	•	•
Account Executive		Fidelit	y National Title Insurance (Company	
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of government the contract is with:	~	dependent child of	at a lobbyist?		
Is this contribution associated with a Section 119 Yes Method of contribution:	Date	Received	Aggregate Contributions		
Tundraising event listed in Section J1? X No Cash Personal Check	03/	15/2014	\$50.00		\$50.00
If yes, list Event # Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Winkler		Timothy			0643
Residential Street Address	City			State	Zip Code
7 Patricia Ln	<u> </u>	Danbury		СТ	06811
Principal Occupation		Name of Employ	er		
Retired Is contributor a principal of a state contractor or prospective state contractor?		N/A	obbyist, spouse, or	Amor	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child o		Alliot	int of Contribution
If yes, indicate which branch or branches of government the contract is with:			x _{No}	_	
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
If yes, list Event # X No	03/	15/2014	\$100.00		\$100.00
				1	La va v mu
Last Name Bento	First	Raymond		MI	Contribution ID # 0641
Residential Street Address	City	Rayillollu		State	Zip Code
5 Myrtle Ave	City	Danbury		CT	06810
Principal Occupation		Name of Employe	er	1	1
Retired		N/A			
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
tundraising event listed in Section 31?					
If yes list Event # Cash Credit/Debit Card	03/	15/2014	\$100.00		\$100.00

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I MONETA DV DECEDTO (CC A. D.									
I. MONETARY RECEIPT	5 (50	ection A-I)	I						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT April 10 Filing - Original						
Team Boughton									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Llodra		E. Patricia			0637				
Residential Street Address	City			State	Zip Code				
90 Riverside Rd		Sandy Hook		СТ	06482				
Principal Occupation		Name of Employ	er						
First Selectman		Town	of Newtown						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a fundamental section 112 Yes Wethold of contribution:	Date	Received	Aggregate Contributions						
rundraising event risted in Section 31?									
X No Cash X Personal Check	03/:	15/2014	\$50.00		\$50.00				
If yes, list Event #		•	·		·				
Last Name	First			MI	Contribution ID #				
Milana		Joseph			0635				
Residential Street Address	City	эозерп		State	Zip Code				
8 Lakecrest Dr	City	Danhuni		CT	06811				
		Danbury Name of Employ	or.	CI	00011				
Principal Occupation		1 7							
Accountant		-	ass Group Management						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent enna (<u> </u>						
government the contract is with:			x No						
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? Cash Personal Check									
If yes, list Event # Cash Credit/Debit Card	03/:	15/2014	\$100.00		\$100.00				
,									
Last Name	First			MI	Contribution ID #				
Tomanio		Lydia			0642				
Residential Street Address	City			State	Zip Code				
50 Meadowbrook Rd		Danbury		CT	06811				
Principal Occupation		Name of Employ	er		•				
N/A		N/A							
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
)	dependent child of	*						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
To this contribution are cited with a	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
X No Cash X Personal Check	03/:	15/2014	\$50.00		\$50.00				
If yes, list Event #		•	·		·				
Last Name	First			MI	Contribution ID #				
Heibling		John			0644				
Residential Street Address	City	301111		State	Zip Code				
43 Columbia Dr	City	Now Exirtiald		CT	06812				
	Ь	New Fairfield		Ci	00012				
Principal Occupation		Name of Employ	Ci						
Retired		N/A	obbysist spayer		nt of Containation				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	,	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution				
If yes, indicate which branch or branches of			x No						
government the contract is with: Executive Legislative									
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event fisted in Section 31?	1								
If yes, list Event # Cash Credit/Debit Card	03/:	15/2014	\$100.00		\$100.00				

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I MONETA DV DE CEIDTO (C. C. A. D.								
I. MONETARY RECEIPT	S (S	ection A-I)	I					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Team Boughton April 10 Filing - Original								
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Caraluzzi		Mark			0647			
Residential Street Address	City			State	Zip Code			
6 Sail Harbor Dr		Sherman		СТ	06784			
Principal Occupation		Name of Employ	er					
Retail		Self						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	37					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a	Date	Received	Aggregate Contributions					
fundraising event fisted in Section 31:								
X No Cash Personal Check	03/	16/2014	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card								
Last Name	First			MI	Contribution ID #			
Massoud		Ihab			0649			
Residential Street Address	City			State	Zip Code			
3 Marc Ln		Westport		СТ	06880			
Principal Occupation		Name of Employ	er	C.	00000			
MD			t Services USA					
			obbyjet enouge or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	Vac	rinou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with:	D-4-	D						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
Cash Personal Check								
If yes, list Event # Money Order X Credit/Debit Card	03/	16/2014	\$100.00		\$100.00			
•								
Last Name	First			MI	Contribution ID #			
Tate		Eric			0648			
Residential Street Address	City			State	Zip Code			
32 Crows Nest Ln Unit 4		Danbury		СТ	06810			
Principal Occupation		Name of Employ						
VP		AIReS						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child (a lobbyist:					
government the contract is with:			x _{No}					
Is this contribution associated with a Method of contribution: Yes Yes	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? Cash Personal Check								
If yes, list Event # Cash Credit/Debit Card	03/	16/2014	\$100.00		\$100.00			
7-9								
Last Name	First			MI	Contribution ID #			
Walsh		James			0646			
Residential Street Address	City			State	Zip Code			
2 Mountainview Ter Unit 2131		Danbury		CT	06810			
Principal Occupation		Name of Employ	er					
Sales		Hilti N	Iorth America					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	or a robbyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
rundraising event listed in Section J1?								
If yes, list Event # Cash Personal Check Money Order Cash Personal Check Credit/Debit Card Cash Credit/Debit Card Cash Credit/Debit Card Cash Cash	03/	16/2014	\$100.00		\$100.00			

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I. MONETARY RECEIPT	S (S	ection A-I)	I		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT April 10 Filing - Original		
Team Boughton			7,tprii 10 1 iiirig - Originidi		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Llodra		E. Patricia			0656
Residential Street Address	City	6		State	Zip Code
90 Riverside Rd Principal Occupation		Sandy Hook Name of Employ	or .	СТ	06482
First Selectman			of Newtown		
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent child of	x No		
government the contract is with:	Date	Received	Aggregate Contributions	-	
fundraising event listed in Section J1?	Date	received	riggregate Contributions		
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	03/	17/2014	\$100.00		\$50.00
Last Name	First			MI	Contribution ID #
Koehlert	1 1130	Michele		1411	0653
Residential Street Address	City			State	Zip Code
51 Olive St		Danbury		СТ	06810
Principal Occupation		Name of Employ	er	•	•
Retired		N/A		_	
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or	Amou	ant of Contribution
If yes, indicate which branch or branches of government the contract is with:		dependent child of	x No		
Is this contribution associated with a Sociated With a Yes Method of contribution:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1? X No	03/	17/2014	\$75.00		\$75.00
If yes, list Event #					_
Last Name	First			MI	Contribution ID #
Hughes		Nancy			0658
Residential Street Address	City			State	Zip Code
10 Marvel Rd Principal Occupation		New Haven Name of Employ	or .	СТ	06515
Technical Supervisor			on Wireless		
·				Amou	ınt of Contribution
Yes A No)	dependent child of			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a	Date	Received	Aggregate Contributions		
X No Cash Personal Check	03/	17/2014	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	03/	17/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Steichen		Dale			0654
Residential Street Address	City			State	Zip Code
3C E Lake Rd		Danbury		СТ	06811
Principal Occupation		Name of Employ			
VP New Technology Is contributor a principal of a state contractor or prospective state contractor?		Akzo Is contributor a l	obbriet energe or	Amou	unt of Contribution
Yes X No)	dependent child of	Vo	3	
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
tundraising event listed in Section 31?					
If yes list Event # Cash Credit/Debit Card	03/	17/2014	\$100.00		\$100.00

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I. MONETARY RECEIPT	S (Se	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT April 10 Filing - Original		
Team Boughton			7 prii 10 ming Chgmai		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Steichen		Sandy		 	0655
Residential Street Address	City			State	Zip Code
3C E Lake Rd	L	Danbury		СТ	06811
Principal Occupation N/A		Name of Employ N/A	er		
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent child of	x No		
government the contract is with:	Date	Received	Aggregate Contributions	-	
fundraising event listed in Section J1?	Date	received	riggiogate contributions		
If yes, list Event # Cash No Cash No No No Noney Order Credit/Debit Card	03/:	17/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Bizzarro	riist	Gennaro		IVII	0650
Residential Street Address	City	Germano		State	Zip Code
180 Ten Acre Rd		New Britain		СТ	06052
Principal Occupation		Name of Employ	er		
Lawyer		GB La	w Group LLC		
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?		
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1? Yes Cash Personal Check					
If yes, list Event # Cash Credit/Debit Card	03/:	17/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Ryan		Francis			0652
Residential Street Address	City			State	Zip Code
100 Park Ave		Danbury		СТ	06810
Principal Occupation		Name of Employ	er		
Disabled		N/A			
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	obbyist, spouse, or	Amou	ant of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No		
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions]	
tundraising event listed in Section 31?					
If yes, list Event # Cash Credit/Debit Card	03/:	17/2014	\$20.00		\$20.00
Last Name	First			MI	Contribution ID #
Finelli		Angela			0651
Residential Street Address	City			State	Zip Code
577 Candlewood Lake Rd		Brookfield		СТ	06804
Principal Occupation		Name of Employ	er		
Information Requested		IBM		 	
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		-	x No		
government the contract is with:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?			- 55 5		
If yes list Event # Cash X Personal Check Money Order Credit/Debit Card	03/	17/2014	\$50.00		\$50.00

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT April 10 Filing - Original					
Team Boughton April 10 Filing - Original								
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Anburajan		Subramaniar	1		0657			
Residential Street Address	City			State	Zip Code			
9 Rita Dr	ļ	New Fairfield		СТ	06812			
Principal Occupation Engineer		Name of Employ Pratt	er and Whitney					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amo	unt of Contribution			
If we sindicate which branch or branches of)	dependent child of	if a lobbyist?	es				
government the contract is with:			x N	0				
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
Cash Personal Check		. = /2.2.4	4400.00					
If yes, list Event # Money Order X Credit/Debit Card	03/	17/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Jamroga		Walt			0661			
Residential Street Address	City			State	Zip Code			
40 Joal Ct		Newtown		СТ	06470			
Principal Occupation		Name of Employ	er	•	•			
Contractor		Self						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or	Amo	unt of Contribution			
If yes, indicate which branch or branches of		dependent child of	at a lobbyist?					
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	-				
fundraising event listed in Section J1?								
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	03/:	18/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Fahrbach		Ruth			0660			
Residential Street Address	City			State	Zip Code			
592 Poquonock Ave		Windsor		СТ	06095			
Principal Occupation		Name of Employ	er					
N/A		N/A		_				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amor	unt of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			X N	0				
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	7				
tundralsing event listed in Section 31?								
If yes, list Event # Cash Credit/Debit Card	03/:	18/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Manfreda		Carolyn			0718			
Residential Street Address	City			State	Zip Code			
8 Racebrook Dr		Bethel		СТ	06801			
Principal Occupation		Name of Employ	er	-	•			
Financial Officer		Match	Drive	_				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amor	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			X N	,				
government the contract is with: In this contribution associated with a Method of contribution.	Date	Received	Aggregate Contributions	\exists				
fundraising event listed in Section J1?			20 .0					
If yes list Event # Cash X Personal Check Money Order Credit/Debit Card	03/:	18/2014	\$100.00		\$100.00			

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I, MONETARY RECEIPTS (Section A-I)								
	5 (5)	ection A-I)	I TYPE OF REPORT					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Team Boughton			April 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals	•					
Last Name	First			MI	Contribution ID #			
Chiocchio		Bob			0663			
Residential Street Address	City			State	Zip Code			
14 Laura Dr		Danbury		СТ	06811			
Principal Occupation		Name of Employ	er					
Risk Manager		GE Ca	pital					
			obbyjet enouse or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Grand History Head of Contribution: Yes Method of contribution:	Date	Received	Aggregate Contributions					
tundraising event listed in Section 31?								
X No Cash Personal Check	03/	18/2014	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card								
Last Name	First			MI	Contribution ID #			
Pawlick		Sarah			0662			
Residential Street Address	City			State	Zip Code			
880 Pequot Trl		Stonington		СТ	06378			
Principal Occupation		Name of Employ	er	<u> </u>	00070			
Retired		N/A	•					
			obbyist, spouse, or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	37	rinou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with:	D-4-	D						
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions					
Cash X Personal Check								
If yes, list Event # Money Order Credit/Debit Card	03/	18/2014	\$100.00		\$100.00			
-								
Last Name	First			MI	Contribution ID #			
Girgasky		Joseph			0659			
Residential Street Address	City			State	Zip Code			
7 Lake Rd		Newtown		СТ	06470			
Principal Occupation		Name of Employ	er					
Project Manager		AFA P	rotective Systems Inc					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution			
If we sindicate which branch or branches of		dependent child of	or a robbyist:					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a fundraising event listed in Section 112	Date	Received	Aggregate Contributions					
Tandarasing event insect in Section 31:								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	03/	18/2014	\$10.00		\$10.00			
Last Name	First			MI	Contribution ID #			
Devino		Kenneth			0667			
Residential Street Address	City			State	Zip Code			
33 N Forty Rd		Woodbury		CT	06798			
Principal Occupation		Name of Employ	er					
Information Requested		Self						
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	-	dependent child of	of a foodyist?					
government the contract is with: Executive Legislative			x No					
Is this contribution associated with a fundamining quant listed in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
If yes, list Event #	03/	19/2014	\$100.00		\$100.00			
ii yes, nsi evenii # Li wioney Order Li Credit/Debit Card	i			i				

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I MONETA DV DECEMBER (C. P. A. D.								
I, MONETARY RECEIPT	S (S	ection A-I)	I					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Type OF REPORT Team Boughton April 10 Filing - Original								
Team Boughton	April 10 Filling - Original							
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Baldwin		June			0669			
Residential Street Address	City			State	Zip Code			
144 Middle River Rd		Danbury		CT	06811			
Principal Occupation		Name of Employ	er					
Retired		N/A		_				
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with a Method of contribution: Separate Se	Date	Received	Aggregate Contributions					
Tunidiasing event instead in Section 31:								
If yes, list Event # Cash Credit/Debit Card	03/	19/2014	\$25.00		\$25.00			
, , , , , , , , , , , , , , , , , , ,								
Last Name	First			MI	Contribution ID #			
Crawford		Foster			0666			
Residential Street Address	City			State	Zip Code			
12 Marc Rd		Danbury		СТ	06810			
Principal Occupation		Name of Employ	er					
Retired		N/A						
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a foodyist?					
government the contract is with:			x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
rundraising event listed in Section J1?								
If yes, list Event # Cash Credit/Debit Card	03/	19/2014	\$100.00		\$100.00			
J.,								
Last Name	First			MI	Contribution ID #			
Moss		William			0670			
Residential Street Address	City			State	Zip Code			
446 State Route 37		New Fairfield		СТ	06812			
Principal Occupation		Name of Employ	er					
Retired		N/A						
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child (a loodyist:					
government the contract is with:			x _{No}					
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
If yes, list Event # Cash Credit/Debit Card	03/	19/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Deldin		Robert			0665			
Residential Street Address	City			State	Zip Code			
43 Country Farm Ln		New Milford		СТ	06776			
Principal Occupation		Name of Employ						
Insurance			Deldin Didio					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		acpendent cinia (or a robbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section 31?								
If yes, list Event # Cash Personal Check Money Order Cash Personal Check Credit/Debit Card Cash Credit/Debit Card Cash Credit/Debit Card Cash	03/	19/2014	\$100.00		\$100.00			

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I, MONETARY RECEIPTS (Section A-I)								
	5 (5 6	ection A-I)	TWDE OF DEDORT					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Team Boughton April 10 Filing - Original								
Team Boughton			7.4					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Strizalkowski		Joseph			0668			
Residential Street Address	City			State	Zip Code			
26 Westminster Rd		Danbury		СТ	06811			
Principal Occupation		Name of Employ	er					
Optician			yecare Inc					
Is contributor a principal of a state contractor or prospective state contractor?	,	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child (<u> </u>					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
If yes, list Event # Cash Credit/Debit Card	03/:	19/2014	\$25.00		\$25.00			
Last Name	First			MI	Contribution ID #			
Platz		Warren			0671			
Residential Street Address	City			State	Zip Code			
186 Southern Blvd		Danbury		СТ	06810			
Principal Occupation		Name of Employ	er					
Retired		N/A						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of								
government the contract is with: Executive Legislative		D : 1						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
Cash Personal Check	02/	40/2044	+35.00		+25.00			
If yes, list Event # Money Order X Credit/Debit Card	03/.	19/2014	\$25.00		\$25.00			
LadNama	First				Contribution ID#			
Last Name Amalfitano	First	Michael		MI	Contribution ID #			
Residential Street Address	City	Michael		State	0672			
	City	Danhuni		CT	Zip Code 06810			
14 Tobins Ct Principal Occupation		Danbury Name of Employ	or.	CI	00010			
СРА		Chem						
			obbyist, spouse, or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of		Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?			86 .6					
X No Cash Personal Check	03/	20/2014	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card	,	-, -	,					
Last Name	First			MI	Contribution ID #			
Soderquist		Frederick			0673			
Residential Street Address	City			State	Zip Code			
14 Housatonic Dr		Sandy Hook		СТ	06482			
Principal Occupation		Name of Employ	er					
Retired		N/A						
			obbyist, spouse, or	Amou	nt of Contribution			
Yes X No)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1				
fundraising event listed in Section J1?								
X No Cash X Personal Check	03/2	20/2014	\$10.00		\$10.00			
If yes, list Event # Money Order	ı			I				

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I, MONETARY RECEIPTS (Section A-I)								
	5 (50	ection A-I)	TYPE OF PEROPE					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Team Boughton			April 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Monaccio		John			0675			
Residential Street Address	City			State	Zip Code			
1186 Middle Tpke W Apt C1		Manchester		СТ	06040			
Principal Occupation		Name of Employ	er					
Postal Carrier		USPS						
			obbyist, spouse, or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Voc					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
rundraising event listed in Section 31:								
X No Cash X Personal Check	03/2	20/2014	\$100.00		\$100.00			
If yes, list Event #		•			·			
Last Name	First			MI	Contribution ID #			
Caraluzzi		Anthony			0676			
Residential Street Address	City	Anthony		State	Zip Code			
24011 Via Castella Dr # 2502	City	Bonita Chrine	20	FL	34134			
Principal Occupation		Bonita Spring Name of Employ		16	34134			
			ci					
Retired		N/A	11 :					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist?	Атои	nt of Contribution			
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? Yes Method of contribution:	Date	Received	Aggregate Contributions					
If yes, list Event # Cash Credit/Debit Card	03/2	20/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Chow		Sarah			0678			
Residential Street Address	City			State	Zip Code			
271 Ridgebury Rd		Ridgefield		CT	06877			
Principal Occupation		Name of Employ	er					
Retired		N/A						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution			
)	dependent child of	*					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
rundraising event insect in Section 71:								
X No The case of t	03/2	20/2014	\$25.00		\$25.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Donnelly		Eugene			0679			
Residential Street Address	City			State	Zip Code			
60 Tuckahoe Rd		Easton		СТ	06612			
Principal Occupation		Name of Employ	er					
Information Requested			nation Requested					
			obbyict chause or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Vac	Amou	o. controution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with:	D-4	Dagaiyad						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash X Personal Check		20/2014	+100.00		±100.00			
If yes, list Event # Money Order Credit/Debit Card	03/	20/2014	\$100.00		\$100.00			

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I, MONETARY RECEIPTS (Section A-I)									
	5 (56	ection A-I)	TYPE OF REPORT						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Team Boughton			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Johnson		Janet			0682				
Residential Street Address	City			State	Zip Code				
24 Hi Barlow Rd		Newtown		СТ	06470				
Principal Occupation		Name of Employ	er						
N/A		N/A							
			obbyist, spouse, or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
rundraising event risted in Section 31?									
X No Cash X Personal Check	03/2	20/2014	\$25.00		\$25.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Bundy		Sandra			0683				
Residential Street Address	City			State	Zip Code				
15 Lembo Dr		Wethersfield		СТ	06109				
Principal Occupation		Name of Employ	er	<u> </u>	00103				
Deputy Warden		1 ,	of Correction						
			obbyjet enquee or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child o	Vac	711104	in or commonion				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with: Is this contribution associated with a Method of contribution:	Doto	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
X No Cash X Personal Check	02/2	20/2014	¢100.00		¢100.00				
If yes, list Event # Money Order Credit/Debit Card	03/2	20/2014	\$100.00		\$100.00				
LOV	т.) or	C (1 (ID)				
Last Name	First	A15 1		MI	Contribution ID #				
Jennings		Alfred		~	0684				
Residential Street Address	City	5 16 11		State	Zip Code				
8 Cipolla Ln		Brookfield		СТ	06804				
Principal Occupation		Name of Employ							
Teacher			ury Board of Ed						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	,	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent enna e	•						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
Tandraising event insect in section 31:									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	03/2	20/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Jennings		Robert			0685				
Residential Street Address	City			State	Zip Code				
14 Schoolhouse Dr		Danbury		СТ	06811				
Principal Occupation		Name of Employ	er						
Owner		Jennii	ngs Oil Co						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a foodyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Method of contribution: Separate of the second	Date	Received	Aggregate Contributions						
rundraising event listed in Section J1?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	03/2	20/2014	\$100.00		\$100.00				

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I. MONETARY RECEIPTS (Section A-I)									
	5 (50	ection A-I)	TYPE OF REPORT						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Team Boughton									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Badaracco		Anthony			0686				
Residential Street Address	City			State	Zip Code				
48 E Pembroke Rd		Danbury		СТ	06811				
Principal Occupation		Name of Employ	er						
Waiter		Kusul	yn						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	37						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions	1					
rundraising event risted in Section 31?									
x No Cash Personal Check	03/2	20/2014	\$50.00		\$50.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Cooper		Alyssa			0687				
Residential Street Address	City	7,550		State	Zip Code				
184 Great Plain Rd Apt B		Danbury		CT	06810				
Principal Occupation		Name of Employ	or	Ci	00010				
Hostess									
			obbyist, spouse, or	Amou	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child o	Vac	Alliou	int of Contribution				
If yes, indicate which branch or branches of		1							
government the contract is with: Executive Legislative									
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
x									
If yes, list Event #	03/2	20/2014	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
Xu		Chuan Long			0689				
Residential Street Address	City			State	Zip Code				
756 45th St		New York		NY	11220				
Principal Occupation		Name of Employ	er						
Chef		FUCI	Inc						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution				
	,	dependent child of	of a followist:						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a fundacieing event listed in Section 112	Date	Received	Aggregate Contributions	1					
Tunidiansing event insect in section 31:									
× No	03/2	20/2014	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Chen		Xiao Ping			0690				
Residential Street Address	City			State	Zip Code				
29 E Pembroke Rd		Danbury		СТ	06811				
Principal Occupation		Name of Employ	er		00011				
Cashier			Vood Inn Inc						
			abbrief analysis on	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	Vac	111100					
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with:	Dot-	Pagaiyad		-					
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash Personal Check		20/2014	1100.00		±100.00				
If yes, list Event # Money Order Credit/Debit Card	03/2	20/2014	\$100.00		\$100.00				

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I. MONETARY RECEIPT	S (S	ection A-I)	I summer of property		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT April 10 Filing - Original		
Team Boughton			7 prii 10 r iiing Grigina		
B. Itemized Contributions from	n Ind	lividuals		_	
Last Name	First			MI	Contribution ID #
Lin		Li Qing			0692
Residential Street Address	City			State	Zip Code
29 E Pembroke Rd Principal Occupation	L	Danbury Name of Employ	or	СТ	06811
Owner		FUCI			
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l	obbyist, spouse, or Ye	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent child c	x _{No}	,	
government the contract is with: In this containation associated with a Mathed of containation.	Date	Received	Aggregate Contributions	-	
fundraising event listed in Section J1?			86 18		
If yes, list Event # X No X Cash Personal Check Money Order Credit/Debit Card	03/	20/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Lin		Qi Jing			0693
Residential Street Address	City			State	Zip Code
29 E Pembroke Rd		Danbury		СТ	06811
Principal Occupation	•	Name of Employ	er	-	•
Manager		Red V	Vood Inn Inc		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:		dependent child of	a lobbyist?		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	-	
fundraising event listed in Section J1? Yes X No Personal Check	03/	20/2014	\$100.00		\$100.00
If yes, list Event #	03/	20,2011	Ψ100.00		Ψ100.00
Last Name	First			MI	Contribution ID #
Lin		Fang Duan			0691
Residential Street Address	City			State	Zip Code
633 57th St	<u> </u>	New York		NY	11220
Principal Occupation		Name of Employ			
Chef			obbyist, spouse, or	Amo	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of	37.	S	ant of Contribution
If yes, indicate which branch or branches of government the contract is with:			x No	,	
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
If yes, list Event # X No X Cash Personal Check	03/	20/2014	\$100.00		\$100.00
■ · · · · · · · · · · · · · · · · · · ·	L			1	I
Last Name	First	Chuistian		MI	Contribution ID #
Becker Residential Street Address	City	Christian		State	0694 Zip Code
5 Peaceful Dr	City	New Fairfield		CT	06812
Principal Occupation	<u> </u>	Name of Employ			1 00012
Information Requested		Ski Ha			
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Ye	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:			x No	,	
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	7	
tundraising event listed in Section 31?					
If yes list Event # Cash Credit/Debit Card	03/	20/2014	\$100.00		\$100.00

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Team Boughton			April 10 Filing - Original					
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
You		Zhu			0695			
Residential Street Address	City			State	Zip Code			
261 W Newton St	L	Boston		MA	02116			
Principal Occupation		Name of Employ						
Cashier Is contributor a principal of a state contractor or prospective state contractor?		FUCI		Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	Vac	Amou	int of Contribution			
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
tundraising event instead in Section 31:								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	03/2	20/2014	\$100.00		\$100.00			
	I .			I				
Last Name	First			MI	Contribution ID #			
Dailey Residential Street Address	City	Geraldine		State	0696 Zip Code			
2000 S Ocean Blvd	City	Boca Raton		FL	33432			
Principal Occupation	Ь—	Name of Employ	er	''-	33432			
Retired		N/A						
Is contributor a principal of a state contractor or prospective state contractor?		•	obbyist, spouse, or Yes	Amou	unt of Contribution			
	0	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:			x No					
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions					
iundraising event listed in Section J1?								
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	03/2	20/2014	\$100.00		\$100.00			
				l	Laurin			
Last Name DiLorenzo	First	Jared		MI	Contribution ID # 0697			
Residential Street Address	City	Jareu		State	Zip Code			
626 Federal Rd Apt 2	City	Brookfield		CT	06804			
Principal Occupation		Name of Employ	er	<u> </u>				
Chiropractor		Danb	ury Chiropractic					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of	5	dependent child of	or a roodyrst?					
government the contract is with:			x _{No}					
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions					
X No Cash Personal Check		20/2014	4400.00		1100.00			
If yes, list Event # No Money Order Credit/Debit Card	03/.	20/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Cerutti		Jonathan			0698			
Residential Street Address	City			State	Zip Code			
11 Barnum Pl		Ridgefield		СТ	06877			
Principal Occupation		Name of Employ	er	-	•			
Chiropractor		Danb	ury Chiropractic					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		1	x No					
Is this contribution associated with a Mathed of contribution.	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Date		opropare Commounding					
X No Cash X Personal Check	03/2	20/2014	\$100.00		\$100.00			
If yes, list Event #				ı				

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I. MONETARY RECEIPT	S (Se	ection A-I)	TYPE OF REPORT		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Type OF REPORT Team Boughton April 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Jowdy		John			0791
Residential Street Address	City	Dankana		State	Zip Code
20 Richter Dr Principal Occupation		Danbury Name of Employ	or.	СТ	06811
Attorney		Self	Ci		
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l	obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent child c	x No		
government the contract is with:	Date	Received	Aggregate Contributions	-	
fundraising event listed in Section J1?			86 .8		
If yes, list Event # 03202014A Cash Personal Check Money Order Credit/Debit Card	03/2	20/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Ashkar		John			0811
Residential Street Address	City			State	Zip Code
29 Fairmount Dr		Danbury		СТ	06811
Principal Occupation		Name of Employ	er		-
Real Estate		Coldw	vell Banker	-	
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		dependent enna c	x No		
Is this contribution associated with a fundamining event listed in Section 112.	Date	Received	Aggregate Contributions		
No Cash Personal Check	03/2	20/2014	\$100.00		\$100.00
If yes, list Event # 03202014A					
Last Name	First			MI	Contribution ID #
Ashkar		Ruth Ann			0812
Residential Street Address	City			State	Zip Code
29 Fairmount Dr		Danbury		СТ	06811
Principal Occupation		Name of Employ	er		
N/A Is contributor a principal of a state contractor or prospective state contractor?		N/A Is contributor a l	obbyist, spouse, or	Amoi	ant of Contribution
Yes A No)	dependent child o	of a lobbyist?	3	ant of Contribution
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with a fundamining event listed in Section 112	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1? No No Cash Personal Check		20/2011			
If yes, list Event # 03202014A	03/.	20/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Wagner		Laurence			0792
Residential Street Address	City			State	Zip Code
90 Transylvania Rd		Roxbury		СТ	06783
Principal Occupation		Name of Employ			
Consultant Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vo	Amot	int of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with.	Date	Received	Aggregate Contributions	1	
s this contribution associated with a fundraising event listed in Section J1? X Yes X Personal Check					
If yes list Event # 03202014A Cash X Personal Check No Money Order Credit/Debit Card	03/2	20/2014	\$100.00		\$100.00

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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. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Hanna		Joseph			0789				
Residential Street Address	City			State	Zip Code				
16 Centennial Dr		Danbury		СТ	06811				
Principal Occupation Real Estate Broker		Name of Employ							
			obbyist, spouse, or	Amou	unt of Contribution				
Yes X No	0	dependent child of	Voc	111100	ant of Continuation				
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with a X Voc Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? Cash Personal Check									
If yes, list Event # 03202014A No Money Order Credit/Debit Card	03/	20/2014	\$100.00		\$100.00				
	L				La . i . p. "				
Last Name	First	Tanu		MI	Contribution ID #				
Chory Residential Street Address	City	Tony		State	Zip Code				
26 Dale Rd	City	Trumbull		CT	06611				
Principal Occupation		Name of Employ	er	<u> </u>					
Engineer		Sikors	sky Aircraft						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	5	dependent child of	of a lobbyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
Cash X Personal Check	00.0	20/204.4	+400.00		+50.00				
If yes, list Event # 03202014A No Money Order Credit/Debit Card	03/.	20/2014	\$100.00		\$50.00				
Last Name	First			MI	Contribution ID #				
Greenberg		Lauren			0786				
Residential Street Address	City			State	Zip Code				
11 Wellington Ct		Danbury		СТ	06811				
Principal Occupation		Name of Employ	er						
Realtor		Self							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?			1.99.18						
If ves. list Event # 03202014A No Cash Personal Check Money Order Credit/Debit Card	03/	20/2014	\$100.00		\$100.00				
If yes, list Event # 03202014A									
Last Name	First			MI	Contribution ID #				
Yamin		Elizabeth			0778				
Residential Street Address	City			State	Zip Code				
88 Main St Apt 8B	<u> </u>	Danbury		СТ	06810				
Principal Occupation Retired		Name of Employ N/A	er						
			obbyist, spouse, or	Amou	unt of Contribution				
Yes X No	0	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
Tundraising event instead in Section 31:									
If yes, list Event # 03202014A No Money Order Credit/Debit Card	03/	20/2014	\$50.00		\$50.00				

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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. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Nassif		Josephine			0813				
Residential Street Address	City			State	Zip Code				
14 Sherry Ln		Danbury		СТ	06811				
Principal Occupation		Name of Employ	er						
Sales		Danbı	ury Beauty Supply						
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		аеренаен сина с	x No						
government the contract is with:	Data	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
No Cash X Personal Check	03/	20/2014	\$100.00		\$100.00				
If yes, list Event # 03202014A	03/.	20/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Antonios		Therese			0777				
Residential Street Address	City			State	Zip Code				
25 Padanaram Rd Unit 3		Danbury		СТ	06811				
Principal Occupation		Name of Employ	er		•				
N/A		N/A							
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?						
government the contract is with:			x _{No}						
Is this contribution associated with a fundamining event listed in Section 112.	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? Cash Personal Check									
If yes, list Event # 03202014A No Money Order Credit/Debit Card	03/2	20/2014	\$25.00		\$25.00				
T. AV	F: .			L	Louis B"				
Last Name	First	Edward		MI	Contribution ID #				
Essa Residential Street Address	City	Euwaru		State	Zip Code				
43 Rolfs Dr	City	Danbury		CT	06810				
Principal Occupation		Name of Employ	er	<u> </u>	1 00010				
President		Alarm							
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution				
)	dependent child of	·						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with a fundamining event listed in Section 112	Date	Received	Aggregate Contributions						
Tunidialising event listed in Section 31?									
If yes, list Event # 03202014A No Money Order X Credit/Debit Card	03/2	20/2014	\$100.00		\$100.00				
- · · ·				l					
Last Name	First	Danield		MI	Contribution ID #				
Mitchell Residential Street Address	City	Donald		State	Zip Code				
84 S Lake Shore Dr	City	Brookfield		CT	06804				
Principal Occupation		Name of Employ	er	<u> </u>	1 00004				
Information Requested			ert E Mitchell Co Inc						
			abbriet anauga ar	Amou	unt of Contribution				
Yes X No)	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	03/2	20/2014	\$100.00		\$100.00				

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I. MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	Ì		TYPE OF REPORT		
Team Boughton			April 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Alam		Mohammed			0795
Residential Street Address	City			State	Zip Code
9 Louis Allan Dr		Danbury		СТ	06811
Principal Occupation		Name of Employ	er		
Information Requested		Self			
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent enna c	x _{No}		
government the contract is with:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
No Cash X Personal Check	03/:	20/2014	\$100.00		\$100.00
If yes, list Event # 03202014A	00,		Ψ100.00		
Last Name	First			MI	Contribution ID #
Barek		Lowell			0803
Residential Street Address	City			State	Zip Code
79 Middle River Rd		Danbury		СТ	06811
Principal Occupation		Name of Employ	er	-	
Physician		Self		-	
Is contributor a principal of a state contractor or prospective state contractor?	,	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent child c			
government the contract is with: Executive Legislative					
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
No Cash Personal Check	02/	20/2014	\$100.00		\$100.00
If yes, list Event # 03202014A	03/.	20/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Jowdy		Richard			0809
Residential Street Address	City			State	Zip Code
137 Chamber Rd		Danbury		СТ	06811
Principal Occupation		Name of Employ	er		
Real Estate		Self			
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of	,	dependent child of	a loodyist:		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
No Cash X Personal Check	02/	20/2014	¢100.00		¢100.00
If yes, list Event # 03202014A Money Order Credit/Debit Card	03/.	20/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Uchida	Tilst	Susan		IVII	0790
Residential Street Address	City			State	Zip Code
44 Little Fox Ln	ĺ	Southbury		СТ	06488
Principal Occupation		Name of Employ	er		
Executive Assistant		Inforr	nation Requested		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a fundamining agent listed in Section 112	Date	Received	Aggregate Contributions		
Tunidasing event issed in Section 71:					
If yes list Event # 03202014A Solve In the list Event # 03202014A	03/2	20/2014	\$100.00		\$100.00

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I. MONETARY RECEIPT	S (S	ection A-I)	TYPE OF REPORT		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Type OF REPORT Team Boughton April 10 Filing - Original					
-					
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Najm		Benedetta		ļ	0806
Residential Street Address	City	New Milford		State	Zip Code 06776
11 Maplewood Dr Principal Occupation		Name of Employ	er	СТ	06776
N/A		N/A			
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l	obbyist, spouse, or Ye	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent enna e	x No		
government the contract is with:	Date	Received	Aggregate Contributions	-	
Is this contribution associated with a fundraising event listed in Section J1?					
If yes, list Event # 03202014A	03/	20/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Asmar		WIlliam			0788
Residential Street Address	City	-		State	Zip Code
12 Elmcrest Dr		Danbury		СТ	06811
Principal Occupation		Name of Employ	er	•	•
Sales / Service		Mutua	al Motors	_	
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Ye	Amou	ant of Contribution
If yes, indicate which branch or branches of government the contract is with:		dependent child of	or a looblyist?		
Is this contribution associated with a fundamining agent listed in Section 112	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1? No Cash R Personal Check	03/	20/2014	\$100.00		\$100.00
If yes, list Event # 03202014A	00,		4100.00		4100.00
Last Name	First			MI	Contribution ID #
Haddad		Delores			0779
Residential Street Address	City			State	Zip Code
14 Farview Avve Unit 1		Danbury		СТ	06810
Principal Occupation Housewife		Name of Employ	er		
		N/A Is contributor a l	obbyist, spouse, or	Amor	ant of Contribution
Yes A No)	dependent child of	of a lobbyist?	3	an of Contribution
If yes, indicate which branch or branches of government the contract is with:			x No		
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
If yes, list Event # 03202014A	03/	20/2014	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Michael	11130	Helena		1411	0780
Residential Street Address	City			State	Zip Code
5143 State St		Danbury		СТ	06810
Principal Occupation		Name of Employ	er	•	•
Music Teacher		Inforr	mation Requested		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le dependent child of	obbyist, spouse, or Of a lobbyist?	Amor	unt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a X Yes Method of contribution:	Date	Received	Aggregate Contributions		
Tunidasing event listed in Section 31:					
If yes list Event # 03202014A Solve In the list Event # 03202014A	03/	20/2014	\$50.00		\$50.00

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I, MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	5 (51	ction A-i)	TYPE OF REPORT						
Team Boughton			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Glynn		James			0782				
Residential Street Address	City			State	Zip Code				
10 Meridian Ridge Dr	ĺ	Newtown		СТ	06470				
Principal Occupation		Name of Employ	er						
Real Estate Agent		Self							
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with a Section 112 Yes Wethod of contribution:	Date	Received	Aggregate Contributions						
X Parsonal Check									
If yes, list Event # 03202014A No Money Order Credit/Debit Card	03/2	20/2014	\$100.00		\$100.00				
11 yes, in 27 ent in OSZOZOTIV.									
Last Name	First			MI	Contribution ID #				
Glynn		Toni			0783				
Residential Street Address	City			State	Zip Code				
27 Apple Blossom Ln		Danbury		СТ	06811				
Principal Occupation		Name of Employ	er						
Clerical		Pace	University						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of							
government the contract is with:			x _{No}						
Is this contribution associated with a fundacional organization for the second	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? Cash Personal Check									
If yes, list Event # 03202014A No Money Order Credit/Debit Card	03/2	20/2014	\$100.00		\$100.00				
				1					
Last Name	First			MI	Contribution ID #				
Glynn		Stacey			0784				
Residential Street Address	City			State	Zip Code				
27 Apple Blossom Ln	ļ	Danbury		СТ	06811				
Principal Occupation		Name of Employ							
Asst Marketing Mgr			ral Motors						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		•	x _{No}						
government the contract is with:	Date	Received	Aggregate Contributions						
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
No Cash X Personal Check	03/	20/2014	\$100.00		\$100.00				
If yes, list Event # 03202014A	03/.	20,2011	Ψ100.00		Ψ100.00 —————————————————————————————————				
Last Name	First			MI	Contribution ID #				
Binette		Robert			0785				
Residential Street Address	City			State	Zip Code				
2234 Avalon Valley Dr		Danbury		СТ	06810				
Principal Occupation		Name of Employ	er						
Sales Management			e Motors Mercedes						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a fundamining event listed in Section 112	Date	Received	Aggregate Contributions						
Tundraising event listed in Section 31:									
If yes, list Event # 03202014A Solution If yes, list Event # 03202014A Solution If yes, list Event # 03202014A	03/2	20/2014	\$100.00		\$100.00				

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I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Team Boughton	TYPE OF REPORT April 10 Filing - Original				
			, p.i. io i iiiig oligina.		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Dwyer		Steven			0787
Residential Street Address	City	D I6 - Il		State	Zip Code
54 Ledgewood Dr Principal Occupation		Brookfield Name of Employ	or	СТ	06804
Owner			a-Center		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent child of	x No		
government the contract is with:	Date	Received	Aggregate Contributions	ł	
fundraising event listed in Section J1?			1-88-184-1		
If yes, list Event # 03202014A No Cash Personal Check Money Order X Credit/Debit Card	03/	20/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
DeLucia		John			0793
Residential Street Address	City			State	Zip Code
8 Cambridge Dr		Danbury		СТ	06811
Principal Occupation		Name of Employ	er		
Real Estate		Self		,	
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No		
Is this contribution associated with a fundamining event listed in Section 112	Date	Received	Aggregate Contributions		
Cash					
If yes, list Event # 03202014A No Money Order Credit/Debit Card	03/	20/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
DeLucia		Peter			0794
Residential Street Address	City			State	Zip Code
16 Hayestown Rd # 3405	<u> </u>	Danbury		СТ	06811
Principal Occupation		Name of Employ	er		
Real Estate Is contributor a principal of a state contractor or prospective state contractor?		Self Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution
Yes 🔼 N	0	dependent child of		111104	in or commount
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
Tunidiasing event instead in Section 71:					
If yes, list Event # 03202014A No Cash Money Order Credit/Debit Card	03/	20/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Ramey		Warren			0796
Residential Street Address	City			State	Zip Code
18 Overlook Ter		Danbury		СТ	06811
Principal Occupation		Name of Employ	er		
Builder Is contributor a principal of a state contractor or prospective state contractor?		Self	obbyist, spouse, or	Amay	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o	dependent child of	Vac	Aillou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with: Is this contribution associated with a fundringing event listed in Section 112. X Yes Method of contribution:	Date	Received	Aggregate Contributions		
Tunidralising event listed in Section 31:					
If yes, list Event # 03202014A No Cash Personal Check	03/	20/2014	\$100.00		\$100.00

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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. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
O'Brien		Kevin			0798				
Residential Street Address	City			State	Zip Code				
1 Powderhorn Rdg	L	Danbury		СТ	06811				
Principal Occupation		Name of Employ							
Manager Is contributor a principal of a state contractor or prospective state contractor?			/ Bowes Inc obbyist, spouse, or	Amor	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	о	dependent child of	Vac	111104	ant of Controllion				
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with a X Voc Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? Cash Personal Check									
If yes, list Event # 03202014A No Money Order Credit/Debit Card	03/2	20/2014	\$100.00		\$100.00				
	I .								
Last Name	First			MI	Contribution ID #				
Asmar Residential Street Address	City	Ray		State	0799 Zip Code				
1 Fairmount Dr	City	Danbury		CT	06811				
Principal Occupation	<u>. </u>	Name of Employ	er	CI	1 00011				
Retired		N/A							
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	0	dependent child of	of a lobbyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
x Cash Personal Check									
If yes, list Event # 03202014A No Money Order Credit/Debit Card	03/2	20/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Dimyan	1 1150	Michael			0800				
Residential Street Address	City			State	Zip Code				
22 Merlins Ln		Newtown		СТ	06470				
Principal Occupation		Name of Employ	er	•	•				
Comm. Real Estate			r Realty						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent enna (x No						
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
No Cash X Personal Check	03/2	20/2014	\$100.00		\$100.00				
If yes, list Event # 03202014A									
Last Name	First			MI	Contribution ID #				
Barody		John			0801				
Residential Street Address	City			State	Zip Code				
94 Route 37 S	L	Sherman		СТ	06784				
Principal Occupation Self		Name of Employ							
			by Motorsports LLC obbyist, spouse, or	Amor	unt of Contribution				
Yes X No	0	dependent child of							
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1					
Tundraising event instead in Section 31:									
If yes, list Event # 03202014A No Money Order Credit/Debit Card	03/2	20/2014	\$100.00		\$100.00				

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I. MONETARY RECEIPT	S (S	ection A-I)	1			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Team Boughton April 10 Filing - Original						
Team Boughton April 10 Filing - Original						
B. Itemized Contributions from	m Ind	lividuals				
Last Name Barody	First	Daniel		MI	Contribution ID # 0802	
Residential Street Address	City	Daniel		State	Zip Code	
94 Route 37 S	5	Sherman		СТ	06784	
Principal Occupation	•	Name of Employ	er			
Environmental Scientist		City o	f Danbury			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a le dependent child of	obbyist, spouse, or	Amou	unt of Contribution	
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}			
Is this contribution associated with a X Voc Method of contribution:	Date	Received	Aggregate Contributions			
Cash Personal Check						
If yes, list Event # 03202014A No Money Order Credit/Debit Card	03/	20/2014	\$100.00		\$100.00	
Last Name	First			MI	Contribution ID #	
Buzaid		Norman			0804	
Residential Street Address	City			State	Zip Code	
9 Lakecrest Rd		Danbury		СТ	06810	
Principal Occupation		Name of Employ				
Self Is contributor a principal of a state contractor or prospective state contractor?			d Mutual obbyist, spouse, or	Amou	unt of Contribution	
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of	Vac	7 tinot	in or controution	
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No			
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions			
fundraising event listed in Section J1?						
If yes, list Event # 03202014A No Money Order Credit/Debit Card	03/	20/2014	\$100.00		\$100.00	
Last Name	First			MI	Contribution ID #	
Bielawa		Hank			0805	
Residential Street Address	City			State	Zip Code	
18 Rockledge Dr	<u> </u>	Redding		СТ	06896	
Principal Occupation		Name of Employ	er			
N/A Is contributor a principal of a state contractor or prospective state contractor?		N/A Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution	
Yes A No	0	dependent child of	37			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}			
Is this contribution associated with a fundamining event listed in Section 112	Date	Received	Aggregate Contributions			
Tunidialising event instead in Section 71:						
If yes, list Event # 03202014A No Cash Cash Personal Check No Money Order Credit/Debit Card	03/	20/2014	\$100.00		\$100.00	
Last Name	First			MI	Contribution ID #	
Jowdy		James			0807	
Residential Street Address	City			State	Zip Code	
4 Overlook Ter		Danbury		СТ	06811	
Principal Occupation		Name of Employ	er			
Real Estate Is contributor a principal of a state contractor or prospective state contractor?		Self Is contributor a l	obbyist, spouse, or	Amou	ant of Contribution	
Yes X No	0	dependent child of	Vac	1		
If yes, indicate which branch or branches of government the contract is with:			x _{No}			
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions]		
Tunidialising event listed in Section 31:						
If yes, list Event # 03202014A No X Money Order Credit/Debit Card	03/	20/2014	\$100.00		\$100.00	

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Team Boughton			April 10 Filing - Original					
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Haddad		Robin			0808			
Residential Street Address	City			State	Zip Code			
4 Delta Ave	<u> </u>	Danbury		СТ	06810			
Principal Occupation		Name of Employ						
Relocation Mgr Is contributor a principal of a state contractor or prospective state contractor?		Cartu:	11 1 ·	Amou	unt of Contribution			
Yes X No	0	dependent child of	Vac	7 tinot	ant of Contribution			
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with a X Voc Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? Cash Personal Check								
If yes, list Event # 03202014A No Money Order Credit/Debit Card	03/2	20/2014	\$100.00		\$100.00			
L AV	F: .			L	Louis B"			
Last Name Haddad	First	Tony		MI	Contribution ID #			
Residential Street Address	City	Tony		State	Zip Code			
4 Delta Ave		Danbury		СТ	06810			
Principal Occupation	-	Name of Employ	er					
Natural Stone Fabricator		Marbl	e & Granite Creations					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of	5	dependent child of	of a foodyist?					
government the contract is with:			x _{No}					
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
Cash X Personal Check	02/	20/2014	#100.00		±100.00			
If yes, list Event # Money Order Credit/Debit Card	03/.	20/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Struski		Ronald			0810			
Residential Street Address	City			State	Zip Code			
15 Topfield Rd		Danbury		СТ	06811			
Principal Occupation		Name of Employ	er					
Information Requested		Self						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		F	X No					
government the contract is with.	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
If yes, list Event # 03202014A No Cash Personal Check Money Order Credit/Debit Card	03/2	20/2014	\$100.00		\$100.00			
If yes, list Event # 03202014A								
Last Name	First			MI	Contribution ID #			
Hoyt		Janet			1081			
Residential Street Address	City			State	Zip Code			
36 Currituck Rd	<u> </u>	Newtown Name of Employ	or.	СТ	06470			
Principal Occupation Petroleum Distributor			ert E Mitchell Co Inc					
			abbriet anauga ar	Amou	ant of Contribution			
Yes X No	0	dependent child of	Vac					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1				
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	03/2	20/2014	\$100.00		\$100.00			

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I MONETADY DECEMBER (Continue A.D.								
I. MONETARY RECEIPT	5 (5)	ection A-I)	I					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Team Boughton			April 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
DeLucia		Angela			1084			
Residential Street Address	City			State	Zip Code			
88 Clapboard Rdg		Danbury		СТ	06811			
Principal Occupation		Name of Employ	er					
Real Estate		Self						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	Vac					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a fundamental section 112 Yes Wethold of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section 31:								
X No Cash X Personal Check	03/	20/2014	\$100.00		\$100.00			
If yes, list Event #		•			·			
Last Name	First			MI	Contribution ID #			
Agostinelli		Nathan			0674			
Residential Street Address	City	Nacrian		State	Zip Code			
26 Litchfield St	City	Manchester		CT	06040			
Principal Occupation		Name of Employ	ON.	CI	00040			
			ci					
Retired		N/A	11 14					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution			
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? Yes Method of contribution:	Date	Received	Aggregate Contributions					
If yes, list Event # Cash Credit/Debit Card	03/	20/2014	\$25.00		\$25.00			
Last Name	First			MI	Contribution ID #			
Wirag		Robert			0681			
Residential Street Address	City			State	Zip Code			
6 Lois St		Danbury		CT	06811			
Principal Occupation		Name of Employ	er					
Retired		N/A						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution			
	,	dependent child of	*					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section 31?								
X No Cash X Personal Check	03/	20/2014	\$50.00		\$50.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Curtis		Linda			0677			
Residential Street Address	City			State	Zip Code			
6 Birnam Wood Rd	City	Bethel		CT	06801			
Principal Occupation		Name of Employ	or	Ci	00001			
			al Communications Inc					
Manager Is contributor a principal of a state contractor or prospective state contractor?				A	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	in or Commounton			
If yes, indicate which branch or branches of			x _{No}					
government the contract is with: Executive Legislative	- F	n · ·						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
If yes, list Event # Cash Credit/Debit Card	03/	20/2014	\$100.00		\$100.00			

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I. MONETARY RECEIPT	S (S	ection A-I)	I was or nunonation		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Team Boughton April 10 Filing - Original					
Team Boughton			T provide a significant		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Buto		Sean			0688
Residential Street Address	City	5 1		State	Zip Code
55 Mill Plain Rd Principal Occupation		Danbury Name of Employ	or.	СТ	06810
Sales			a Minolta		
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or Ye	Amo	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent child c	x No	.	
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	\exists	
fundraising event listed in Section J1?			20 10		
If yes, list Event # X No X Cash Personal Check Money Order Credit/Debit Card	03/	20/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Santos		Manuel			0680
Residential Street Address	City			State	Zip Code
216 Oxford Ct		Meriden		СТ	06450
Principal Occupation		Name of Employ	er	•	•
Mayor		City o	f Meriden	_	
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or	Amor	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:		dependent child of	or a lobbyist?		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1? Yes X No Cash X Personal Check	03/	20/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card	03/.	20/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Barker		Lloyd			0740
Residential Street Address	City			State	Zip Code
34 Lilac Ln		Danbury		СТ	06810
Principal Occupation		Name of Employ			
Corporate Director		Alcoa		1	
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	obbyist, spouse, or Ye	Amo	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:			x No	,	
Is this contribution associated with a fundamining agent listed in Section 112	Date	Received	Aggregate Contributions		
No No Cash X Personal Check	03/	21/2014	\$100.00		\$100.00
If yes, list Event # 03212014A					
Last Name	First			MI	Contribution ID #
Baruer		Shauna			0733
Residential Street Address	City			State	Zip Code
34 Lilac Ln		Danbury		СТ	06810
Principal Occupation		Name of Employ	er		
Information Requested Is contributor a principal of a state contractor or prospective state contractor?		Self Is contributor a l	obbyist, spouse, or	Amo	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	•		
If yes, indicate which branch or branches of government the contract is with:			x No	<u>.</u>	
Is this contribution associated with a X Vos Method of contribution:	Date	Received	Aggregate Contributions	7	
Tunidasing event issed in Section 71:					
If yes list Event # 03212014A	03/	21/2014	\$100.00		\$100.00

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I. MONETARY RECEIPTS (Section A-I)								
	<u>s (s</u> i	ection A-1)	TYPE OF REPORT					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Type OF REPORT Team Boughton April 10 Filing - Original								
Team Boughton			April 10 1 lilling - Original					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
McPhee		Edward			0704			
Residential Street Address	City			State	Zip Code			
44 Belgian Cir		Bristol		СТ	06010			
Principal Occupation		Name of Employ	er					
Retired		N/A						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	nt of Contribution			
)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
tundraising event listed in Section 31?								
X No Cash X Personal Check	03/3	21/2014	\$100.00		\$100.00			
If yes, list Event #		-						
Last Name	First			MI	Contribution ID #			
Sholtes		Robert			0700			
Residential Street Address	City			State	Zip Code			
36 Peck Rd		Danbury		CT	06811			
Principal Occupation		Name of Employ	er	<u> </u>	00011			
Retired		N/A	Ci					
			obbyist, spouse, or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	37	Amou	nt of Contribution			
If yes, indicate which branch or branches of								
government the contract is with: Executive Legislative		.						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
Cash X Personal Check								
If yes, list Event # Money Order Credit/Debit Card	03/	21/2014	\$100.00		\$100.00			
-				l				
Last Name	First			MI	Contribution ID #			
Sholtes		Barbara			0701			
Residential Street Address	City			State	Zip Code			
36 Peck Rd		Danbury		СТ	06811			
Principal Occupation		Name of Employ	er					
Retired		N/A						
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	-	dependent child of	or a roodyrst:					
government the contract is with:			x _{No}					
Is this contribution associated with a fundraising event listed in Section 112	Date	Received	Aggregate Contributions					
Tandarasing event insect in Section 71:								
If yes, list Event # Cash Credit/Debit Card	03/	21/2014	\$100.00		\$100.00			
Noney order Cadabon Cada								
Last Name	First			MI	Contribution ID #			
Margiewicz		Vincent			0739			
Residential Street Address	City			State	Zip Code			
6 Nancy Ln		Brewster		NY	10509			
Principal Occupation		Name of Employ	er		•			
Contractor		WSelf	:					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	nt of Contribution			
)	dependent child of	of a foodyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
government the contract is with:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
No Cash Personal Check	03/	21/2014	\$100.00		\$100.00			
If yes, list Event # 03212014A Money Order X Credit/Debit Card	I '	-	,	I	-			

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Team Boughton			April 10 Filing - Original						
B. Itemized Contributions from	m Inc	lividuals							
Last Name	First			MI	Contribution ID #				
Nagarsheth		Monika			0737				
Residential Street Address	City			State	Zip Code				
2 Robinhood Rd		Danbury		СТ	06811				
Principal Occupation	-	Name of Employ	er	,	•				
Marketing Director		Self							
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	-	dependent child of	a lobbyist?						
government the contract is with:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? Method of contribution: X Yes Method of contribution:									
If yes, list Event # 03212014A No Cash X Personal Check Money Order Credit/Debit Card	03/	21/2014	\$100.00		\$100.00				
<u> </u>									
Last Name	First			MI	Contribution ID #				
Randolph		Patricia			0699				
Residential Street Address	City			State	Zip Code				
70 Deer Hill Ave		Danbury		СТ	06810				
Principal Occupation		Name of Employ	er						
Retired Is contributor a principal of a state contractor or prospective state contractor?		N/A	obbysist angues or	A.m.o.	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	·					
fundraising event listed in Section J1?	Dute	10001100	1.66. egate controlations						
X No Cash X Personal Check	03/	21/2014	\$100.00		\$100.00				
If yes, list Event #	,	, -	,	L					
Last Name	First			MI	Contribution ID #				
Nejame		Cynthia			1086				
Residential Street Address	City			State	Zip Code				
35 Walnut Hill Rd		Bethel		СТ	06801				
Principal Occupation		Name of Employ	er						
Teacher		Danb	ury Public Schools						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent cinia (x No						
government the contract is with: Executive Legislative		D : 1							
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash X Personal Check	03/	21/2014	\$100.00		\$100.00				
If yes, list Event # Money Order	03/	21/2014	\$100.00						
Last Name	First			MI	Contribution ID #				
Durgy		William			1082				
Residential Street Address	City			State	Zip Code				
44 High Ridge Rd		Brookfield		СТ	06804				
Principal Occupation	-	Name of Employ	er	,	•				
Information Requested		Norbe	ert E Mitchell Co Inc						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution				
If yes, indicate which branch or branches of									
government the contract is with:	D.	D i 4		l					
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash X Personal Check	02/	21/2014	¢100 00		¢100 00				
If yes, list Event # Money Order Credit/Debit Card	03/	21/2014	\$100.00	1	\$100.00				

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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								
<u> </u>			1					
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Mitchell		Norbert			1077			
Residential Street Address	City	Dankan		State	Zip Code			
130 S King St Principal Occupation	L	Danbury Name of Employ	or	СТ	06811			
Manager			ert E Mitchell Co Inc					
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Ye	Amou	unt of Contribution			
If yes, indicate which branch or branches of government the contract is with:			x No					
Is this contribution associated with a Souther High South	Date	Received	Aggregate Contributions	1				
tundraising event listed in Section 31?								
If yes, list Event # Cash Credit/Debit Card	03/2	21/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Mitchell		Mary			1078			
Residential Street Address	City	,		State	Zip Code			
3 Glen Hill Rd # 302		Danbury		СТ	06811			
Principal Occupation		Name of Employ	er		•			
Retired		N/A						
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or Ye	Amou	ant of Contribution			
If yes, indicate which branch or branches of government the contract is with:		dependent enna c	x No					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1				
fundraising event listed in Section J1?								
If yes, list Event # Cash X Personal Check Money Order Credit/Debit Card	03/2	21/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Ippolito		Stephen			0775			
Residential Street Address	City			State	Zip Code			
138 Hoyts HI		Bethel		СТ	06801			
Principal Occupation		Name of Employ	er					
Sr Product Mgr		Lanyo						
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	Is contributor a le dependent child of	obbyist, spouse, or Ye Ye	S	unt of Contribution			
If yes, indicate which branch or branches of government the contract is with:			x No					
Is this contribution associated with a fundamining event listed in Section 112	Date	Received	Aggregate Contributions					
No Cash Personal Check	03/2	21/2014	\$100.00		\$100.00			
If yes, list Event # 03212014A								
Last Name	First			MI	Contribution ID #			
Levy		Arthur			0734			
Residential Street Address	City			State	Zip Code			
16 Hayestown Rd	L	Danbury		СТ	06811			
Principal Occupation Consultants		Name of Employ						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Goldshoirt Ye	Amoi	unt of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a foodyist?					
government the contract is with:			x _{No}	_				
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
No Cash Personal Check		24 /2014	+100.00		±100 00			
If yes list Event # 03212014A No Money Order X Credit/Debit Card	03/2	21/2014	\$100.00	I	\$100.00			

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I. MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Team Boughton			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals	•		
Last Name	First			MI	Contribution ID #
Monaco		Robert			0735
Residential Street Address	City			State	Zip Code
17 Rambling Brook Ln	L.,	Poughkeepsi	e	NY	12601
Principal Occupation		Name of Employ	er		
Law Enforcement			ess County		
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a fundamining quest listed in Section 112	Date	Received	Aggregate Contributions	1	
Tunidialising event listed in Section 31:					
If yes, list Event # 03212014A No Cash Credit/Debit Card	03/2	21/2014	\$100.00		\$100.00
in yes, list event # 03212014A					
Last Name	First			MI	Contribution ID #
Hart		Guy			0736
Residential Street Address	City			State	Zip Code
8 Beechwood Dr	L	Danbury		СТ	06810
Principal Occupation		Name of Employ	er		
Sales		Ring's	s End		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of		аеренаен сина с			
government the contract is with:			x _{No}		
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions		
Cook X Boroand Chook					
If yes, list Event # 03212014A No Cash Credit/Debit Card	03/2	21/2014	\$60.00		\$60.00
Last Name	First			MI	Contribution ID #
Grove	FIISt	Justin		IVII	0741
Residential Street Address	City	Justin		State	Zip Code
766 Traver Rd	City	Pleasant Vall	ΑV	NY	12569
Principal Occupation	<u> </u>	Name of Employ	•	<u> </u>	12303
Construction		Self	•		
			obbyist, spouse, or	Amou	ant of Contribution
Yes 🔼 N	0	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Table 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
No Service Personal Check	03/2	21/2014	\$100.00		\$100.00
If yes, list Event# 03212014A					
Last Name	First			MI	Contribution ID #
Ocskasy		Robert			0742
Residential Street Address	City			State	Zip Code
27 Breezy Hill Dr		Wingdale		NY	12594
Principal Occupation		Name of Employ	er	-	•
Glazier		Self			
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of	_	dependent child of	1 a 1000yist?		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a fundamining event listed in Section 112	Date	Received	Aggregate Contributions		
Tundraising event listed in Section 31?					
If yes, list Event # 03212014A	03/2	21/2014	\$100.00		\$100.00

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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. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Palmer		James			0702				
Residential Street Address	City			State	Zip Code				
52 Turkey Plain Rd		Bethel		СТ	06801				
Principal Occupation Civil Engineer		Name of Employ Self	er						
			obbyist, spouse, or	Amou	unt of Contribution				
Yes X No	0	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
Tundraising event instead in Section 31:									
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	03/	21/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Repasky	FIISt	Betty		IVII	0703				
Residential Street Address	City	Detty		State	Zip Code				
4 Vista Dr		Brookfield		СТ	06804				
Principal Occupation	•	Name of Employ	er		•				
Retired		N/A		_					
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent child (
government the contract is with: Executive	D-4-	D i 4							
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash X Personal Check	03/	21/2014	\$50.00		\$50.00				
If yes, list Event #	00/		φ30.00						
Last Name	First			MI	Contribution ID #				
Seabury		John			0705				
Residential Street Address	City			State	Zip Code				
219 Emmans Rd		Flanders		NJ	07836				
Principal Occupation		Name of Employ	er						
Consultant Is contributor a principal of a state contractor or prospective state contractor?		Self	obbyist, spouse, or	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of		7 tinot	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
Tundraising event risted in Section 31?									
If yes, list Event # Cash Credit/Debit Card	03/	21/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Anburajan	1 1150	Vasumathi			0738				
Residential Street Address	City			State	Zip Code				
9 Rita Dr		New Fairfield		СТ	06812				
Principal Occupation		Name of Employ	er	-					
Account Executive		Cartu							
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
If yes, list Event # 03212014A	03/	21/2014	\$100.00		\$100.00				

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I, MONETARY RECEIPTS (Section A-I)									
	2 (20	ection A-I)	TYPE OF REPORT						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Team Boughton	April 10 Filing - Original								
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Joseph		Thomas			0706				
Residential Street Address	City			State	Zip Code				
8 Schoolhouse Dr		Danbury		СТ	06811				
Principal Occupation		Name of Employ	er						
N/A		N/A							
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	nt of Contribution				
)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with a	Date	Received	Aggregate Contributions	1					
rundraising event listed in Section 31?									
X No Cash Personal Check	03/	22/2014	\$50.00		\$50.00				
If yes, list Event # Money Order X Credit/Debit Card									
Last Name	First			MI	Contribution ID #				
Roth		Richard			0707				
Residential Street Address	City			State	Zip Code				
7 Bernlou Dr		Danbury		СТ	06811				
Principal Occupation		Name of Employ	er		00011				
Information Requested		1 7	nation Requested						
			obbyist spouse or	Amou	ınt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Vac	711100	ant of continuation				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with: Is this contribution associated with a Method of contribution:	Doto	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
Cash Personal Check	02/	22/2014	#3F 00		+ 25.00				
If yes, list Event # Money Order X Credit/Debit Card	03/.	22/2014	\$25.00		\$25.00				
					La . z . m #				
Last Name	First			MI	Contribution ID #				
Isabelle		Allen			0708				
Residential Street Address	City			State	Zip Code				
6 Autumns Way		Brookfield		СТ	06804				
Principal Occupation		Name of Employ							
Information Requested		Inforr	mation Requested						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a labbyist? Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of		dependent child (•						
government the contract is with:			x _{No}						
Is this contribution associated with a fundraising event listed in Section 112	Date	Received	Aggregate Contributions						
Tandarasing event insect in Section 71:									
If yes, list Event # Cash Credit/Debit Card	03/	22/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Sinnott		Bill			0709				
Residential Street Address	City			State	Zip Code				
25 W Pine Dr		Danbury		СТ	06811				
Principal Occupation		Name of Employ	er						
Retired		N/A							
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a foodyist?						
government the contract is with:			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
If yes, list Event # Cash Credit/Debit Card	03/	22/2014	\$50.00		\$50.00				
,, Cloud Debit Card									

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I. MONETARY RECEIPT	S (S	ection A-I)	TYPE OF DEDORATE	,		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Type OF REPORT Team Boughton April 10 Filing - Original						
B. Itemized Contributions from		lividuals				
Last Name	First			MI	Contribution ID #	
McInerney	a:	Thomas		G: -	0710	
Residential Street Address	City	Didaefield		State	Zip Code 06877	
41 Topstone Rd Principal Occupation	<u> </u>	Ridgefield Name of Employ	er	СТ	06877	
Contractor		Self				
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le dependent child of	obbyist, spouse, or	Amo	unt of Contribution	
If yes, indicate which branch or branches of Executive Legislative		dependent enna e	x N	o		
Is this contribution associated with a Mathod of contribution.	Date	Received	Aggregate Contributions			
fundraising event listed in Section J1?						
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	03/	22/2014	\$100.00		\$100.00	
Last Name	First			MI	Contribution ID #	
Honeyford		David			0748	
Residential Street Address	City			State	Zip Code	
7 Candleview Rd		Brookfield		СТ	06804	
Principal Occupation		Name of Employ	er	•	•	
IT Consultant		Self		_		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or	Amo [*]	unt of Contribution	
If yes, indicate which branch or branches of government the contract is with:		dependent child of	x N			
Is this contribution associated with a fundringing agent listed in Section 112.	Date	Received	Aggregate Contributions			
No Cash X Personal Check	03/	22/2014	\$100.00		\$100.00	
If yes, list Event # 03222014A						
Last Name	First			MI	Contribution ID #	
McInerney		Monica			0749	
Residential Street Address	City			State	Zip Code	
7 Candleview Rd	<u> </u>	Brookfield		СТ	06804	
Principal Occupation Procurement Executive		Name of Employ	er / Bowes Inc			
		,		Amo	unt of Contribution	
Yes A No	0	dependent child of	of a lobbyist?	es		
If yes, indicate which branch or branches of government the contract is with:			X N	o		
Is this contribution associated with a fundamining agent listed in Section 112	Date	Received	Aggregate Contributions			
No No Cash X Personal Check	03/	22/2014	\$100.00		\$100.00	
If yes, list Event # 03222014A						
Last Name	First			MI	Contribution ID #	
McInerney		Kristen			0751	
Residential Street Address	City			State	Zip Code	
6 Woods Rd		Tuxedo		NY	10987	
Principal Occupation		Name of Employ				
Teacher Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amo	unt of Contribution	
Yes X No	0	dependent child of	of a lobbyist?	es		
If yes, indicate which branch or branches of government the contract is with:			x N	o		
Is this contribution associated with a X Vos Method of contribution:	Date	Received	Aggregate Contributions			
Tunidasing event issed in Section 31:						
If yes list Event # 03222014A Solution No Solution No Money Order Credit/Debit Card	03/	22/2014	\$100.00		\$100.00	

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I. MONETARY RECEIPT	S (Se	ection A-I)	TYPE OF REPORT			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Team Boughton April 10 Filing - Original						
B. Itemized Contributions from	n Ind	lividuals				
Last Name	First			MI	Contribution ID #	
McInerney	O.	Theodore		0	0752	
Residential Street Address 6 Woods Rd	City	Tuvada		State	Zip Code 10987	
Principal Occupation		Tuxedo Name of Employ	er	NY	10987	
Information Requested			utershare			
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Ye	Amou	unt of Contribution	
If yes, indicate which branch or branches of Executive Legislative		dependent child c	x No	.		
government the contract is with:	Date	Received	Aggregate Contributions	7		
Is this contribution associated with a fundraising event listed in Section J1?						
If yes, list Event # 03222014A	03/2	22/2014	\$100.00		\$100.00	
Last Name	First			MI	Contribution ID #	
McInerney		Todd			0754	
Residential Street Address	City			State	Zip Code	
33 Sterling Dr		New Milford		СТ	06776	
Principal Occupation		Name of Employ	er	-	•	
IT Manager		WCSU	J			
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or Ye	Amou	unt of Contribution	
If yes, indicate which branch or branches of government the contract is with:		dependent enna c	x No			
Is this contribution associated with a	Date	Received	Aggregate Contributions	1		
No Cash X Personal Check	03/2	22/2014	\$100.00		\$100.00	
If yes, list Event # 03222014A						
Last Name	First			MI	Contribution ID #	
McInerney		Tammy			0755	
Residential Street Address	City			State	Zip Code	
33 Sterling Dr		New Milford		СТ	06776	
Principal Occupation		Name of Employ	er			
N/A Is contributor a principal of a state contractor or prospective state contractor?		N/A	obbyist, spouse, or	Amor	unt of Contribution	
Yes 🔼 No)	dependent child of	of a lobbyist?	S	ant of Contribution	
If yes, indicate which branch or branches of government the contract is with:			x No			
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions			
No Cash X Personal Check	03/2	22/2014	\$100.00		\$100.00	
If yes, list Event # 03222014A						
Last Name	First			MI	Contribution ID #	
Mead		Edward			0756	
Residential Street Address	City			State	Zip Code	
39 Highland Ave		Danbury		СТ	06810	
Principal Occupation Carpenter		Name of Employ Self	er			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Ye	Amou	unt of Contribution	
If yes, indicate which branch or branches of		dependent child of	or a roodyist?			
government the contract is with:			x No	4		
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions			
No Cash X Personal Check	U3/	22/2014	\$100.00		\$100.00	
If yes list Event # 03222014A Money Order Credit/Debit Card	l ^{03/}	~~/ ~U14	\$100.00	1	Ψ±00.00	

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	o (o	201011 A-1)	TYPE OF REPORT					
Team Boughton			April 10 Filing - Original					
B. Itemized Contributions from Individuals								
		iividuais						
Last Name McInerney	First	Deirdre		MI	Contribution ID # 0764			
Residential Street Address	City			State	Zip Code			
41 Topstone Rd	,	Ridgefield		СТ	06877			
Principal Occupation		Name of Employ	er					
Office Manager		Alexa	nder Julian Inc					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with.	Date	Received	Aggregate Contributions					
Is this contribution associated with a fundraising event listed in Section J1? X Yes Method of contribution:								
If yes, list Event # 03222014A	03/2	22/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Heinsohn		Katherine			0757			
Residential Street Address	City			State	Zip Code			
395 N Salem Rd		Ridgefield		СТ	06877			
Principal Occupation		Name of Employ						
Office Manager			Guys Inc					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent enna e	x _{No}					
government the contract is with:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?			86 8					
If yes, list Event # 03222014A	03/2	22/2014	\$100.00		\$100.00			
<u> </u>					-			
Last Name	First			MI	Contribution ID #			
Heinsohn		Peter			0758			
Residential Street Address	City			State	Zip Code			
395 N Salem Rd		Ridgefield		СТ	06877			
Principal Occupation		Name of Employ	er					
Retired		N/A						
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a fundamining event listed in Section 112	Date	Received	Aggregate Contributions					
fundaising event listed in Section 31:								
If yes, list Event # 03222014A	03/2	22/2014	\$100.00		\$100.00			
LAN	г				G (3 (B)			
Last Name	First	loon		MI	Contribution ID # 0759			
Heinsohn Residential Street Address	City	Joan		Ct-t-				
395 N Salem Rd	City	Didaofiold		State CT	Zip Code 06877			
		Ridgefield	ON.	Ci	00077			
Principal Occupation Sales		Name of Employ Macy'						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution			
If yes, indicate which branch or branches of)	dependent child of	of a foodyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a fundamining quent listed in Section 112	Date	Received	Aggregate Contributions					
Tundraising event listed in Section 31:								
If yes, list Event # 03222014A No Money Order Credit/Debit Card	03/2	22/2014	\$100.00		\$100.00			

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I. MONETARY RECEIPT	S (S	ection A-I)	1						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Team Boughton			TYPE OF REPORT April 10 Filing - Original						
Team Boughton									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Krystopa		Roger			0760				
Residential Street Address	City			State	Zip Code				
21 Lakeside Rd		Danbury Name of Employ	ON .	СТ	06811				
Principal Occupation Retired		N/A	ei						
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of Executive Legislative		dependent child (x No						
government the contract is with:	Date	Received	Aggregate Contributions						
Is this contribution associated with a fundraising event listed in Section J1?									
If yes, list Event # 03222014A	03/	22/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Van Valkenburgh		Linda			0761				
Residential Street Address	City			State	Zip Code				
2 White Oak Dr		Danbury		СТ	06811				
Principal Occupation		Name of Employ	er						
Owner		,	ecutive Career Coach LLC						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		dependent enna (x _{No}						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? Cash X Personal Check If yes, list Event # 03222014A No Money Order Credit/Debit Card	03/	22/2014	\$100.00		\$100.00				
If yes, list Event # USZZZZOTYA INDICY Order I Credit Debit Cald				<u> </u>					
Last Name	First			MI	Contribution ID #				
McInerney		Timothy			0762				
Residential Street Address	City	Condy Hook		State	Zip Code 06482				
2 Aspen Ln Principal Occupation	<u> </u>	Sandy Hook Name of Employ	er	СТ	06482				
Marketing Director		Seale							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No			obbyist, spouse, or Yes	Amou	ant of Contribution				
Yes 🔼 N	0	dependent child of							
If yes, indicate which branch or branches of government the contract is with:			x No						
Is this contribution associated with a fundamining event listed in Section 112	Date	Received	Aggregate Contributions						
Tunidialising event instead in Section 71:									
If yes, list Event # 03222014A No Cash Credit/Debit Card	03/	22/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Cinque		Stephanie			0763				
Residential Street Address	City			State	Zip Code				
2 Aspen Ln		Sandy Hook		СТ	06482				
Principal Occupation		Name of Employ							
Executive Director			ency Center of Newtown						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with.	Date	Received	Aggregate Contributions	1					
fundraising event listed in Section J1?			55 -5						
If yes list Event # 03222014A No Cash X Personal Check	03/	22/2014	\$100.00		\$100.00				

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I, MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	5 (51	cuon A-1)	TYPE OF REPORT						
Team Boughton			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Mitchell		Matthew			1076				
Residential Street Address	City			State	Zip Code				
32 Hidden Brook Dr	ĺ	Brookfield		СТ	06804				
Principal Occupation		Name of Employ	er						
Manager		Norbe	ert E Mitchell Co Inc						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x No						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
Tunidasing event instead in Section 31:									
If yes, list Event # Cash Credit/Debit Card	03/2	22/2014	\$100.00		\$100.00				
in yes, list Evenit#									
Last Name	First			MI	Contribution ID #				
Riess		Francis			0746				
Residential Street Address	City			State	Zip Code				
16 Shady Ln		Redding		СТ	06896				
Principal Occupation		Name of Employ	er						
Stock Broker		UBS S	Stamford	_					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a foodyist?						
government the contract is with:			x _{No}						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
Tundraising event listed in Section 31?									
If yes, list Event # 03222014A No Money Order Credit/Debit Card	03/2	22/2014	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
Riess		Norma			0747				
Residential Street Address	City			State	Zip Code				
16 Shady Ln	<u> </u>	Redding		СТ	06896				
Principal Occupation		Name of Employ	er						
Homemaker		N/A							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x No						
government the contract is with:	Doto	Received	Aggregate Contributions						
Is this contribution associated with a fundraising event listed in Section J1? X Yes Method of contribution:	Date	Received	Aggregate Contributions						
No Cash X Personal Check	03/	22/2014	\$100.00		\$100.00				
If yes, list Event # 03222014A	03/.	22/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
McInerney	1 1150	Mary			0753				
Residential Street Address	City	i idi y		State	Zip Code				
22 Lisa Ln		Ridgefield		СТ	06877				
Principal Occupation		Name of Employ	er						
Retired		N/A							
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution				
)	dependent child of	of a foodyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a fundaming award listed in Section 112.	Date	Received	Aggregate Contributions						
Tundraising event listed in Section 31:									
If yes, list Event # 03222014A Cash X Personal Check No	03/2	22/2014	\$100.00		\$100.00				

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I. MONETARY RECEIPT	S (Se	ection A-I)	Type of penone		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Type OF REPORT Team Boughton April 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Brodginski		Anne			0750
Residential Street Address	City	D: 4 6: - 1 4		State	Zip Code
120-41 Prospect St Principal Occupation		Ridgefield Name of Employ	or	СТ	06877
Retired		N/A	ei		
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l	obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent child c	x No		
government the contract is with:	Date	Received	Aggregate Contributions	-	
s this contribution associated with a fundraising event listed in Section J1?					
If yes, list Event # 03222014A	03/2	22/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Pappolla		Robert			0745
Residential Street Address	City			State	Zip Code
19-14 Prospect Rdg		Ridgefield		СТ	06877
Principal Occupation		Name of Employ	er	-	-
Retired		N/A			
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of government the contract is with:		dependent enna c	x No		
Is this contribution associated with a fundamining agent listed in Section 112	Date	Received	Aggregate Contributions	1	
No Cash X Personal Check	03/2	22/2014	\$50.00		\$50.00
If yes, list Event # 03222014A		·			
Last Name	First			MI	Contribution ID #
Hill		Ronald			0835
Residential Street Address	City			State	Zip Code
15 East Rdg		Ridgefield		СТ	06877
Principal Occupation		Name of Employ			
Engineer Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution
Yes A No)	dependent child of	V-	3	ant of Contribution
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
If yes, list Event # 03232014A No Cash	03/2	23/2014	\$50.00		\$50.00
				1	T
Last Name	First	Dath		MI	Contribution ID #
Savona Residential Street Address	City	Beth		State	0834 Zip Code
19 Center Ter	City	Stamford		CT	06906
Principal Occupation		Name of Employ	er	1 3.	1 00000
Paralegal		Law C	Office of John R Harness		
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with a X Yes Method of contribution:	Date	Received	Aggregate Contributions	1	
Tunidasing event listed in Section 31:					
If yes list Event # 03232014A Solution No Cash Credit/Debit Card	03/2	23/2014	\$100.00		\$100.00

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I. MONETARY RECEIPTS (Section A-I)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Type OF REPORT April 10 Filing - Original							
Team Boughton							
B. Itemized Contributions from	n Ind	lividuals					
Last Name	First				MI	Contribution ID #	
Savino		Joseph				0836	
Residential Street Address	City	D: 1 G 11			State	Zip Code	
71 Saint Johns Rd Principal Occupation		Ridgefield Name of Employe	or .		СТ	06877	
Sales Executive		IBM	ci				
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le	obbyist, spouse, or f a lobbyist?	Yes	Amou	nt of Contribution	
If yes, indicate which branch or branches of government the contract is with:			x	No			
Is this contribution associated with a fundaming award listed in Section 112.	Date	Received	Aggregate Contributions				
fundraising event listed in Section J1? Cash Personal Check							
If yes, list Event # 03232014A	03/2	23/2014	\$100.00			\$100.00	
Last Name	First			П	MI	Contribution ID #	
Kleinhans		John				0711	
Residential Street Address	City				State	Zip Code	
910 15th St NW Apt 912		Washington			DC	20005	
Principal Occupation		Name of Employe	er				
Consultant		Revol	utionary Strategies LLC				
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or	Yes	Amou	nt of Contribution	
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		dependent enna o	x	No			
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions				
fundraising event listed in Section J1?							
If yes, list Event # Cash Cash Personal Check Money Order X Credit/Debit Card	03/2	24/2014	\$100.00			\$100.00	
Last Name	First				MI	Contribution ID #	
Nedu		Daniela				0712	
Residential Street Address	City				State	Zip Code	
53 Bogus Hill Rd		New Fairfield			CT	06812	
Principal Occupation		Name of Employ	er				
Mechanical Engineer			ell Energy				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	Yes	Amou	nt of Contribution	
If yes, indicate which branch or branches of government the contract is with:			-	No			
Is this contribution associated with a	Date	Received	Aggregate Contributions				
tundraising event listed in Section 31?							
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	03/2	24/2014	\$100.00			\$100.00	
Last Name	First				MI	Contribution ID #	
Mehta		Nemishh				0713	
Residential Street Address	City				State	Zip Code	
26 Dunleary Dr		Bear			DE	19701	
Principal Occupation		Name of Employ	er				
Physician		Bear 1	Internal Medicine and Pe	ediatr	ics		
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	Yes	Amou	nt of Contribution	
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x	No			
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions				
tundraising event listed in Section 31?							
If yes list Event # Cash Personal Check No Cash Personal Check	03/2	24/2014	\$50.00			\$50.00	

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	5 (5 6	24011 A-1)	TYPE OF REPORT					
Team Boughton			April 10 Filing - Original					
B. Itemized Contributions from Individuals								
		iividuais		<u> </u>				
Last Name	First			MI	Contribution ID #			
Hashem	a:	Thomas		a	0714			
Residential Street Address	City			State	Zip Code			
4001 Pelham Rd Apt 265		Greer	or .	SC	29650			
Principal Occupation Retired		Name of Employ N/A	er					
			obbyist, spouse, or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child o	Vac	Amou	iit of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
tundraising event risted in Section 31?								
If yes, list Event # Cash Credit/Debit Card	03/2	24/2014	\$25.00		\$25.00			
Last Name	First			MI	Contribution ID #			
Diker		Fred			0717			
Residential Street Address	City			State	Zip Code			
15 Maple Ridge Rd	L.,	Danbury		СТ	06811			
Principal Occupation		Name of Employ	er					
Retired		N/A						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a foodyist?					
government the contract is with:			x No					
Is this contribution associated with a Method of contribution: Section 112 Yes	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? Cash Personal Check								
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	03/2	24/2014	\$25.00		\$25.00			
Last Name	First			MI	Contribution ID #			
Robertazzi	riist	Thomas		IVII	0719			
Residential Street Address	City	IIIUIIIas		State				
	City	Danbury		CT	Zip Code 06811			
11 Heritage Dr Principal Occupation		Name of Employ	or	CI	00011			
Retired		N/A	ci					
			obbyist, spouse, or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of		111104	in or commount			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? Yes Yes Cash Regresonal Check								
If yes, list Event # Cash X Personal Check Money Order Credit/Debit Card	03/2	24/2014	\$25.00		\$25.00			
				L				
Last Name	First			MI	Contribution ID #			
Daly		Virginia			0884			
Residential Street Address	City			State	Zip Code			
8 Winthrop Blvd		Cromwell		СТ	06416			
Principal Occupation		Name of Employ						
HR Coordinator Is contributor a principal of a state contractor or prospective state contractor?			ey Black & Decker	A	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
government the contract is with:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?			-					
If yes, list Event # 03242014B	03/2	24/2014	\$100.00		\$100.00			

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I. MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Team Boughton			April 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Daly		Michael			0885
Residential Street Address	City			State	Zip Code
8 Winthrop Blvd		Cromwell		СТ	06416
Principal Occupation		Name of Employ			
Fund Administrator			e Trade Benefit Funds		
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution
If yes, indicate which branch or branches of Executive Legislative		•	x _{No}		
government the contract is with:	Date	Received	Aggregate Contributions		
Is this contribution associated with a fundraising event listed in Section J1?					
If yes, list Event # 03242014B	03/2	24/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Talento Residential Street Address	City	Catrena		Ct-t-	0886
	City	Mawidan		State	Zip Code
293 Glen Hills Rd Principal Occupation		Meriden Name of Employ	or	СТ	06451
Retirement Coordinator			oe Trade Benefit Funds		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	int of Contribution
)	dependent child of	f a lobbyist?		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No		
Is this contribution associated with a	Date	Received	Aggregate Contributions		
X Cash Personal Check					
If yes, list Event # 03242014B No Money Order Credit/Debit Card	03/2	24/2014	\$100.00		\$100.00
LadVaria	First			\	Ct-ib-ti ID#
Last Name Welch	First	Donna		MI	Contribution ID # 0887
Residential Street Address	City	Donna		State	Zip Code
778 Shuttle Meadow Rd	City	Southington		CT	06489
Principal Occupation		Name of Employ	er	<u> </u>	00.03
Teacher			f New Britain		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution
Yes No)	dependent child of			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No		
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
Tunidiaising event risted in Section 31?					
If yes, list Event # 03242014B	03/2	24/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Welch	FIISt	John		IVII	0888
Residential Street Address	City	301111		State	Zip Code
778 Shuttle Meadow Rd	City	Southington		CT	06489
Principal Occupation		Name of Employ	er	<u> </u>	
Retired		N/A			
Is contributor a principal of a state contractor or prospective state contractor?	,	Is contributor a l	obbyist, spouse, or for lobbyist? Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of	_	dependent child of	i a lobbyist?		
government the contract is with:			x No		
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
Tunidasing event issed in Section 31:					
If yes list Event # 03242014B	03/2	24/2014	\$100.00		\$100.00

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	o (o	24011 A-1)	TYPE OF REPORT					
Team Boughton			April 10 Filing - Original					
B. Itemized Contributions from Individuals								
	First			MI	Contribution ID #			
Last Name O'Hara	First	Vincent		MI	0889			
Residential Street Address	City			State	Zip Code			
60 Sleep Hollow Rd		Fairfield		СТ	06824			
Principal Occupation		Name of Employ	er					
Attorney		Holm	& O'Hara LLP					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent ennu e	x No					
government the contract is with.	Data	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions					
No No Personal Check	03/2	24/2014	\$100.00		\$100.00			
If yes, list Event # 03242014B								
Last Name	First			MI	Contribution ID #			
Bruno		Todd			0890			
Residential Street Address	City			State	Zip Code			
18 Maclein Dr		Southington		СТ	06489			
Principal Occupation		Name of Employ	er					
Plumber		James	s T Kay					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or General Administration Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	, 	dependent child of	if a lobbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
Tundraising event fisted in Section 31?								
If yes, list Event # 03242014B No Money Order Credit/Debit Card	03/2	24/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Ibelshauser	FIISt	Ruth		IVII	0891			
Residential Street Address	City			State	Zip Code			
108 Pleasant Ave		East Haven		СТ	06512			
Principal Occupation		Name of Employ	er	<u> </u>	00012			
Office Manager		MCAC						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
)	dependent child of						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with a fundamining quent listed in Section 112	Date	Received	Aggregate Contributions					
tundraising event risted in Section 31:								
If yes, list Event # 03242014B No Service And Service	03/2	24/2014	\$100.00		\$100.00			
Last Name	First	•		MI	Contribution ID #			
Johnson	riist	Kristen		IVII	0892			
Residential Street Address	City	Kristeri		State	Zip Code			
132 N Branford Rd	City	Wallingford		CT	06492			
Principal Occupation		Name of Employ	er	<u> </u>				
Paralegal		Aetna						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	i a lobbyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a fundamining quent listed in Section 112	Date	Received	Aggregate Contributions					
tundraising event listed in Section 31?								
If yes, list Event # 03242014B	03/2	24/2014	\$100.00		\$100.00			

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I. MONETARY RECEIPT	S (S	ection A-I)	TWDE OF DEDODE			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT April 10 Filing - Original						
Team Boughton April 10 Filing - Original						
B. Itemized Contributions from	m Ind	lividuals			-	
Last Name	First			MI	Contribution ID #	
Azzolina		Martin			0893	
Residential Street Address	City	M III 6 I		State	Zip Code	
132 N Branford Rd Principal Occupation	L	Wallingford Name of Employe	or .	СТ	06492	
Manager		Aetna	ci			
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution	
If yes, indicate which branch or branches of Executive Legislative		dependent child of	x No			
government the contract is with:	Date	Received	Aggregate Contributions	-		
fundraising event listed in Section J1?	Bute	recerred	11gg. ogute commounts			
If yes, list Event # 03242014B	03/	24/2014	\$100.00		\$100.00	
Last Name	First			MI	Contribution ID #	
Case		Audrey			0894	
Residential Street Address	City	· · · · · · · · · · · · · · · · · · ·		State	Zip Code	
160 Converse Ave		Meriden		СТ	06450	
Principal Occupation		Name of Employe	er	-	•	
Health Fund Coordinator		CT Pip	oe Trade Benefit Funds			
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	int of Contribution	
If yes, indicate which branch or branches of government the contract is with:		dependent enna o	x No			
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions			
No No Personal Check	03/	24/2014	\$100.00		\$100.00	
If yes, list Event # 03242014B						
Last Name	First			MI	Contribution ID #	
Grainger		Jan			0895	
Residential Street Address	City			State	Zip Code	
412 Wall St	<u> </u>	Meriden		СТ	06450	
Principal Occupation Admin Assistant		Name of Employ	er De Trade Benefit Funds			
				Amou	ınt of Contribution	
Yes A No	0	dependent child of	of a lobbyist?			
If yes, indicate which branch or branches of government the contract is with:			x _{No}			
Is this contribution associated with a fundamining event listed in Section 112	Date	Received	Aggregate Contributions			
fundraising event listed in Section J1? I res X Cash Personal Check If yes, list Event # 03242014B No No No Credit/Debit Card	03/	24/2014	\$100.00		\$100.00	
	L .					
Last Name	First	Davil		MI	Contribution ID #	
Zegray Residential Street Address	City	Paul		State	0896 Zip Code	
17 Pleasant St	City	Bethel		CT	06801	
Principal Occupation		Name of Employe	er			
Letter Carrier		US Po	stal Service			
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution	
If yes, indicate which branch or branches of government the contract is with:			x _{No}			
Is this contribution associated with a X Yes Method of contribution:	Date	Received	Aggregate Contributions	1		
Tunidiaising event risted in Section 31?						
If yes list Event # 03242014B No Cash Credit/Debit Card	03/	24/2014	\$100.00		\$100.00	

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I, MONETARY RECEIPTS (Section A-I)									
	5 (5 (ection A-1)	TYPE OF REPORT						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT April 10 Filing - Original						
Team Boughton			7 prii 10 r iiing Griginai						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Zegray		Julie			0910				
Residential Street Address	City			State	Zip Code				
17 Pleasant St		Bethel		СТ	06801				
Principal Occupation		Name of Employ	er						
N/A		N/A							
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a foodylst?						
government the contract is with:			x _{No}						
Is this contribution associated with a fundraicing event licted in Section 112.	Date	Received	Aggregate Contributions						
Tunidiaising event risted in Section 31:									
If yes, list Event # 03242014B No San Service Cash Personal Check	03/2	24/2014	\$100.00		\$100.00				
<u> </u>									
Last Name	First			MI	Contribution ID #				
Anderson		Julia			0897				
Residential Street Address	City			State	Zip Code				
193 Pleasant Ridge Rd		Poughquag		NY	12570				
Principal Occupation		Name of Employ	er						
Project Admin		McKe	nney Mechanical Contractors						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a foodyist?						
government the contract is with:			x _{No}						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
Tuildiaising event listed in Section 31?									
If yes, list Event # 03242014B No Money Order Credit/Debit Card	03/2	24/2014	\$100.00		\$100.00				
332.124.12									
Last Name	First			MI	Contribution ID #				
Hunt		Shilo			0898				
Residential Street Address	City			State	Zip Code				
402 Pudding St		Carmel		NY	10512				
Principal Occupation		Name of Employ	er						
Document Manager			nney Mechanical Contractors						
Is contributor a principal of a state contractor or prospective state contractor?	,	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child (-						
government the contract is with: Executive Legislative			x No						
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
If yes, list Event # 03242014B	03/	24/2014	\$100.00		\$100.00				
				<u> </u>					
Last Name	First			MI	Contribution ID #				
McKenney		Alice			0899				
Residential Street Address	City			State	Zip Code				
23 High Ridge Rd		Brookfield		СТ	06804				
Principal Occupation		Name of Employ							
Office Manager			nney Mechanical Contractors						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	,	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		aspendent ciniu (x No						
government the contract is with: Executive Legislative	-	D							
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
Tunidasing event listed in Section 31:									
If yes, list Event # 03242014B	03/2	24/2014	\$100.00		\$100.00				

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L 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. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Baluzy		George			0900				
Residential Street Address	City			State	Zip Code				
23 High Ridge Rd		Brookfield		СТ	06804				
Principal Occupation		Name of Employ							
Editor Is contributor a principal of a state contractor or prospective state contractor?		CBS N	44 1 4	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	Vac	Amot	int of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a X Voc Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? Cash Personal Check									
If yes, list Event # 03242014B No Money Order Credit/Debit Card	03/	24/2014	\$100.00		\$100.00				
	<u> </u>			l					
Last Name	First			MI	Contribution ID #				
Malone Residential Street Address	City	Kevin		State	0901 Zip Code				
49 Elbow Hill Rd	City	Brookfield		CT	06804				
Principal Occupation		Name of Employ	er	<u> </u>	00004				
Engineer			Nerospace						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amount of Contribution					
	0	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with a fundamining event listed in Section 112	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
If yes, list Event # 03242014B No Money Order Credit/Debit Card	03/	24/2014	\$100.00		\$100.00				
[l . <i></i>	Laurin				
Last Name Malone	First			MI	Contribution ID # 0902				
Residential Street Address	City	Mary		State	Zip Code				
49 Elbow Hill Rd	City	Brookfield		CT	06804				
Principal Occupation		Name of Employ	er	<u> </u>					
Social Services		CT De	ept of Children and Families						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	U	dependent child of	or a robbyist?						
government the contract is with:			x _{No}						
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
N Cook Paragraph Chook	l								
If yes, list Event # 03242014B No Season Cash Personal Check No Money Order Credit/Debit Card	03/.	24/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Palsgrove		Cassidy			0903				
Residential Street Address	City	,		State	Zip Code				
8 Linden Rd		Carmel		NY	10512				
Principal Occupation		Name of Employ	er		•				
Student		N/A							
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent child of	x No						
government the contract is with: Legislative Legislative		Descise 1							
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
No Cash Personal Check	03/	24/2014	\$100.00		\$100.00				
If yes, list Event # 03242014B Money Order Credit/Debit Card	03/	- 1/2017	φ100.00	I	¥100.00				

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I. MONETARY RECEIPTS (Section A-I)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Type OF REPORT April 10 Filing - Original							
Team Boughton April 10 Filing - Original							
B. Itemized Contributions from	n Ind	lividuals		_			
Last Name	First			MI	Contribution ID #		
Dahl		Jeninne			0904		
Residential Street Address	City			State	Zip Code		
23 Devon Dr Principal Occupation		Pawcatuck Name of Employ	or	СТ	06379		
N/A		N/A	ei				
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or	Amo	unt of Contribution		
If yes, indicate which branch or branches of Executive Legislative		dependent child of	x N				
government the contract is with:	Date	Received	Aggregate Contributions				
fundraising event listed in Section J1?	Dute	received	Aggregate Controlations				
If yes, list Event # 03242014B X Cash Personal Check Money Order Credit/Debit Card	03/2	24/2014	\$100.00		\$100.00		
Last Name	First			MI	Contribution ID #		
Dahl	1 1150	Norman			0905		
Residential Street Address	City			State	Zip Code		
23 Devon Dr		Pawcatuck		СТ	06379		
Principal Occupation		Name of Employ	er	-	•		
Service Supervisor		Mcker	nney Mechanical Contracto	rs			
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or	Amo	unt of Contribution		
If yes, indicate which branch or branches of government the contract is with:		dependent child of	x N				
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions				
No Cash X Personal Check	03/2	24/2014	\$100.00		\$100.00		
If yes, list Event # 03242014B							
Last Name	First			MI	Contribution ID #		
Warner		Suzanne			0906		
Residential Street Address	City			State	Zip Code		
20 Wedgewood Dr Principal Occupation		Watertown Name of Employ	or .	СТ	06795		
Teacher			of Watertown				
				Amo	unt of Contribution		
Yes 🔼 No)	dependent child of					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x N)			
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions				
No No Personal Check	03/2	24/2014	\$100.00		\$100.00		
If yes, list Event # 03242014B							
Last Name	First			MI	Contribution ID #		
Warner		Shawn			0907		
Residential Street Address	City			State	Zip Code		
20 Wedgewood Dr		Watertown		СТ	06795		
Principal Occupation Project Team Leader		Name of Employ					
Is contributor a principal of a state contractor or prospective state contractor?	_		obbyist, spouse, or	Amo	unt of Contribution		
If yes, indicate which branch or branches of	,	dependent child of	of a foodyist?				
government the contract is with:			X N	<u> </u>			
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions				
No Sash Personal Check	U3/	24/2014	\$100.00		\$100.00		
If yes, list Event # 03242014B Money Order Credit/Debit Card	Ι σσ,	/ 2017	Ψ100.00	1	T-00.00		

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L 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. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
McKenney		Eileen			0909				
Residential Street Address	City			State	Zip Code				
8 Boxwood Dr		Brookfield		СТ	06804				
Principal Occupation		Name of Employ	er						
RN			ury Hospital						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with:	Date	Received	Aggregate Contributions						
Is this contribution associated with a fundraising event listed in Section J1?									
No Cash Personal Check	03/2	24/2014	\$100.00		\$100.00				
If yes, list Event # 03242014B									
Last Name	First			MI	Contribution ID #				
Dwyer		Patrick			0911				
Residential Street Address	City			State	Zip Code				
40 Canfield Dr		Bridgewater		СТ	06752				
Principal Occupation		Name of Employ							
Sales		Maste							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with:	Date	Received	Aggregate Contributions						
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
No Cash Personal Check	03/:	24/2014	\$100.00		\$100.00				
If yes, list Event # 03242014B Money Order X Credit/Debit Card	00,	,	Ψ100.00						
Last Name	First			MI	Contribution ID #				
Shannon		Marjorie			0908				
Residential Street Address	City			State	Zip Code				
9 Crescent Dr		Danbury		СТ	06810				
Principal Occupation		Name of Employ	er						
Insurance Agent			& Kiernan						
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of Executive Legislative		dependent ennu (x No						
government the contract is with:	Data	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
No Cash X Personal Check	03/2	24/2014	\$25.00		\$25.00				
If yes, list Event # 03242014B		,			•				
Last Name	First			MI	Contribution ID #				
Mitchell		Michael			1080				
Residential Street Address	City			State	Zip Code				
94 Woodcrest Ln		Danbury		СТ	06810				
Principal Occupation		Name of Employ	er						
Delivery Manager			ert E Mitchell Co Inc						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	,	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		vinia (
Is this contribution associated with a Mathed of contribution.	Doto	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Date	received	regregate Contributions						
X No Cash X Personal Check	03/2	24/2014	\$100.00		\$100.00				
If yes, list Event # Money Order	l '	*		1	•				

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	اد) د	ection A-1)	TYPE OF REPORT					
Team Boughton			April 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Wibling	riist	Harold		MI	1083			
Residential Street Address	City			State	Zip Code			
3 Willow Lake Dr		Danbury		СТ	06811			
Principal Occupation		Name of Employ	er	-				
Retired		N/A						
Is contributor a principal of a state contractor or prospective state contractor?	`		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?					
government the contract is with:	Doto	Received	Aggregate Contributions					
s this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions					
X No Cash X Personal Check	03/	24/2014	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Moots		Derek			0863			
Residential Street Address	City			State	Zip Code			
9123 Avalon Valley Dr		Danbury		СТ	06811			
Principal Occupation		Name of Employ	er	•				
Owner		Alterr	native Auto Sales					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with a fundraining event listed in Section 112.	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? If yes, list Event # 03242014A Cash Personal Check Money Order Credit/Debit Card	03/	24/2014	\$100.00		\$100.00			
552 1201 IV				<u> </u>				
Last Name	First			MI	Contribution ID #			
Salazar		Sebastian			0864			
Residential Street Address	City			State	Zip Code			
156 South St		Danbury		СТ	06810			
Principal Occupation		Name of Employ	er					
Cleaner		Wilton	n Cleaners					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	Is contributor a l dependent child of	obbyist, spouse, or	Amou	nt of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a fundamining expert listed in Section 112.	Date	Received	Aggregate Contributions					
Tunidasing event instead in Section 31:								
If yes, list Event # 03242014A Cash Cash Personal Check Oscillation Oscillation	03/	24/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Guallpa	11130	Jose		IVII	0865			
Residential Street Address	City	J036		State	Zip Code			
7 E Pearl St	City	Danbury		CT	06810			
Principal Occupation	_	Name of Employ	er	<u> </u>	00010			
Owner			oa Landscaping LLC					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with a fundraicing event listed in Section 112.	Date	Received	Aggregate Contributions					
Tundraising event listed in Section 31:								
If yes, list Event # 03242014A No Money Order Credit/Debit Card	03/	24/2014	\$100.00		\$100.00			

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I. MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Team Boughton			April 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Zhindon		Jose			0866
Residential Street Address	City			State	Zip Code
13 Division St Fl 2		Danbury		СТ	06810
Principal Occupation		Name of Employ	er		
Helper		Green	acres Company		
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent enna c	x _{No}		
government the contract is with:	Date	Received	Aggregate Contributions	-	
fundraising event listed in Section J1?	Dute	Received	riggregate Contributions		
No Cash X Personal Check	03/	24/2014	\$100.00		\$100.00
If yes, list Event # 03242014A	00,	,	4100.00		
Last Name	First			MI	Contribution ID #
Galarza		Luis			0867
Residential Street Address	City			State	Zip Code
33 Osborne St Apt 1		Danbury		СТ	06810
Principal Occupation		Name of Employ	er		•
Construction		Inforr	nation Requested	_	
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes		ant of Contribution
If yes, indicate which branch or branches of		dependent child of	of a foodyist?		
government the contract is with:			x No	4	
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
No Cash X Personal Check		24/2044	4400.00		
If yes, list Event # 03242014A No Money Order Credit/Debit Card	03/.	24/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Rodriguez	1 1130	Luis		IVII	0868
Residential Street Address	City	Luis		State	Zip Code
160 S St Fl 1		Danbury		СТ	06810
Principal Occupation		Name of Employ	er	•	
Driver		Movin	g		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	ınt of Contribution
Yes X No)	dependent child of	•	3	
government the contract is with:			x _{No}		
Is this contribution associated with a fundamining event listed in Section 112	Date	Received	Aggregate Contributions		
Tunidraising event instead in Section 31:					
If yes, list Event # 03242014A Cash Cash Personal Check No Money Order Credit/Debit Card	03/2	24/2014	\$100.00		\$100.00
1				1	I
Last Name	First	El		MI	Contribution ID #
Chacon Residential Street Address	City	Elsa		Stata	0869
125A Clapboard Ridge Rd	City	Danbury		State CT	Zip Code 06811
Principal Occupation		Name of Employ	er	1 01	00011
Food Truck Vendor			nation Requested		
			obbyist, spouse, or	Amou	ant of Contribution
Yes X No)	dependent child of	Vac	3	
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a	Date	Received	Aggregate Contributions	1	
Tunidasing event issed in Section 31:					
If yes, list Event # 03242014A	03/2	24/2014	\$100.00		\$100.00

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	o (o	ection A-1)	TYPE OF REPORT					
Team Boughton			April 10 Filing - Original					
B. Itemized Contributions from Individuals								
	_	iividuais		1,0	G (7 (ID#			
Last Name Samaniego	First	Carlos		MI	Contribution ID # 0871			
Residential Street Address	City			State	Zip Code			
125A Clapboard Ridge Rd	·	Danbury		СТ	06811			
Principal Occupation		Name of Employ	er					
Cook		Food	Truck					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent child of	x No					
government the conduct is with.	Doto	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions					
No Cash X Personal Check	03/2	24/2014	\$100.00		\$100.00			
If yes, list Event # 03242014A								
Last Name	First			MI	Contribution ID #			
Ordonez		Luis			0870			
Residential Street Address	City			State	Zip Code			
69 Balmforth Ave Fl 1		Danbury		СТ	06810			
Principal Occupation		Name of Employ	er		•			
Construction		Stone	!					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with a	Date	Received	Aggregate Contributions					
Tundraising event listed in Section 31?								
If yes, list Event # 03242014A No Money Order Credit/Debit Card	03/2	24/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Pelaez	11130	Gonzalo		WII	0872			
Residential Street Address	City			State	Zip Code			
14 Terrace Pl		Danbury		СТ	06810			
Principal Occupation		Name of Employ	er					
Unemployed		N/A						
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	a loodyist:					
government the contract is with:			x _{No}					
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
If yes, list Event # 03242014A	03/2	24/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Samaniego	1 1130	Laura		1411	0873			
Residential Street Address	City			State	Zip Code			
14 Terrace Pl		Danbury		СТ	06810			
Principal Occupation		Name of Employ	er					
House Cleaner			nation Requested					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a foodyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a fundamining event listed in Section 112	Date	Received	Aggregate Contributions					
Tundraising event listed in Section 31:								
If yes, list Event # 03242014A No Money Order Credit/Debit Card	03/2	24/2014	\$100.00		\$100.00			

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I. MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Team Boughton			April 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals	•		
Last Name	First			MI	Contribution ID #
Salazar		Samuel			0874
Residential Street Address	City			State	Zip Code
14 Harmony St	L	Danbury		СТ	06810
Principal Occupation		Name of Employ			
Pizza Man			's Pizza		
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	o	Is contributor a li dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
Is this contribution associated with a fundraising event listed in Section J1? X Yes X Personal Check					
U No I □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	03/2	24/2014	\$100.00		\$100.00
If yes, list Event # 03242014A					
Last Name	First			MI	Contribution ID #
Rodriguez		Julio			0875
Residential Street Address	City			State	Zip Code
15A Bergh St	<u> </u>	Danbury		СТ	06810
Principal Occupation		Name of Employ			
Masonry			caping		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?			36 -3		
No Cash X Personal Check	03/2	24/2014	\$100.00		\$100.00
If yes, list Event # 03242014A			·		
Last Name	First			MI	Contribution ID #
Bautista		Luis			0876
Residential Street Address	City			State	Zip Code
1 Dogwood Dr	<u> </u>	Danbury		СТ	06811
Principal Occupation		Name of Employ			
Owner			ennio Rest LLC		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a le dependent child of	obbyist, spouse, or a lobbyist?	Amou	int of Contribution
If yes, indicate which branch or branches of Executive Legislative		•	x _{No}		
government the contract is with:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?			1-88-18		
No Cash X Personal Check	03/2	24/2014	\$100.00		\$100.00
If yes, list Event # 03242014A			•		
Last Name	First			MI	Contribution ID #
Bautista		Jhonny			0879
Residential Street Address	City			State	Zip Code
1 Dogwood Dr	L	Danbury		СТ	06811
Principal Occupation		Name of Employ			
Manager			ennio Rest LLC		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution
If yes, indicate which branch or branches of Executive Legislative		Sima	x No		
government the contract is with:	Date	Received	Aggregate Contributions		
s this contribution associated with a fundraising event listed in Section J1?	Date	10001100	. appropure Contributions		
If you list Event # 03242014A Cash Personal Check	03/2	24/2014	\$100.00		\$100.00
If yes list Event # 03242014A IIX Money Order Credit/Debit Card	1				

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NAME	I. MONETARY RECEIPTS (Section A-I)								
Team Boughton									
Test Sanctive Series S				April 10 Filing - Original					
Condemnial State Condemnia	B. Itemized Contributions from Individuals								
See Name	Last Name	First			MI	Contribution ID #			
Principal Comprison N	Gyori		Janos			0877			
Processor Name of Templayer Name of Temp	Residential Street Address	City			State	Zip Code			
No. No. No. No. No. No. No. No. No	36 Hakim Street Ext		Danbury		СТ	06810			
1.	Principal Occupation		Name of Employ	er					
Management the country of such common or bounders of such common or sounders of the form	N/A		N/A						
Second	Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
Secondario Sec)	dependent child of	of a lobbyist?					
Marie Care Marie Care Marie Care Personal Clack Sale Sale Personal Clack Sale	Evanutiva I anialativa			x _{No}					
Personal Check Sancho Sa	Is this contribution associated with a X Yes Method of contribution:	Date	Received	Aggregate Contributions					
List Name	Parsonal Check								
Sancho S	U No I□ □	03/	24/2014	\$100.00		\$100.00			
Said-nichistrate Address	If yes, list Event # USZ-72017A Invoice Order Invoice Card								
Residential Since Address	Last Name	First			MI	Contribution ID #			
Second-house Seco	Sancho		Pedro			0878			
Principal Occupation Carpenter Les contributor a grincipal of a state contractor or prospective state contractor? Yes Such Suc	Residential Street Address	City			State	Zip Code			
Self	3 Franklin St		Danbury		СТ	06810			
Anomatic Contribution Participal of a state contractor or prospective state contractor? yes	Principal Occupation		Name of Employ	er					
Yes So No So No So No No No	Carpenter		Self						
Five Legislative which themshor to tranches of contract with a nudratising event listed in Section J17 Vest Method of contribution: Ceash Milton	Is contributor a principal of a state contractor or prospective state contractor?)		37	Amou	nt of Contribution			
Note Principal Occupation Principal Occ	If yes, indicate which branch or branches of		dependent child (<u> </u>					
## Personal Check Salet Section J1? Last Name Pauta	government the contract is with:								
Last Name	IXI Vac I	Date	Received	Aggregate Contributions					
Last Name Pauta Residential Street Address 16 Division St # 1 South bunch or prospective state contractor? If yes, indicate which branch or branches of government the contract is vite. Legislative Address Personal Cheek OredivDebit Card Pinst Name of Employer Residential Street Address South as a second as a	Cash X Personal Check								
Paut		03/	24/2014	\$100.00		\$100.00			
Paut		-			 ,,,	G . 7			
Residential Street Address		First	Milhan		MI				
Secontributor a principal of a state contractor or prospective state contractor? Yes		City	Militon		Ct-t-				
Principal Occupation Maintenance Secontributor a principal of a state contractor or prospective state contractor? Yes X No Is contributor a principal of a state contract or prospective state contractor? Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No Substitute Secontribution associated with a fundraising event listed in Section 11? Yes X No No Cash Yes Personal Check O3/24/2014 \$100.00 \$100.00 First Diego Secontribution associated with a fundraising event listed in Section 11? Yes Xes No Cash Yes No No No No No No No N		City	Danhuni			-			
Maintenance Winn Residential				or .	CI	00010			
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? Last Name Diego Residential Street Address B Farview Ave Principal Occupation Landscaper Is contributor a principal of a state contractor or prospective state contractor? Yes No Method of contribution: Legislative Legislative Date Received Aggregate Contributions Amount of Contribution of dependent child of a lobbyist? Yes No Amount of Contribution of dependent child of a lobbyist? Yes No Amount of Contribution of a lobbyist? Yes No State Contribution ID # O881 City Danbury Principal Occupation Landscaper Is contributor a principal of a state contractor or prospective state contractor? Yes No State Tip Code O6810 Name of Employer Leon Landscaping Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No State Tip Code O6810 Amount of Contribution ID # O6810 Amount of Contribution of Contribution of Aggregate Contributions Amount of Contribution Contributi									
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 # 03242014A					Amou	nt of Contribution			
Executive Legislative Legislative Legislative Legislative Legislative Legislative Legislative Legislative State contributions sociated with a fundraising event listed in Section J1? Yes Method of contribution: Date Received Aggregate Contributions \$100.00	Yes X No)			111104	in or commount			
Is this contribution associated with a fundraising event listed in Section J1? Last Name Diego Residential Street Address 8 Farview Ave Principal Occupation Landscaper 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? Method of contribution: Date Received O3/24/2014 \$100.00	Evanutiva Lagislativa			x _{No}					
fundraising event listed in Section J1? If yes, list Event # 03242014A	government the contract is with:	Date	Received						
If yes, list Event # 03242014A	Tundraising event insect in Section 71:								
Last Name Diego Leon City Danbury Principal Occupation Landscaper Landscaper Leon Landscaping 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: State Cash MII Contribution ID # 0881 City Danbury CT 06810 Name of Employer Leon Landscaping Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Amount of Contribution Amount of Contribution Amount of Contribution State Zip Code CT 06810 No Amount of Contribution Amount of Contribution Amount of Contribution State Cash Personal Check O3/24/2014 \$100.00	No No	03/	24/2014	\$100.00		\$100.00			
Diego Residential Street Address Residential Street Address 8 Farview Ave Danbury CT 06810 Principal Occupation Landscaper Landscaper 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? Method of contribution: Date Received Aggregate Contributions \$100.00 \$100 Amount of Contribution Address Aggregate Contributions \$100.00 \$100 Amount of Contribution Address Aggregate Contributions \$100.00 \$1	If yes, list Event # 03242014A								
Residential Street Address 8 Farview Ave Danbury CT 06810 Principal Occupation Landscaper Leon Landscaping 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? Method of contribution: Date Received Aggregate Contributions \$100.00 \$100 Amount of Contribution Aggregate Contributions \$100.00 \$100.00	Last Name	First			MI	Contribution ID #			
Refricipal Occupation Landscaper 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? Name of Employer Leon Landscaping Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist? Is contributor a lobbyist? Amount of Contribution of Contribution Aggregate Contributions \$\text{X} \text{ No} \text{ No} \text{ Sindo.000} \text{ \$\frac{1}{2}\$ \$\	Diego		Leon			0881			
Principal Occupation Landscaper Leon Landscaping 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? Name of Employer Leon Landscaping Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist? In personal Check O3/24/2014 S100.00 S100.00	Residential Street Address	City			State	Zip Code			
Landscaper 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? Amount of Contribution dependent child of a lobby ist, spouse, or dependent child of a lobby ist? Yes Amount of Contribution Aggregate Contributions Personal Check 03/24/2014 \$100.00 \$100.00	8 Farview Ave		Danbury		СТ	06810			
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? No Security Secur	Principal Occupation		Name of Employ	er					
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? No Date Received Aggregate Contributions Aggregate Contributions Personal Check 03/24/2014 \$100.00 \$100.00	Landscaper		Leon	Landscaping					
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? Method of contribution: Date Received Aggregate Contributions Aggregate Contributions No Personal Check 03/24/2014 \$100.00	Is contributor a principal of a state contractor or prospective state contractor?			Vac	Amou	nt of Contribution			
government the contract is with: Is this contribution associated with a fundraising event listed in Section J1? No No No Personal Check No No No Personal Check No N		,	dependent child of	of a foodyfst?					
Is this contribution associated with a fundraising event listed in Section J1? X Yes	Evanutiva I anialativa			x _{No}					
No Personal Check 03/24/2014 \$100.00 \$100.00	Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
□ No □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	Tunidasing event listed in Section 31:								
	No I Senson Senson	03/	24/2014	\$100.00		\$100.00			

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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									
Team Boughton April 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Murray		Robert			0998				
Residential Street Address	City			State	Zip Code				
4 Ridge Rd		Newtown		СТ	06470				
Principal Occupation VP of Sales - Food		Name of Employ Chaba	^{er} aso Bakery						
			obbyist, spouse, or	Amo	ınt of Contribution				
Yes X No)	dependent child of	V	S					
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
Cash Rersonal Check									
If yes, list Event #	03/	24/2014	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
Froehlich		Steven			0715				
Residential Street Address	City			State	Zip Code				
10 Marc Rd		Danbury		СТ	06810				
Principal Occupation		Name of Employ	er	•	•				
Software Engineer		IBM							
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Ye	Amo	ant of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a lobbyist?						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	┪					
fundraising event listed in Section J1?									
If yes, list Event # Cash No Credit/Debit Card	03/	24/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Froehlich		Deborah			0716				
Residential Street Address	City			State	Zip Code				
10 Marc Rd		Danbury		СТ	06810				
Principal Occupation		Name of Employ	er	-	•				
Substitute Teacher		Danb	ury Public Schools						
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Ye	Amo	unt of Contribution				
If yes, indicate which branch or branches of government the contract is with:			x No						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	┪					
tundraising event listed in Section 31:									
If yes, list Event # Cash X Personal Check Money Order Credit/Debit Card	03/	24/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Fish		Alexander			0720				
Residential Street Address	City			State	Zip Code				
400 North St		Ridgefield		СТ	06877				
Principal Occupation		Name of Employ	er	-					
Student		N/A							
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Of a lobbyist?	Amo	unt of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
In this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	┪					
fundraising event listed in Section J1?									
If yes list Event # Cash Personal Check No	03/	24/2014	\$35.00		\$35.00				

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L 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. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Froehlich		Elizabeth			0725				
Residential Street Address	City			State	Zip Code				
10 Marc Rd		Danbury		СТ	06810				
Principal Occupation		Name of Employ	er						
Information Requested			nation Requested	•					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of Executive Legislative		dependent china (x No						
government the contract is with: Is this contribution associated with a Method of contribution:	Data	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
X No Cash X Personal Check	03/	25/2014	\$50.00		\$50.00				
If yes, list Event #	03/	23/2011	Ψ30.00		430.00				
Last Name	First			MI	Contribution ID #				
Hawley		Gary			0723				
Residential Street Address	City			State	Zip Code				
82 Stadley Rough Rd		Danbury		СТ	06811				
Principal Occupation		Name of Employ	er	-	•				
General Contractor		Hawle	ey Construction Corp						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	ant of Contribution				
If you indicate which brough or broughes of	_	dependent child of	of a foodyist?						
government the contract is with: X Executive Legislative			x _{No}						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	03/	25/2014	\$100.00		\$100.00				
T. AV	Б			\ <i>a</i>	Louis B"				
Last Name Ackert	First	Tim		MI	Contribution ID # 0726				
Residential Street Address	City	11111		State	Zip Code				
67 Deer Hill Ln	City	Coventry		CT	06238				
Principal Occupation		Name of Employ	er	<u>.</u>	1 00230				
Electrical Contractor		Acker	t Electric LLC						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution				
)	dependent child of	-						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with a fundamining event listed in Section 112.	Date	Received	Aggregate Contributions						
Tunidialising event listed in Section 31?									
If yes, list Event # 02272014A No Money Order Credit/Debit Card	03/	25/2014	\$100.00		\$100.00				
				L					
Last Name	First	Danier		MI	Contribution ID #				
Archiere Residential Street Address	City	Denise		State	Zip Code				
750 Purchase Brook Rd	City	Southbury		CT	06488				
Principal Occupation		Name of Employ	er	C.	1 00 100				
Office Manager			va Realty						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution				
)	dependent child of	a loodyist?						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	03/	25/2014	\$100.00		\$100.00				

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L 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. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Patel		Kanti			0826			
Residential Street Address	City			State	Zip Code			
461 N Main St	L	Danbury		СТ	06810			
Principal Occupation		Name of Employ	er					
Housewife Is contributor a principal of a state contractor or prospective state contractor?		N/A	obbyist, spouse, or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	dependent child of	Vac	Amou	iit of Contribution			
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with a fundamining event listed in Section 112	Date	Received	Aggregate Contributions					
Tunidaising event listed in Section 31:								
If yes, list Event # 03252014A No Money Order Credit/Debit Card	03/2	25/2014	\$100.00		\$100.00			
	I							
Last Name	First			MI	Contribution ID #			
Patel Residential Street Address	City	Harry		State	0827 Zip Code			
461 N Main St	City	Danbury		CT	06810			
Principal Occupation	<u> </u>	Name of Employ	er	Ci	00010			
Motel Operator		Self						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	0	dependent child of	of a lobbyist?					
government the contract is with: Executive Legislative			x No					
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions					
Cash Personal Check								
If yes, list Event # 03252014A No Money Order Credit/Debit Card	03/.	25/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Aragones		John			0828			
Residential Street Address	City			State	Zip Code			
140 Ball Pond Rd		New Fairfield		СТ	06812			
Principal Occupation		Name of Employ	er					
IT Director			orldwide LLC					
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent ennu (x No					
government the contract is with:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Dute	received	Aggregate Controllons					
If yes, list Event # 03252014A No Cash Personal Check Money Order Credit/Debit Card	03/2	25/2014	\$100.00		\$100.00			
If yes, list Event # 03252014A								
Last Name	First			MI	Contribution ID #			
Aragones		Mary			0829			
Residential Street Address	City			State	Zip Code			
140 Ball Pond Rd	<u> </u>	New Fairfield		СТ	06812			
Principal Occupation Realtor		Name of Employ	^{er} m Pitt Sothebys					
			-1.1	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	о	dependent child of	Vac	111100	in or commount			
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
Tankarassing event isseed in Section 31:								
If yes, list Event # 03252014A	03/2	25/2014	\$100.00		\$100.00			

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I. MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Team Boughton April 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Bergeron		Donald			0830
Residential Street Address	City			State	Zip Code
29 Town Hill Ave # 3		Danbury		СТ	06810
Principal Occupation		Name of Employ			
Network Tech			etwork Support Co		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative		•	x _{No}		
government the contract is with:	Date	Received	Aggregate Contributions		
Is this contribution associated with a fundraising event listed in Section J1?					
If yes, list Event # 03252014A	03/2	25/2014	\$100.00		\$100.00
If yes, list Event # 03252014A					
Last Name	First			MI	Contribution ID #
Matta		Michael			0831
Residential Street Address	City			State	Zip Code
29 Saddle Rock Rd		Danbury		СТ	06811
Principal Occupation		Name of Employ			
Business Development Mgr Is contributor a principal of a state contractor or prospective state contractor?			etwork Support Co	Amou	nt of Contribution
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Vac	111104	in or commount
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No		
Is this contribution associated with a State of the Contribution a	Date	Received	Aggregate Contributions		
rundraising event fisted in Section 31?					
No No I resonat enter	03/2	25/2014	\$100.00		\$100.00
If yes, list Event # 03252014A					
Last Name	First			MI	Contribution ID #
Lapple		Robert			0832
Residential Street Address	City			State	Zip Code
3 Turtle Ridge Ct		Ridgefield		СТ	06877
Principal Occupation		Name of Employ			
Sales		NNUS In contributor of		A.m.o.v	nt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or	Aillou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:	Date	Received	Aggregate Contributions		
s this contribution associated with a fundraising event listed in Section J1?					
No Cash X Personal Check	03/2	25/2014	\$100.00		\$100.00
If yes, list Event # 03252014A					
Last Name	First			MI	Contribution ID #
Kennedy		Grethe			0833
Residential Street Address	City			State	Zip Code
111 Aunt Hack Rd		Danbury		СТ	06811
Principal Occupation		Name of Employ	er		
Retired Is contributor a principal of a state contractor or prospective state contractor?		N/A Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	Amou	in of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:	Date	Received	Aggregate Contributions	1	
s this contribution associated with a fundraising event listed in Section J1? X Yes Method of contribution: Method of contribution: Cash Personal Check					
If yes, list Event # 03252014A	03/2	25/2014	\$100.00		\$100.00

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I MONETA DV DE CEIDTO (C. C. A. D.									
I. MONETARY RECEIPT	S (S	ection A-I)	1						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Team Boughton April 10 Filing - Original									
Team Boughton									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Beaver		Rosana			0721				
Residential Street Address	City			State	Zip Code				
14 Timber Crest Dr		Danbury		CT	06811				
Principal Occupation		Name of Employ	er						
Principal		Wink	One Design, LLC						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	of a fobbyist?						
government the contract is with:			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
Tunidasing event listed in Section 31:									
₩ No □ □	03/	25/2014	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Culligan		Neil			0722				
Residential Street Address	City			State	Zip Code				
19 Sturges Rd		Newtown		СТ	06470				
Principal Occupation		Name of Employ	er	•					
Physician		Assoc	iated Neurologists						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution				
)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1					
fundraising event listed in Section J1?									
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	03/	25/2014	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Boland		Mark			0724				
Residential Street Address	City			State	Zip Code				
66 Taunton Hill Rd		Newtown		СТ	06470				
Principal Occupation		Name of Employ	er		!				
Underwriter		Hano	ver Ins Co						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Taskin angelikusian ananistad miska	Date	Received	Aggregate Contributions	1					
fundraising event listed in Section J1?									
X No Cash X Personal Check	03/	25/2014	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Mancusi		David			0727				
Residential Street Address	City			State	Zip Code				
25 Wolfpits Rd		Bethel		СТ	06801				
Principal Occupation		Name of Employ	er						
CEO			x Data Systems						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	int of Contribution				
)	dependent child of	of a foodyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1					
fundraising event listed in Section J1?									
X No Cash Personal Check	03/	25/2014	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card	l ´		*	1					

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Team Boughton	TYPE OF REPORT April 10 Filing - Original							
Team Boughton								
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
DaSilva		Joseph			1074			
Residential Street Address	City			State	Zip Code			
288 Main St Principal Occupation		Danbury Name of Employ		СТ	06810			
Real Estate			va Realty					
Is contributor a principal of a state contractor or prospective state contractor?	o		obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent child of	x No					
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?			1-88-184-1					
If yes, list Event #	03/	25/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Jaber		Paul			0837			
Residential Street Address	City			State	Zip Code			
148 Deer Hill Ave		Danbury		СТ	06810			
Principal Occupation		Name of Employ	er					
Attorney		Self		1				
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent ennu (x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? Yes Cash Representation of the Charles								
If yes, list Event # Cash X Personal Check Money Order Credit/Debit Card	03/	26/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Betts		Whit			1109			
Residential Street Address	City			State	Zip Code			
1924 Perkins St	<u> </u>	Bristol		СТ	06010			
Principal Occupation		Name of Employ						
State Legislator		State						
Is contributor a principal of a state contractor or prospective state contractor?	o	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
Tundraising event listed in Section 31?								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	03/	26/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
McGetrick		Michael			0838			
Residential Street Address	City			State	Zip Code			
153 White St		Danbury		СТ	06810			
Principal Occupation		Name of Employ						
Attorney			trick & Pitterman					
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	о	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		-	x _{No}					
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
If yes, list Event # Cash X Personal Check No Money Order Credit/Debit Card	03/	26/2014	\$100.00		\$100.00			

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I. MONETARY RECEIPTS (Section A-I)									
	5 (50	ection A-I)	I						
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	First			MI	Contribution ID #				
Fedge		Robert			0730				
Residential Street Address	City			State	Zip Code				
13 Robinhood Rd		Danbury		СТ	06811				
Principal Occupation		Name of Employ	er						
Mechanical Engineer		CT Go	olf Club						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
Tunidasing event instead in Section 31:									
No I =	03/2	26/2014	\$75.00		\$75.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Conroy		Dennis			0732				
Residential Street Address	City			State	Zip Code				
43 Cambridge Dr		Wolcott		СТ	06716				
Principal Occupation		Name of Employ	er						
Builder		Castle	egate Corp						
			obbyict chance or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac						
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Dute	Received	Aggregate Contributions						
X No Cash X Personal Check	02/	26/2014	¢100.00		¢100.00				
If yes, list Event # Money Order Credit/Debit Card	03/.	26/2014	\$100.00		\$100.00				
LadNama	Firet.			М	Contribution ID#				
Last Name	First			MI	Contribution ID #				
Fachnie	O.	H Douglas		a	0744				
Residential Street Address	City	5 1		State	Zip Code				
50 Jefferson Ave		Danbury		СТ	06810				
Principal Occupation		Name of Employ							
Marketing Director			Im North America Corporatio						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of			x _{No}						
government the contract is with:									
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash Personal Check									
If yes, list Event # Money Order X Credit/Debit Card	03/2	26/2014	\$100.00		\$100.00				
-									
Last Name	First			MI	Contribution ID #				
Antous		Rich			1075				
Residential Street Address	City			State	Zip Code				
5 Roger Dr	L	Danbury		СТ	06811				
Principal Occupation		Name of Employ	er						
Blight Officer		City o	f Danbury						
Is contributor a principal of a state contractor or prospective state contractor?	,	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		sependent ennu (x No						
government the contract is with:									
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event fisted in Section 31?	1								
If yes, list Event # Cash Credit/Debit Card	03/2	26/2014	\$75.00		\$75.00				

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I. MONETARY RECEIPTS (Section A-I) NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Team Boughton								
Team Boughton April 10 Filing - Original								
B. Itemized Contributions from	m Ind	lividuals		_				
Last Name	First			MI	Contribution ID #			
Nejame		Jacqueline			0821			
Residential Street Address	City			State	Zip Code			
4 Huntington Dr	L	Danbury Name of Employ		СТ	06811			
Principal Occupation Hairdresser		Self	er					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent child of	x No					
government the contract is with: In this contribution accordance with a Mathed of contribution.	Date	Received	Aggregate Contributions	-				
fundraising event listed in Section J1?			36 -8					
If yes, list Event # Cash X Personal Check Money Order Credit/Debit Card	03/2	26/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Zilli	First	Ana		IVII	1070			
Residential Street Address	City	Alla		State	Zip Code			
45 Carmen Hl		New Milford		СТ	06776			
Principal Occupation	•	Name of Employ	er					
House Cleaning		Self						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of	5	dependent child of	of a lobbyist?					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	-				
fundraising event listed in Section J1?								
If yes, list Event # Cash No Money Order Credit/Debit Card	03/2	26/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Contino		Nicholas			1000			
Residential Street Address	City			State	Zip Code			
106 Carol St		Danbury		СТ	06810			
Principal Occupation	-	Name of Employ	er	-	•			
Sales		Macys	5					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1				
tundraising event listed in Section 31:								
If yes, list Event # Cash Credit/Debit Card	03/2	26/2014	\$20.00	<u> </u>	\$20.00			
Last Name	First			MI	Contribution ID #			
Huse		George			0728			
Residential Street Address	City			State	Zip Code			
121 Stadley Rough Rd		Danbury		СТ	06811			
Principal Occupation		Name of Employ	er					
Retired		N/A						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with:	Date	Received	Aggregate Contributions	-				
fundraising event listed in Section J1?			30 .0					
If yes list Event # Cash Personal Check No	03/2	26/2014	\$100.00		\$100.00			

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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. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Neto		Lou			0743				
Residential Street Address	City			State	Zip Code				
133 Triangle St		Danbury		СТ	06810				
Principal Occupation		Name of Employ	er						
Parks Dept		City o	f Danbury						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of	_	dependent child of	of a foodyist?						
government the contract is with:			x _{No}						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
Cash Personal Check		26/2011	4400.00						
If yes, list Event # No Money Order X Credit/Debit Card	03/.	26/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Otto	First	Katrina		IVII	0731				
Residential Street Address	City	Katilia		State	Zip Code				
6 Cushing Dr		Danbury		CT	06811				
Principal Occupation		Name of Employ	er						
Property Manager		Rock	Ridge Est. Management						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
If yes, indicate which branch or branches of)	dependent child of	<u> </u>						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions						
rundraising event listed in Section J1?									
If yes, list Event # Cash Credit/Debit Card	03/	26/2014	\$100.00		\$50.00				
T. Al	Б			\ <i>a</i>	G (1 (D)				
Last Name Bennett	First	Pruco		MI	Contribution ID # 0729				
Residential Street Address	City	Bruce		State	Zip Code				
49 Middle River Rd	City	Danbury		CT	06811				
Principal Occupation		Name of Employ	er	<u> </u>	00011				
Auto Dealer		Bruce	Bennett Nissan						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
)	dependent child of	*						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event risted in Section 31?									
If yes, list Event # Cash Credit/Debit Card	03/	26/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Budner	First	Michelle		IVII	0949				
Residential Street Address	City	Michelic		State	Zip Code				
27 Lanesville Rd		New Milford		СТ	06776				
Principal Occupation		Name of Employ	er						
Accountant			Allen						
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a foodyist?						
government the contract is with:			X No						
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
No No Personal Check	02.5	27/2014	#3C 00		¢26.00				
If yes, list Event # 03272014A No Money Order Credit/Debit Card	03/.	27/2014	\$26.00		\$26.00				

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I. MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Team Boughton			April 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Everett		John			0959
Residential Street Address	City			State	Zip Code
557 Upper Grassy HI		Woodbury		СТ	06798
Principal Occupation		Name of Employ			
Business Consultant			tt & Associates		
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with a fundricing agent listed in Section 112.	Date	Received	Aggregate Contributions		
tundraising event listed in Section 31?					
If yes, list Event # 03272014A	03/2	27/2014	\$50.00		\$50.00
				l	La . i . i . m #
Last Name	First	Caral		MI	Contribution ID #
Everett Residential Street Address	City	Carol		State	0953 Zip Code
557 Upper Grassy HI	City	Woodbury		CT	06798
Principal Occupation		Name of Employ	er	<u> </u>	00730
HR Consultant			tt & Associates		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution
)	dependent child of	f a lobbyist?		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No		
Is this contribution associated with a	Date	Received	Aggregate Contributions	1	
tundraising event listed in Section 31?					
If yes, list Event # 03272014A Solution No Cash Cash Personal Check Money Order Credit/Debit Card	03/2	27/2014	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Michael		Thomas			0956
Residential Street Address	City			State	Zip Code
3 John Perry Dr		Danbury		СТ	06811
Principal Occupation		Name of Employ	er		
Police Officer		City o	f Danbury		
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		аеренает сппа с	x No		
government the contract is with: Executive Legislative		D 1 1			
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
No Cash Personal Check	03/	27/2014	\$50.00		\$50.00
If yes, list Event # 03272014A	03/.	27/2014	\$50.00		450.00
Last Name	First			MI	Contribution ID #
Ferrari		Elizabeth			0958
Residential Street Address	City			State	Zip Code
31 Knollcrest Dr		Brookfield		СТ	06804
Principal Occupation		Name of Employ	er	-	•
Social Worker		Friend	ls of Karen		
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or If a lobbyist? Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		acpendent emila (x No		
government the contract is with:	Det	Dagaiya 4			
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
No Cash X Personal Check	03/	27/2014	\$50.00		\$50.00
If yes list Event # 03272014A Money Order Credit/Debit Card	ı/.		7	I	

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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								
Team Boughton								
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Chauvin		Anita			0960			
Residential Street Address	City	5 1		State	Zip Code			
5 Charcoal Ridge Dr S Principal Occupation	L	Danbury Name of Employ	or	СТ	06811			
Teacher			alk Board of Education					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Ye	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent child of	x No					
government the contract is with:	Date	Received	Aggregate Contributions	_				
fundraising event listed in Section J1?	Dute	received	Aggregate Controlations					
If yes, list Event # 03272014A No Cash Personal Check No No No No No Cash Personal Check Credit/Debit Card	03/	27/2014	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Chauvin	First	George		IVII	0961			
Residential Street Address	City			State	Zip Code			
5 Charcoal Ridge Dr S		Danbury		СТ	06811			
Principal Occupation		Name of Employ	er		•			
Estimator		Ameri	ican Pavement					
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le dependent child of	obbyist, spouse, or Ye	Amou	unt of Contribution			
If yes, indicate which branch or branches of government the contract is with:		dependent child c	x No	,				
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions	-				
fundraising event listed in Section J1? No Cash R Personal Check	03/	27/2014	\$50.00		\$50.00			
If yes, list Event # 03272014A	00,		φσσ.σσ					
Last Name	First			MI	Contribution ID #			
Romanello		Joseph			0965			
Residential Street Address	City			State	Zip Code			
11 Pheasant Dr	<u> </u>	New Fairfield Name of Employ		СТ	06812			
Principal Occupation Attorney		1 ,	nello Law Firm					
·				Amor	unt of Contribution			
Yes A No	0	dependent child of	•					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			X No	,				
Is this contribution associated with a	Date	Received	Aggregate Contributions	1				
Tunidasing event listed in Section 31:								
If yes, list Event # 03272014A No Cash Personal Check Money Order Credit/Debit Card	03/	27/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Palmer		Jeannine			0966			
Residential Street Address	City			State	Zip Code			
31 Whisconier Vlg		Brookfield		СТ	06804			
Principal Occupation		Name of Employ	er					
Tattoo Artist Is contributor a principal of a state contractor or prospective state contractor? Yes X No		Self Is contributor a l	obbyist, spouse, or Ye	Amoi	unt of Contribution			
If yes, indicate which branch or branches of	υ	dependent child of	of a foodyist?					
government the contract is with: Executive Legislative			x _{No}	,				
Is this contribution associated with a fundamining agent listed in Section 112	Date	Received	Aggregate Contributions					
Tunidiaising event risted in Section 31?								
If yes list Event # 03272014A No Cash Credit/Debit Card	03/	27/2014	\$100.00	1	\$100.00			

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I. MONETARY RECEIPT	S (Sc	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT					
Team Boughton			April 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Mara		John			0971
Residential Street Address	City			State	Zip Code
31 Whisconier Vlg		Brookfield		СТ	06804
Principal Occupation		Name of Employ	er		
Driver/Laborer		,	f Danbury		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?			1.99.18		
No X Cash Personal Check	03/2	27/2014	\$100.00		\$100.00
If yes, list Event # 03272014A		,			
Last Name	First			MI	Contribution ID #
Ronan		Robert			0967
Residential Street Address	City			State	Zip Code
10 Jackson Dr		Danbury		СТ	06811
Principal Occupation		Name of Employ	er		
CFO		NEEM			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent enna e			
government the contract is with: Executive Legislative		D 1 1			
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
No X Cash Personal Check	02/	27/2014	¢100.00		¢100.00
If yes, list Event # 03272014A	03/.	27/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Gorman	1 1150	Patrick			0968
Residential Street Address	City			State	Zip Code
36 Hanover Rd	ĺ	Newtown		СТ	06470
Principal Occupation		Name of Employ	er		
Retired		N/A			
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution
TO 1	,	dependent child of	a lobbyist:		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
Tundraising event risted in Section 31?					
If yes, list Event # 03272014A	03/2	27/2014	\$100.00		\$100.00
1					G . 7
Last Name	First	1-1		MI	Contribution ID #
Stanley Residential Street Address	City	John		State	0972 Zip Code
6 Margerie St	City	Danbury		CT	06811
Principal Occupation		Name of Employ	er	<u> </u>	00011
Foreman			ican Pavement		
			obbyist, spouse, or	Amou	nt of Contribution
Yes X No)	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a fundaming any or listed in Section 112.	Date	Received	Aggregate Contributions		
X Cook Personal Cheek					
If yes list Event # 03272014A No Cash Credit/Debit Card	03/2	27/2014	\$100.00		\$100.00

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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. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Stanley		Katherine			0973				
Residential Street Address	City			State	Zip Code				
6 Margerie St		Danbury		СТ	06811				
Principal Occupation		Name of Employ	er						
Customer Service Manager		LJ Edv	wards						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a fundamining event listed in Section 112	Date	Received	Aggregate Contributions						
rundraising event fisted in Section 31?									
□ No □ □	03/	27/2014	\$100.00		\$100.00				
If yes, list Event # 03272014A									
Last Name	First			MI	Contribution ID #				
Darcy		Stephen			0976				
Residential Street Address	City			State	Zip Code				
3 Long Hill Dr		New Fairfield		СТ	06812				
Principal Occupation		Name of Employ	er		-				
Business Analyst		TwoFo	our						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?						
government the contract is with:			x No						
Is this contribution associated with a fundaricing event listed in Section 112	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
If yes, list Event # 03272014A No Money Order Credit/Debit Card	03/	27/2014	\$100.00		\$100.00				
in yes, list Event # 03272014A I Money Order Card									
Last Name	First			MI	Contribution ID #				
Reisert		Daniel			0980				
Residential Street Address	City			State	Zip Code				
11 Zinn Rd		Danbury		СТ	06811				
Principal Occupation		Name of Employ	er						
Project Manager		City o	f Danbury						
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	a lobbyist:						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a fundraicing event listed in Section 112.	Date	Received	Aggregate Contributions						
Tunidasing event listed in Section 31:									
If yes, list Event # 03272014A	03/	27/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Morrison		Matthew			0981				
Residential Street Address	City			State	Zip Code				
4 John Perry Dr		Danbury		СТ	06811				
Principal Occupation		Name of Employ							
Law Enforcement			stal Inspection Service		nt of Contain-ti-				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a li dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with:	Dot-	Pagaiyad							
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
No Cash X Personal Check	02.	27/2014	#100 00		¢100 00				
If yes, list Event # 03272014A Money Order Credit/Debit Card	l ^{U3/.}	Z//ZU14	\$100.00		\$100.00				

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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. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Reisert		Robert			0982				
Residential Street Address	City			State	Zip Code				
20 Cedar Dr		Danbury		СТ	06811				
Principal Occupation		Name of Employ	er						
Electrician		Otis E	Elevator						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with a fundamining agent listed in Section 112	Date	Received	Aggregate Contributions	1					
Tunidasing event listed in Section 31:									
□ No □ □	03/	27/2014	\$100.00		\$100.00				
If yes, list Event # 03272014A									
Last Name	First			MI	Contribution ID #				
Batista		Edson			0983				
Residential Street Address	City			State	Zip Code				
209 White St Fl 1		Danbury		СТ	06810				
Principal Occupation		Name of Employ	er						
Owner		Bem I	Brasil Store						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a	Date	Received	Aggregate Contributions						
Tuildiaising event listed in Section 31?									
If yes, list Event # 03272014B No Money Order Credit/Debit Card	03/	27/2014	\$70.00		\$70.00				
<u> </u>					-				
Last Name	First			MI	Contribution ID #				
Coelho		Nilton			0984				
Residential Street Address	City			State	Zip Code				
77 Old Town Park Rd		New Milford		СТ	06776				
Principal Occupation		Name of Employ	er						
Information Requested		Banar	na Brasil						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent cinia (·						
government the contract is with: Executive Legislative			X No						
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
			4400.00						
If yes, list Event # 03272014B Cash Cash Personal Check No Money Order Credit/Debit Card	03/.	27/2014	\$100.00		\$100.00				
	г				G (3 C B)				
Last Name	First	Helene		MI	Contribution ID # 0985				
Viganor Residential Street Address	City	Helena		State	Zip Code				
7 Spruce St Apt B	City	Danbury		CT	06810				
Principal Occupation		Name of Employ	or.	Ci	00010				
Pastor			ezer Church						
			abbyist spaysa or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Vac	7 111100					
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with:	Date	Received	Aggregate Contributions	1					
fundraising event listed in Section J1?			555 Tananaman						
No Cash X Personal Check	03/	27/2014	\$100.00		\$100.00				
If yes, list Event # 03272014B	I/	*	,	I					

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I MONETA DV DE CEIDTO (C. C. A. D.									
I. MONETARY RECEIPT	S (S	ection A-I)	1						
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	First			MI	Contribution ID #				
Thompson		Christopher			1071				
Residential Street Address	City	-		State	Zip Code				
160 Shelter Rock Rd		Ridgefield		СТ	06877				
Principal Occupation		Name of Employ	er						
Real Estate			va Realty						
			obbyist, spouse, or	A may	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	Alliou	int of Contribution				
If yes, indicate which branch or branches of									
government the contract is with: Executive Legislative									
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
Tunidraising event instead in Section 31:									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	03/	27/2014	\$100.00		\$100.00				
in yes, list Event #									
Last Name	First			MI	Contribution ID #				
Asmar		Hiam			0776				
Residential Street Address	City			State	Zip Code				
12 Elmcrest Dr		Danbury		СТ	06811				
Principal Occupation		Name of Employ	on.	Ci	00011				
Supervisor		Cartu							
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of		dependent cinia (<u> </u>						
government the contract is with:			x No						
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
X No Cash X Personal Check	03/	27/2014	\$100.00		\$100.00				
If yes, list Event #	,	, -	,						
Last Name	First			MI	Contribution ID #				
Jones	1 1130	Andrew		.***	0765				
	C'i	Andrew		G					
Residential Street Address	City			State	Zip Code				
8 Town Crier Ln		Westport		СТ	06880				
Principal Occupation		Name of Employ	er						
Investment Advisor		Self							
Is contributor a principal of a state contractor or prospective state contractor?	`		obbyist, spouse, or Yes	Amou	int of Contribution				
	,	dependent child of	or a roodyrst:						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
To this contribution are cited with a Mathed of contribution.	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
X No Cash Personal Check	03/	27/2014	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card	00,		Ψ200.00						
Loot Noma	First			MI	Contribution ID #				
Last Name	FIISt			IVII	Contribution ID #				
Simiola		Mark			0770				
Residential Street Address	City			State	Zip Code				
1074 Burlington Ave		Bristol		СТ	06010				
Principal Occupation		Name of Employ	er						
Safety & Compliance Dir		CWPN	1 LLC						
Is contributor a principal of a state contractor or prospective state contractor?	`		obbyist, spouse, or Yes	Amou	nt of Contribution				
		dependent child of	of a foodyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1					
fundraising event listed in Section J1?									
X No Cash X Personal Check	03/	27/2014	\$25.00		\$25.00				
If yes, list Event # Money Order Credit/Debit Card	I 55/	,		I	,				

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I, MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	اد) د	201011 A-1)	TYPE OF REPORT						
Team Boughton			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
	First			MI	Contribution ID #				
Last Name Doubek	First	John		MI	0771				
Residential Street Address	City			State	Zip Code				
4 College Park Dr		Danbury		СТ	06811				
Principal Occupation		Name of Employ	er						
Business Partner Chan Mgmt		IBM							
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of Executive Legislative		acponacin cinia c	x _{No}						
government the contract is with:	Date	Received	Aggregate Contributions	1					
s this contribution associated with a fundraising event listed in Section J1?									
If yes, list Event # Cash X Personal Check Money Order	03/	27/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Heagney		R Walker			0766				
Residential Street Address	City			State	Zip Code				
60 Wildwood Ave	L	Milford		СТ	06460				
Principal Occupation		Name of Employ	er						
Financial Advisor		Ceter	a Advisor Networks						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of Executive Legislative		dependent child of	x No						
government the contract is with: In this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1					
fundraising event listed in Section J1?			86 8						
If yes, list Event # Cash Personal Check Money Order Cash Personal Check Money Order Cash Credit/Debit Card Cash Personal Check Cash Cash Cash Cash Personal Check Cash C	03/	27/2014	\$100.00		\$100.00				
					La .a . m.				
Last Name Heagney	First	Abigail		MI	Contribution ID # 0767				
Residential Street Address	City			State	Zip Code				
60 Wildwood Ave		Milford		СТ	06460				
Principal Occupation		Name of Employ	er						
Director		Save	the Children						
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	a lobbyist:						
government the contract is with:			x _{No}						
Is this contribution associated with a Method of contribution: Yes Method of contribution:	Date	Received	Aggregate Contributions						
rundraising event listed in Section J1?									
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	03/	27/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Fuda		Jean			0977				
Residential Street Address	City			State	Zip Code				
52 Side Hill Ct	ا ا	Danbury		СТ	06810				
Principal Occupation	-	Name of Employ	er	-					
School Bus Driver		STA							
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l	obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent child of	x No						
government the contract is with:	Doto	Received	Aggregate Contributions	1					
s this contribution associated with a fundraising event listed in Section J1?	Date	received	Assiegate Contributions						
No Cash X Personal Check	03/	27/2014	\$100.00		\$100.00				
If yes, list Event # 03272014A	I '	•		1					

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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. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Pareeles		Eric			0948				
Residential Street Address	City			State	Zip Code				
26 South St		Danbury		СТ	06810				
Principal Occupation		Name of Employ	er						
Banker		Bank	of America						
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child (<u> </u>						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
Cash Personal Check	02/	27/2014	#3F 00		#35.00				
If yes, list Event # 03272014A No Money Order Credit/Debit Card	03/.	27/2014	\$25.00		\$25.00				
Last Name	First			MI	Contribution ID #				
Tozzoli	1 1130	Dean		1411	0979				
Residential Street Address	City	Dean		State	Zip Code				
173 Triangle St		Danbury		СТ	06810				
Principal Occupation		Name of Employ	er						
Trainer		Danb	ury Hospital						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with a	Date	Received	Aggregate Contributions						
rundraising event risted in Section 31?									
If yes, list Event # 03272014A No Money Order Credit/Debit Card	03/	27/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Cole	G:	Allan		Gr. r	0955				
Residential Street Address 43 Dana Rd	City	Danhuni		State CT	Zip Code 06811				
Principal Occupation		Danbury Name of Employ	er	Ci	00011				
Heavy Equipment Operator		Local							
			obbyist, spouse, or	Amou	nt of Contribution				
Yes 🔼 No)	dependent child of	37						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a fundation associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions						
Tundraising event instead in Section 31:									
If yes, list Event # 03272014A No Section Money Order Credit/Debit Card	03/	27/2014	\$50.00		\$50.00				
injunition of the contract of									
Last Name	First			MI	Contribution ID #				
Esposito		Michael			0970				
Residential Street Address	City			State	Zip Code				
12 Fleetwood Dr		Danbury		СТ	06810				
Principal Occupation Retired		Name of Employ N/A	CI						
			obbyist, spouse, or	Δmou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	Amou	or Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?			30 0						
No Cash Personal Check	03/	27/2014	\$100.00		\$100.00				
If yes, list Event # 03272014A Money Order X Credit/Debit Card	·								

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I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Team Boughton			TYPE OF REPORT April 10 Filing - Original		
Team Boughton					
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Sinnott		Mary Jane			0957
Residential Street Address	City	Darahaan		State	Zip Code
25 W Pine Dr Principal Occupation		Danbury Name of Employ	or	СТ	06811
Retired		N/A	ei		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a X Voc Method of contribution:	Date	Received	Aggregate Contributions		
Cash Personal Check	l				
If yes, list Event # 03272014A No Money Order Credit/Debit Card	03/	27/2014	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Seagraves		Edward			0772
Residential Street Address	City			State	Zip Code
26 Chipmunk Ln	<u> </u>	Ridgefield		СТ	06877
Principal Occupation		Name of Employ	er		
Retired		N/A			
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	dependent child of	obbyist, spouse, or	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1? Yes Cash Regresonal Check					
X No	03/	27/2014	\$100.00		\$65.00
Last Name	First			MI	Contribution ID #
Lilienthal	Tirst	Sal		1411	0951
Residential Street Address	City			State	Zip Code
9 Bridge St		Kent		СТ	06757
Principal Occupation	-	Name of Employ	er	-	•
Owner		Bicycl	le Tour Company		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a fundamining event listed in Section 112	Date	Received	Aggregate Contributions	1	
Tunidialising event listed in Section 31?					
If yes, list Event # 03272014A No Cash Personal Check No Money Order Credit/Debit Card	03/	27/2014	\$60.00		\$60.00
Last Name	First			MI	Contribution ID #
Caiazza		Melanie			0814
Residential Street Address	City			State	Zip Code
35 Taunton Lake Rd		Newtown		СТ	06470
Principal Occupation		Name of Employ			
Secretary			owe Associates Inc.		
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	Is contributor a l dependent child of	obbyist, spouse, or Of a lobbyist?	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?					
X No	03/	27/2014	\$100.00		\$100.00

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I MONETA DV DECEIDTS (C L A. D.									
I. MONETARY RECEIPT	5 (5)	ection A-I)	I						
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	First			MI	Contribution ID #				
Hefferun		Brenda			0963				
Residential Street Address	City			State	Zip Code				
120A Great Plain Rd		Danbury		СТ	06811				
Principal Occupation		Name of Employ	er						
Information Requested		1 ,	nation Requested						
			obbyist, spouse, or	Amou	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	Alliou	int of Contribution				
If yes, indicate which branch or branches of									
government the contract is with: Executive Legislative									
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
Tunidasing event listed in Section 31:									
If yes, list Event # 03272014A	03/	27/2014	\$100.00		\$100.00				
in yes, list Event # 05272014A									
Last Name	First			MI	Contribution ID #				
Hefferun		Ernest			0964				
Residential Street Address	City			State	Zip Code				
120A Great Plain Rd		Danbury		СТ	06811				
		Name of Employ	on.	Ci	00011				
Principal Occupation		1 7							
HVAC			ron Heating & Cooling LLC						
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent cinia (<u> </u>						
government the contract is with:			x No						
Is this contribution associated with a fundaricing event listed in Section 112	Date	Received	Aggregate Contributions						
rundraising event fisted in Section 31?									
No Cash Personal Check	03/	27/2014	\$100.00		\$100.00				
If yes, list Event # 03272014A	,	, -	,						
Last Name	First			MI	Contribution ID #				
Barrett	1 1130	Mike		1411	0815				
2011 201	C'i	MIKE		G					
Residential Street Address	City			State	Zip Code				
24 Beaver Brook Rd		Danbury		СТ	06810				
Principal Occupation		Name of Employ	er						
Plumber		Self							
Is contributor a principal of a state contractor or prospective state contractor?	`		obbyist, spouse, or Yes	Amou	nt of Contribution				
	,	dependent child of	or a roodyrst:						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1					
fundraising event listed in Section J1?									
X No Cash Personal Check	03/	27/2014	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card		.,	Ψ						
Last Name	First			MI	Contribution ID #				
	FIISt	5		IVII					
Barrett		Rachel		_	0816				
Residential Street Address	City			State	Zip Code				
5 Sara's Way	L	Bethel		СТ	06801				
Principal Occupation		Name of Employ	er						
Scientist		Boehr	ringer Ingelheim						
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a foodyist?						
government the contract is with:			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
X No Cash Personal Check	03/	27/2014	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card	I '	*	,	I	•				

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I MONETA BY DECEMBER (C. P. A. D.									
I. MONETARY RECEIPT	5 (5)	ection A-I)	I						
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	First			MI	Contribution ID #				
Perkins		James			0974				
Residential Street Address	City			State	Zip Code				
82 Rowan St		Danbury		СТ	06810				
Principal Occupation		Name of Employ	er						
Hwy Dept - Seasonal		City o	f Danbury						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a fundamining event listed in Section 112	Date	Received	Aggregate Contributions						
rundraising event fisted in Section 31?									
□ No □ □	03/	27/2014	\$100.00		\$100.00				
If yes, list Event # 03272014A									
Last Name	First			MI	Contribution ID #				
Johnston		Patrick			0773				
Residential Street Address	City			State	Zip Code				
23 Indian Head Rd		Danbury		СТ	06811				
Principal Occupation		Name of Employ	er						
Electrician		First I	ight Power Resources						
			obbyist, spouse, or	Amou	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac						
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?			20 0						
X No Cash X Personal Check	03/	27/2014	\$50.00		\$50.00				
If yes, list Event #	03/	27,2011	Ψ30.00		Ψ30.00				
Last Name	First			MI	Contribution ID #				
Rotella		John			0950				
Residential Street Address	City			State	Zip Code				
40 Tanglewood Dr	City	Danbury		CT	06811				
Principal Occupation		Name of Employ	er	C.	00011				
Maintenance			f Danbury						
			obbyist, spouse, or	Amou	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of							
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?			86 -8						
No Cash X Personal Check	03/	27/2014	\$20.00		\$20.00				
If yes, list Event # 03272014A	00,	_,,	Ψ20.00						
Last Name	First			MI	Contribution ID #				
Nahas	1 1100	Alexander			0774				
Residential Street Address	City	,exaae.		State	Zip Code				
14 Ball Pond Rd	City	Danbury		CT	06811				
Principal Occupation		Name of Employ	er	<u> </u>	00011				
N/A		N/A							
			obbyist, spouse, or	Amou	nt of Contribution				
Yes X No)	dependent child of	Vac						
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?			30 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
x No Cash x Personal Check	03/	27/2014	\$100.00		\$100.00				
If yes, list Event # Money Order Credit/Debit Card	I,	,	7-20.00	I					

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I. MONETARY RECEIPT	S (S	ection A-I)	I gymr or nenov	D.T.		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPOI April 10 Filing - Original	RT		
Team Boughton April 10 Filing - Original						
B. Itemized Contributions from	n Ind	lividuals				
Last Name	First				MI	Contribution ID #
Bohn		David				0768
Residential Street Address	City				State	Zip Code
301 Umpawaug Rd		Redding			СТ	06896
Principal Occupation Executive		Name of Employ Prefer	red Utilities Mfg. Corp			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or		Amou	nt of Contribution
)	dependent child of	<u> </u>	Yes		
If yes, indicate which branch or branches of government the contract is with:			x	No		
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions			
Cash Personal Check						
If yes, list Event # \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	03/	27/2014	\$100.00			\$100.00
Last Name	First			-	MI	Contribution ID #
Hearty		Brian				0962
Residential Street Address	City			-	State	Zip Code
5 Charcoal Ridge Rd E		New Fairfield			СТ	06812
Principal Occupation		Name of Employ	er			
Electrician		City o	f Danbury			
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent child of	if a lobbyist?			
government the contract is with:	Date	Received	Aggregate Contributions			
s this contribution associated with a fundraising event listed in Section J1?						
If yes, list Event # 03272014A	03/	27/2014	\$100.00			\$50.00
If yes, list Event # 03272014A						
Last Name	First				MI	Contribution ID #
Stanley		Joshua				0978
Residential Street Address	City				State	Zip Code
60 E Lake Rd		Danbury			СТ	06811
Principal Occupation		Name of Employ				
Foreman Is contributor a principal of a state contractor or prospective state contractor?			can Pavement obbyist, spouse, or		A mou	nt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes)	dependent child of		Yes	Amou	in of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x	No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions			
Tunidraising event instead in Section 31:						
If yes, list Event # 03272014A Solution No Cash Cash Personal Check Money Order Credit/Debit Card	03/	27/2014	\$100.00		:	\$100.00
Last Name	First				MI	Contribution ID #
Stanley		William				0975
Residential Street Address	City	-		-	State	Zip Code
60 E Lake Rd		Danbury			СТ	06811
Principal Occupation		Name of Employ	er			
Information Requested		Self				
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or if a lobbyist?	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative			•	No		
government the contract is with:	Date	Received	Aggregate Contributions	110		
fundraising event listed in Section J1?	Date					
No Cash Personal Check	03/	27/2014	\$150.00			\$100.00
If yes list Event # 03272014A Money Order Credit/Debit Card						

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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. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Stanley		Matthew			0952				
Residential Street Address	City			State	Zip Code				
60 E Lake Rd		Danbury		СТ	06811				
Principal Occupation		Name of Employ	er						
Foreman		Amer	can Pavement						
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent child of							
government the contract is with:	D-4-	D i d							
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
No Cash Personal Check	03/	27/2014	\$60.00		\$60.00				
If yes, list Event # 03272014A Money Order Credit/Debit Card	03/.	27/2014	\$00.00		300.00				
Last Name	First			MI	Contribution ID #				
Stanley		William			0954				
Residential Street Address	City	-		State	Zip Code				
60 E Lake Rd		Danbury		СТ	06811				
Principal Occupation	•	Name of Employ	er		•				
Foreman		Amer	ican Pavement						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?						
government the contract is with:			x _{No}						
Is this contribution associated with a fundamining event listed in Section 112.	Date	Received	Aggregate Contributions						
x Cash Personal Check									
If yes, list Event # 03272014A No Money Order Credit/Debit Card	03/	27/2014	\$150.00		\$50.00				
T. AV	Б			\ <i>a</i>	Louis B"				
Last Name Nagarsheth	First	Shay		MI	Contribution ID # 0969				
Residential Street Address	City	Silay		State	Zip Code				
2 Robinhood Rd	City	Danbury		CT	06811				
Principal Occupation		Name of Employ	er						
Manager		Verizo	on Wireless						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of)	dependent child of	or a robbyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a fundamining event listed in Section 112	Date	Received	Aggregate Contributions						
Tunidialising event listed in Section 31:									
If yes, list Event # 03272014A No Money Order X Credit/Debit Card	03/	27/2014	\$100.00		\$100.00				
Lad Name	Eit			M	Contribution ID#				
Last Name Cammarano	First	Philip		MI	Contribution ID # 0769				
Residential Street Address	City	типр		State	Zip Code				
12 Timber Springs Rd	City	New Fairfield		CT	06812				
Principal Occupation		Name of Employ							
Retired		N/A							
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	or a robbyist?						
government the contract is with:			x _{No}						
Is this contribution associated with a fundraising event listed in Section 112	Date	Received	Aggregate Contributions						
Tulidasing event insect in Section 71:									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	03/	27/2014	\$100.00		\$100.00				

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I, MONETARY RECEIPTS (Section A-I)									
	5 (50	ection A-I)	I						
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	First			MI	Contribution ID #				
Stevenson		Jayme			0817				
Residential Street Address	City			State	Zip Code				
65 St Nicholas Rd		Darien		СТ	06820				
Principal Occupation		Name of Employ	er						
First Selectman		Town	of Darien						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
resident contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with a	Date	Received	Aggregate Contributions						
fundraising event fisted in Section 31:									
X No Cash Personal Check	03/2	27/2014	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card									
Last Name	First			MI	Contribution ID #				
Stevenson		John			0819				
Residential Street Address	City			State	Zip Code				
65 St Nicholas Rd		Darien		СТ	06820				
Principal Occupation	-	Name of Employ	er	<u> </u>	00020				
Managing Director			crest Asset Management						
			obbyist, spouse, or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	711104	in or commonion				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with: Is this contribution associated with a Method of contribution:	Doto	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
Cash Personal Check	02/	20/2014	±100.00		±100.00				
If yes, list Event # Money Order X Credit/Debit Card	03/.	28/2014	\$100.00		\$100.00				
					a . 1				
Last Name	First			MI	Contribution ID #				
Pascopella		Fred			0818				
Residential Street Address	City			State	Zip Code				
6 Timber Crest Dr		Danbury		СТ	06811				
Principal Occupation		Name of Employ	er						
Project Manager		N/A							
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child (*						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Method of contribution: Yes Yes	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? Cash Personal Check									
If yes, list Event # Cash Credit/Debit Card	03/2	28/2014	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
Rowella		Frank			0825				
Residential Street Address	City			State	Zip Code				
57 North St		Ridgefield		CT	06877				
Principal Occupation		Name of Employ	er						
Financial Advisor		Reyno	olds & Rowella LLP						
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a lobbyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
If yes, list Event # Cash Credit/Debit Card	03/2	28/2014	\$100.00		\$100.00				

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I MONETA DV DE CEIDTO (C. C. A. D.									
I. MONETARY RECEIPT	S (S	ection A-I)	1						
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	First			MI	Contribution ID #				
Doto		Cynthia			0820				
Residential Street Address	City			State	Zip Code				
17 Ridge Rd		Danbury		СТ	06810				
Principal Occupation		Name of Employ	er						
Engineer		N/A							
			obbyist, spouse, or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	37						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section 31?									
X No Cash Personal Check	03/2	28/2014	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card									
Last Name	First			MI	Contribution ID #				
Legnard		Robert			0822				
Residential Street Address	City			State	Zip Code				
11 Evergreen Dr		Bethel		СТ	06801				
Principal Occupation		Name of Employ	er	<u> </u>	00001				
Retired		N/A	-						
			obbyist, spouse, or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	37	111104	in or commonion				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
X No Cash X Personal Check	02/	20/2014	¢50.00		¢50.00				
If yes, list Event # Money Order Credit/Debit Card	03/.	28/2014	\$50.00		\$50.00				
LadNama	First			Lva	Contribution ID#				
Last Name	First			MI	Contribution ID #				
Finaldi	a:	Arnold		a	0823				
Residential Street Address	City	5 .		State	Zip Code				
3 Mapleview Ln		Danbury		СТ	06811				
Principal Occupation		Name of Employ							
Insurance Broker			& Kiernan						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of			x _{No}						
government the contract is with:									
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash X Personal Check									
If yes, list Event # Money Order Credit/Debit Card	03/.	28/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Liskowski		Eugene			0824				
Residential Street Address	City			State	Zip Code				
25 Bracewood Rd		Waterbury		СТ	06706				
Principal Occupation		Name of Employ							
Design Engineer		Radia	II USA						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		acpendent cinid (·						
government the contract is with:			x _{No}						
Is this contribution associated with a Method of contribution: Section 112 Yes	Date	Received	Aggregate Contributions						
fundraising event fisted in Section 31?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	03/2	28/2014	\$25.00		\$25.00				

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I MONETA DV DECEIDTS (C L A. D.									
I. MONETARY RECEIPT	5 (50	ection A-I)	I TYPE OF BERORE						
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	First			MI	Contribution ID #				
Varian		Sharon			1069				
Residential Street Address	City			State	Zip Code				
6 Varian Dr		Danbury		СТ	06811				
Principal Occupation		Name of Employ	er						
Teacher		St. Jo	seph School						
			obbyict chance or	Amou	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac						
If yes, indicate which branch or branches of Executive Legislative			x No						
government the contract is with:	Date	Received	Aggregate Contributions						
s this contribution associated with a fundraising event listed in Section J1?									
X No Cash X Personal Check	03/	28/2014	\$100.00		\$100.00				
If yes, list Event #	00,	20, 202 .	Ψ100.00						
Last Name	First			MI	Contribution ID #				
McKean	1 1100	Richard			1066				
Residential Street Address	City	Ricilaru		State	Zip Code				
	City	Prookfield		1	06804				
2 Trailing Ridge Rd		Brookfield		СТ	06804				
Principal Occupation		Name of Employ	er						
Unemployed		N/A							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent enna (
government the contract is with:									
Is this contribution associated with a Grandwising quantilisted in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? Cash Personal Check									
If yes, list Event # Cash Credit/Debit Card	03/	29/2014	\$100.00		\$100.00				
,									
Last Name	First			MI	Contribution ID #				
Crane		Karen			1073				
Residential Street Address	City			State	Zip Code				
10 N Hearthstone Dr		Bethel		СТ	06801				
Principal Occupation		Name of Employ	er						
Associate		DaSil	va Realty						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution				
	,	dependent child of	*						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with a fundraising event listed in Section 112	Date	Received	Aggregate Contributions						
Table 1 and									
X No	03/	29/2014	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Wise		Douglas			1087				
Residential Street Address	City			State	Zip Code				
7 Fairfield Ct		Danbury		СТ	06811				
Principal Occupation		Name of Employ	er	<u> </u>	-				
Retired		N/A							
			obbyist, spouse, or	Amou	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	Vac						
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
Is this contribution associated with a Method of contribution:	Dota	Received	Aggregate Contributions	1					
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
X No Cash X Personal Check	03.	20/2014	#100.00		¢100.00				
If yes, list Event # Money Order Credit/Debit Card	03/	29/2014	\$100.00		\$100.00				

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A MONETA DV DE CENTRO (C. C. A. D.									
I. MONETARY RECEIPT	S (S	ection A-I)	I						
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	First			MI	Contribution ID #				
Wise		Marian			1088				
Residential Street Address	City			State	Zip Code				
7 Fairfield Ct		Danbury		CT	06811				
Principal Occupation		Name of Employ	er						
Accountant		ATMI							
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	_						
government the contract is with:			x _{No}						
Is this contribution associated with a Method of contribution: Yes Yes	Date	Received	Aggregate Contributions						
Tunidasing event listed in Section 31:									
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	03/	29/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Foye		Gerald			1058				
Residential Street Address	City			State	Zip Code				
20 Alan Ave		Danbury		СТ	06811				
Principal Occupation		Name of Employ	er						
Retired		N/A		i					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent cinia (<u> </u>						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	03/	29/2014	\$100.00		\$100.00				
1				l					
Last Name	First			MI	Contribution ID #				
Foye		Judith			1059				
Residential Street Address	City			State	Zip Code				
20 Alan Ave		Danbury		СТ	06811				
Principal Occupation		Name of Employ	er						
Retired		N/A							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution				
If yes, indicate which branch or branches of		1	x _{No}						
government the contract is with:	D-4-	Received							
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash X Personal Check	03/	29/2014	\$100.00		\$100.00				
If yes, list Event #	03/.	29/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Wagner	FIISt	Eric		IVII	1061				
Residential Street Address	City	LIIC		State	Zip Code				
7 Gillotti Rd	City	New Fairfield	ı	CT	06812				
Principal Occupation	_			CI	00012				
Electrician		Name of Employ Self	Ci.						
			obbyist, spouse, or	Amou	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	Vac	Amou	o. controution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Date		DE GRACE COMMINATIONS						
x No Cash x Personal Check	03/	29/2014	\$100.00		\$100.00				
If yes, list Event # Money Order Credit/Debit Card	I 33/	-5/2017	Ψ100.00	I	+ - 30.00				

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I MONETA DV DECEIDTS (C L A. D.									
I. MONETARY RECEIPT	5 (5)	ection A-I)	I TYPE OF REPORT						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Type OF Report April 10 Filing - Original									
Team Boughton									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Miller		William			1110				
Residential Street Address	City			State	Zip Code				
43 Charcoal Ridge Rd E		New Fairfield		СТ	06812				
Principal Occupation		Name of Employ	er						
Retired		N/A							
			obbyist, spouse, or	Amou	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	37	111104	in or commonion				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
	Date	Received	Aggregate Contributions						
s this contribution associated with a fundraising event listed in Section J1?									
X No Cash X Personal Check	03/	29/2014	\$100.00		\$100.00				
If yes, list Event #		,	Ţ						
Last Name	First			MI	Contribution ID #				
	1 1130	Stove		1411	0882				
Engelbrecht Projection of Court Address	City	Steve		Ct-t-					
Residential Street Address	City			State	Zip Code				
8 Quail Run Dr		Danbury		СТ	06811				
Principal Occupation		Name of Employ	er						
Semiconductor		Intel							
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	or a robbyist?						
government the contract is with: Executive Legislative			x No						
Is this contribution associated with a Yes Yes	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
If yes, list Event # Cash Personal Check Money Order Cash Personal Check Credit/Debit Card Cash Personal Check Credit/Debit Card Cash Personal Check Personal Check Cash Personal Check P	03/3	29/2014	\$25.00		\$25.00				
If yes, list Event # Money Order X Credit/Debit Card									
Last Name	First			MI	Contribution ID #				
Poplawski		Thomas			0861				
Residential Street Address	City			State	Zip Code				
210 Wilsonville Rd		North Grosve	enordale	CT	06255				
Principal Occupation		Name of Employ		C.	00233				
Trailer Driver		1 7	ry Beverage LP						
			obbyist, spouse, or	A.m.o.v	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	37	Amou	iit of Collification				
If yes, indicate which branch or branches of			x No						
government the contract is with:	_								
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
_									
If yes, list Event # Cash Credit/Debit Card	03/	29/2014	\$100.00		\$100.00				
_ · _ · _ ·									
Last Name	First			MI	Contribution ID #				
Lombardi		Craig			0854				
Residential Street Address	City			State	Zip Code				
42 Abbott Ave		Danbury		CT	06810				
Principal Occupation		Name of Employ	er	-					
IT Consultant		Self							
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a foodyist?						
government the contract is with: Executive Legislative			x No						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
rundraising event listed in Section 31?									
X No Cash Personal Check	03/	29/2014	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card	ı			1					

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I. MONETARY RECEIPT	S (Se	ection A-I)	I		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Type OF REPORT Team Boughton April 10 Filing - Original					
Team Boughton			7, prii 10 1 iiiiig Oliginai		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Jones		Steven			0839
Residential Street Address	City			State	Zip Code
1209 Riverside Rd		Roanoke		TX	76262
Principal Occupation Teacher		Name of Employ NISD	er		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Ye	Amou	ant of Contribution
If we sindicate which branch or branches of)	dependent child of	of a lobbyist?	3	
government the contract is with:			x _{No}	_	
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
Cash Personal Check	02.	20/2014	+400.00		+100.00
If yes, list Event # No Money Order X Credit/Debit Card	03/.	29/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
McNamar		Lee			0840
Residential Street Address	City			State	Zip Code
32 Jakob's Lndg		Westbrook		СТ	06498
Principal Occupation		Name of Employ	er	•	
Retired		N/A			
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent child of	x No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	-	
fundraising event listed in Section J1?					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	03/2	29/2014	\$75.00		\$75.00
Last Name	First			MI	Contribution ID #
Morey		Alexander			0842
Residential Street Address	City			State	Zip Code
9 N Nabby Rd		Danbury		СТ	06811
Principal Occupation		Name of Employ	er	-	-
Retired		N/A			
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	Amou	ant of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		•	x No		
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
tundraising event listed in Section 31:					
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	03/2	29/2014	\$25.00		\$25.00
Last Name	First			MI	Contribution ID #
Caldara		Paula			0843
Residential Street Address	City			State	Zip Code
13 N Sawyer Hill Rd		Marble Dale		СТ	06777
Principal Occupation		Name of Employ	er	•	•
Retired		N/A			
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	Amou	ant of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
tundraising event listed in Section 31?					
If yes list Event # Cash Credit/Debit Card	03/2	29/2014	\$25.00		\$25.00

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L 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. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Molinaro		Frank			0844			
Residential Street Address	City			State	Zip Code			
105 New Milford Rd E		Bridgewater		СТ	06752			
Principal Occupation		Name of Employ	er					
Insurance		Self						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ınt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent ennu (x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? Yes Cash Personal Check								
X No	03/	29/2014	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Boughton		Gary			0846			
Residential Street Address	City			State	Zip Code			
72 South St	<u> </u>	Bethel		СТ	06801			
Principal Occupation		Name of Employ						
Building Official			of Bethel					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		•	x _{No}					
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Dute	110001100	riggregate contributions					
X No Cash Personal Check	03/	29/2014	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card		,	·					
Last Name	First			MI	Contribution ID #			
Montana		Martha			0848			
Residential Street Address	City			State	Zip Code			
72 South St		Bethel		СТ	06801			
Principal Occupation		Name of Employ	er					
Public Health		Self						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Dute	110001100	riggregate contributions					
X No Cash Personal Check	03/	29/2014	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card		•						
Last Name	First			MI	Contribution ID #			
Ingerman		Jeffrey			0847			
Residential Street Address	City			State	Zip Code			
1 Turkey Roost Rd		Sandy Hook		СТ	06482			
Principal Occupation		Name of Employ	er					
Sales			rd Arthur Inc					
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	Is contributor a l dependent child of	obbyist, spouse, or	Amou	ant of Contribution			
If yes, indicate which branch or branches of Executive Legislative		- "	x _{No}					
Is this contribution associated with a Mathod of contribution.	Date	Received	Aggregate Contributions	1				
fundraising event listed in Section J1?			555 Tanasana					
X No	03/	29/2014	\$25.00		\$25.00			
If yes, list Event #	1			1				

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I MONETA DV DECEIDTS (C L A. D.									
I. MONETARY RECEIPT	5 (5)	ection A-I)	TYPE OF REPORT						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Team Boughton			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
O'Brien		Francis			0849				
Residential Street Address	City			State	Zip Code				
24 Mansion St		Winooski		VT	05404				
Principal Occupation		Name of Employ	er						
Special Educator		Chitte	enden East Supervisory Unior	1					
			obbyist, spouse, or		nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? Method of contribution: Yes									
X No Cash Personal Check	03/	29/2014	\$50.00		\$50.00				
If yes, list Event # Money Order X Credit/Debit Card		,							
Last Name	First			MI	Contribution ID #				
Cunningham	1 1100	Joseph			0851				
Residential Street Address	City	эозерп		State	Zip Code				
	City	Danhumi			06811				
10 Quail Run Dr		Danbury		СТ	00811				
Principal Occupation		Name of Employ							
Sales Manager		CBS/X							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent enna (·						
government the contract is with:									
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? Cash Personal Check									
If yes, list Event # Cash Credit/Debit Card	03/	29/2014	\$100.00		\$100.00				
,									
Last Name	First			MI	Contribution ID #				
Badillo		Ernest			0852				
Residential Street Address	City			State	Zip Code				
55 Hillandale Rd		Danbury		СТ	06811				
Principal Occupation		Name of Employ	er	-	•				
Commercial Real Estate Agent		Goods	fellow Ashmore						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
)	dependent child of	*						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
X No Cash Personal Check	03/	29/2014	\$50.00		\$50.00				
If yes, list Event # Money Order X Credit/Debit Card		-							
Last Name	First			MI	Contribution ID #				
Busnel		Cristian			0853				
Residential Street Address	City	Cristian		State	Zip Code				
17 Buckbord Ln	City	New Milford		CT	06776				
			on.	Ci	00770				
Principal Occupation		Name of Employ	Ci .						
N/A Is contributor a principal of a state contractor or prospective state contractor?		Self	obbyist spays or	A	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution				
If yes, indicate which branch or branches of			x _{No}						
government the contract is with: Executive Legislative	Б.	D : 1							
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
					1100.05				
If yes, list Event # Cash Credit/Debit Card	03/	29/2014	\$100.00		\$100.00				

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I, MONETARY RECEIPTS (Section A-I)									
	5 (50	ection A-I)	TYPE OF REPORT						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Team Boughton									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Feeley		David			0855				
Residential Street Address	City			State	Zip Code				
74 Stetson Dr		Marlborough		MA	01752				
Principal Occupation		Name of Employ	er						
N/A		Self							
			obbyist, spouse, or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	111104	in or commount				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
	Date	Received	Aggregate Contributions						
s this contribution associated with a fundraising event listed in Section J1?									
X No Cash Personal Check	03/	29/2014	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card		,	T						
Last Name	First			MI	Contribution ID #				
Chieffalo	1 1100	Christina			0856				
Residential Street Address	City	Cilistila		State	Zip Code				
	City	Db		1	-				
1306 Pinnacle Way		Danbury		СТ	06811				
Principal Occupation		Name of Employ							
Manager			ringer Ingelheim						
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent enna (
government the contract is with:			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
tundraising event listed in Section J1?									
If yes, list Event #	03/	29/2014	\$100.00		\$100.00				
in yes, and break in the state of the state									
Last Name	First			MI	Contribution ID #				
Allen		Chris Ann			0857				
Residential Street Address	City			State	Zip Code				
4 Heritage Dr		New Milford		СТ	06776				
Principal Occupation		Name of Employ	er						
Vice President / Owner		Danb	ury Square Box Company						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
X No Cash Personal Check	03/3	29/2014	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card		•			·				
Last Name	First			MI	Contribution ID #				
Allen		Michael			0858				
Residential Street Address	City	riiciidei		State	Zip Code				
	City	New Milford		CT	06776				
4 Heritage Dr			on.	Ci	00770				
Principal Occupation		Name of Employ							
President / Owner			ury Square Box Company	A	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution				
If yes, indicate which branch or branches of		.,	x No						
government the contract is with: Executive Legislative	-								
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
_									
If yes, list Event #	03/	29/2014	\$100.00		\$100.00				

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I, MONETARY RECEIPTS (Section A-I)									
	5 (50	ection A-I)	TYPE OF REPORT						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Team Boughton			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Jowdy		Rebecca			0859				
Residential Street Address	City			State	Zip Code				
130 Deer Hill Ave # 20		Danbury		СТ	06810				
Principal Occupation		Name of Employ	er						
Funeral Director Jowdy Kane Funeral Home									
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with a	Date	Received	Aggregate Contributions						
fundraising event fisted in Section 31:									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	03/2	29/2014	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card									
Last Name	First			MI	Contribution ID #				
Allen		Joseph			0860				
Residential Street Address	City	<u> </u>		State	Zip Code				
167 White Deer Rocks Rd		Woodbury		СТ	06798				
Principal Occupation		Name of Employ	er						
Design		Self							
		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
X No Cash Personal Check	03/:	29/2014	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card			7						
Last Name	First			MI	Contribution ID #				
Riemer		Janice			0862				
Residential Street Address	City			State	Zip Code				
50 W District Rd	ĺ	Farmington		СТ	06085				
Principal Occupation		Name of Employ	er						
Retired		N/A							
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
rundraising event listed in Section J1?									
No Propries enter	03/2	29/2014	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Beattie		Katherine			0845				
Residential Street Address	City			State	Zip Code				
11 Rockwood Ln		Danbury		СТ	06811				
Principal Occupation		Name of Employ	er		-				
Retired		N/A							
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a foodyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a	Date	Received	Aggregate Contributions						
rundraising event listed in Section J1?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	03/2	29/2014	\$100.00		\$100.00				

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I MONETADY DECEMBER (Continue A.D.									
I. MONETARY RECEIPT	5 (50	ection A-I)	I						
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	First			MI	Contribution ID #				
Chance		Karen			0841				
Residential Street Address	City			State	Zip Code				
3C Flak Ln		New Fairfield		СТ	06812				
Principal Occupation		Name of Employ	er						
School Counselor		Danb	ury BOE						
Is contributor a principal of a state contractor or prospective state contractor?			abbyist spanse or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
rundraising event instea in section 11:									
x No Cash x Personal Check	03/2	29/2014	\$100.00		\$100.00				
If yes, list Event #		•							
Last Name	First			MI	Contribution ID #				
Murray		William			0850				
Residential Street Address	City	viiiiaiii		State	Zip Code				
21 Fairlawn Ave	City	Danbuny		CT	06810				
		Danbury Name of Employ	or.	CI	00010				
Principal Occupation		Name of Employ	ei						
Retired		N/A							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent enna (·						
government the contract is with:									
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
If yes, list Event #	03/2	29/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Melillo		Kim			1089				
Residential Street Address	City			State	Zip Code				
1 Lois St		Danbury		СТ	06811				
Principal Occupation		Name of Employ	er	-	-				
Paraprofessional		Danb	ury Public Schools						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
)	dependent child of	•						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
To this contribution are sixed with a Mathed a Contribution.	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
X No Cash X Personal Check	03/3	30/2014	\$100.00		\$100.00				
If yes, list Event #		-			-				
Last Name	First			MI	Contribution ID #				
Melillo		Robert			1090				
Residential Street Address	City	Robert		State	Zip Code				
1 Lois St	City	Danbury		CT	06811				
		Name of Employ	on.	Ci	00011				
Principal Occupation									
Teacher			ury Public Schools		nt of Containation				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	,	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution				
If yes, indicate which branch or branches of		.,	x No						
government the contract is with: Executive Legislative									
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	03/3	30/2014	\$100.00		\$100.00				

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I MONETA BY DECEMBER (C. P. A. D.									
I. MONETARY RECEIPTS	S (S	ection A-I)	TYPE OF REPORT						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Team Boughton	April 10 Filing - Original								
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Landry		Erika			0916				
Residential Street Address	City			State	Zip Code				
21 Fairview Dr		Farmington		СТ	06032				
Principal Occupation		Name of Employ	er						
Dental Hygienist		Betsy	Crosswell DMD						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
tundraising event listed in Section 31?									
X No Cash X Personal Check	03/3	30/2014	\$100.00		\$100.00				
If yes, list Event #		-							
Last Name	First			MI	Contribution ID #				
Chieffalo		Salvatore			1063				
Residential Street Address	City	54.74.6.6		State	Zip Code				
13 Seeley St		Danbury		CT	06810				
Principal Occupation		Name of Employ	er	<u> </u>	00010				
Retired		N/A	Ci						
			obbyist, spouse, or	Amou	int of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No	,	dependent child of	37	Alliou	int of Contribution				
If yes, indicate which branch or branches of									
government the contract is with: Executive Legislative	-	.							
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
Cash X Personal Check									
If yes, list Event # Money Order Credit/Debit Card	03/3	30/2014	\$100.00		\$100.00				
				· · · · · · · · · · · · · · · · · · ·	I				
Last Name	First			MI	Contribution ID #				
Kolwicz		Brian			0915				
Residential Street Address	City			State	Zip Code				
6 Jefferson Ave		Danbury		СТ	06810				
Principal Occupation		Name of Employ							
Owner		Kolwi	cz Landscaping LLC						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	,	Is contributor a l dependent child of	obbyist, spouse, or of a labbyist? Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of		dependent child (of a foodyist:						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Method of contribution: Superscript Section 112 Yes	Date	Received	Aggregate Contributions						
Tandraising event insect in section 31:									
If yes, list Event #	03/3	30/2014	\$100.00		\$100.00				
					-				
Last Name	First			MI	Contribution ID #				
LaMont		Carol			0913				
Residential Street Address	City			State	Zip Code				
4D Beach St		Bethel		CT	06801				
Principal Occupation		Name of Employ	er						
CEP		Self							
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a foodyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Method of contribution: Separate of the second	Date	Received	Aggregate Contributions						
rundraising event listed in Section J1?									
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	03/3	30/2014	\$25.00		\$25.00				

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Team Boughton			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
VanSteenbergen		Steven			0914				
Residential Street Address	City			State	Zip Code				
416 Chestnut Tree Hill Rd		Southbury		СТ	06488				
Principal Occupation		Name of Employ	er						
N/A		N/A							
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent child of	x No						
government the contract is with: Is this contribution associated with a Method of contribution: Method of contribution:	Doto	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
X No Cash Personal Check	03/	30/2014	\$25.00		\$25.00				
If yes, list Event # Money Order X Credit/Debit Card	05/	30/2014	Ψ23.00		<u> </u>				
Last Name	First			MI	Contribution ID #				
Behling		Roger			0918				
Residential Street Address	City			State	Zip Code				
15 Gereg Glen Rd		Brookfield		СТ	06804				
Principal Occupation		Name of Employ	er	•	•				
Vice President		SS&C	Technologies						
Is contributor a principal of a state contractor or prospective state contractor?	`		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?						
government the contract is with:			x _{No}						
Is this contribution associated with a fundamining event listed in Section 112.	Date	Received	Aggregate Contributions						
initialising event instead in Section 71:									
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	03/	30/2014	\$100.00		\$100.00				
T. AV	Б			L	Louis B"				
Last Name Kirkwood	First	David		MI	Contribution ID # 0919				
Residential Street Address	City	Daviu		State	Zip Code				
6 Eagle Dr	City	New Milford		CT	06776				
Principal Occupation		Name of Employ	er	<u> </u>	1 00770				
Fire Lieutenant		City o	of Danbury						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution				
)	dependent child of	·						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
Tundraising event listed in Section 31?									
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	03/	30/2014	\$50.00		\$50.00				
T. O.	г				Louis B"				
Last Name Williams	First	Stephen		MI	Contribution ID #				
Residential Street Address	City	эсерпеп		State	Zip Code				
86 Old Litchfield Rd	City	Washington I	Denot	CT	06794				
Principal Occupation		Name of Employ	· ·	<u> </u>	1 0075				
Deputy Chief			ury Fire Department						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	1 a 1000yist?						
government the contract is with:			x _{No}						
Is this contribution associated with a fundraising event listed in Section 112	Date	Received	Aggregate Contributions						
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	03/	30/2014	\$50.00		\$50.00				

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I. MONETARY RECEIPTS (Section A-I)									
	5 (5 6	ection A-I)	TYPE OF REPORT						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Team Boughton									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Williams		Ellen			0921				
Residential Street Address	City			State	Zip Code				
86 Old Litchfield Rd		Washington I	Depot	CT	06794				
Principal Occupation		Name of Employ	er						
X-Ray Technologist		Danb	ury Hospital						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	nt of Contribution				
)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
unidassing event instead in Section 31:									
If yes, list Event # Cash Personal Check No	03/3	30/2014	\$50.00		\$50.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Stewart		Erin			0917				
Residential Street Address	City			State	Zip Code				
117 Kensington Ave		New Britain		СТ	06051				
Principal Occupation		Name of Employ	er						
Mayor		City	f New Britain						
		-	obbyjet enouse or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	Vac						
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Dute	Received	Aggregate Contributions						
X No Cash Personal Check	02/	20/2014	¢100.00		¢100.00				
If yes, list Event # Money Order X Credit/Debit Card	03/.	30/2014	\$100.00		\$100.00				
LadNama	Firet.			M	Contribution ID#				
Last Name	First			MI	Contribution ID #				
Holden	O.	Alicia		a	0912				
Residential Street Address	City			State	Zip Code				
145 Dewey St		Bennington		VT	05201				
Principal Occupation		Name of Employ							
School Administrator			gfield School District						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		.,	x No						
government the contract is with:									
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash Personal Check									
If yes, list Event # Money Order X Credit/Debit Card	03/.	30/2014	\$100.00		\$100.00				
-									
Last Name	First			MI	Contribution ID #				
Langanke		Rebecca			1062				
Residential Street Address	City			State	Zip Code				
11 Pleasant St	L	New Milford		СТ	06776				
Principal Occupation		Name of Employ	er						
Designer		Ethan	Allen						
Is contributor a principal of a state contractor or prospective state contractor?	,	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		acpendent ennu (-						
government the contract is with:			x _{No}						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section 31?	1								
If yes, list Event # Cash Credit/Debit Card	03/3	30/2014	\$100.00		\$100.00				

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I MONETADY DECEMBER (Continue A.D.									
I. MONETARY RECEIPT	5 (5)	ection A-I)	TYPE OF REPORT						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Team Boughton April 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Molinaro		Peter			0883				
Residential Street Address	City			State	Zip Code				
11407 Waples Mill Rd		Oakton		VA	22124				
Principal Occupation		Name of Employ	er						
Sr. Advisor		Hill St	affer						
			abbriet enauge or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
	Date	Received	Aggregate Contributions						
s this contribution associated with a fundraising event listed in Section J1?									
X No Cash Personal Check	03/	30/2014	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card		,	T						
Last Name	First			MI	Contribution ID #				
Patel	1 1150	Anju			1094				
Residential Street Address	City	Anju		State	Zip Code				
	City	Communall Buis	laa		06754				
45 Kent Rd	L	Cornwall Brid	-	СТ	06754				
Principal Occupation		Name of Employ	er						
Business Owner		Self							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent enna (
government the contract is with: Executive Legislative									
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? X Cash Personal Check									
If yes, list Event # Cash Credit/Debit Card	03/	30/2014	\$25.00		\$25.00				
Last Name	First			MI	Contribution ID #				
DiCerbo		Jacqueline			1064				
Residential Street Address	City			State	Zip Code				
3 Bragdon Ave		Danbury		CT	06811				
Principal Occupation		Name of Employ	er						
Retired		N/A							
Is contributor a principal of a state contractor or prospective state contractor?	_		obbyist, spouse, or	Amou	nt of Contribution				
	0	dependent child of	*						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a fundamining event listed in Section 112.	Date	Received	Aggregate Contributions						
rundraising event fisted in Section 31?									
No Cash X Personal Check	03/	30/2014	\$100.00		\$100.00				
If yes, list Event # 03222014A									
Last Name	First			MI	Contribution ID #				
McKean		Alexis			1072				
Residential Street Address	City	7		State	Zip Code				
2 Trailing Ridge Rd	City	Brookfield		CT	06804				
Principal Occupation	<u> </u>	Name of Employ	or	<u> </u>	00004				
Dental Assistant			vitt DDS						
			obbyict chause or	Amon	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	Vac	Amou	in or Commountion				
If yes, indicate which branch or branches of Executive Legislative		- "	x No						
government the contract is with:	Б.	D i d							
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
x No Cash x Personal Check		20/2011			+400.00				
If yes, list Event # Money Order Credit/Debit Card	03/3	30/2014	\$100.00		\$100.00				

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Team Boughton			April 10 Filing - Original					
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Talati		Chetana			1060			
Residential Street Address	City			State	Zip Code			
4A Broad St		Danbury		СТ	06810			
Principal Occupation Business Owner		Name of Employ Self	er					
			obbyist, spouse, or	Amou	unt of Contribution			
Yes X No	0	dependent child of	Vac					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
tundraising event instead in Section 31:								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	03/	30/2014	\$100.00		\$100.00			
L AV	F: .			L	Louis B"			
Last Name Patel	First	Nita		MI	Contribution ID #			
Residential Street Address	City	INILa		State	Zip Code			
296 Ethan Allen Hwy		Ridgefield		CT	06877			
Principal Occupation		Name of Employ	er					
Owner		Days	Inn					
Is contributor a principal of a state contractor or prospective state contractor?	n		obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a lobbyist?					
government the contract is with:			X No					
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions					
X No Cash X Personal Check	03/	30/2014	\$100.00		\$100.00			
If yes, list Event #	03/	30/2014	\$100.00					
Last Name	First			MI	Contribution ID #			
McKean		William			1067			
Residential Street Address	City			State	Zip Code			
18 Richter Dr		Danbury		СТ	06811			
Principal Occupation		Name of Employ	er					
Retired		N/A						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.	0	dependent child of	obbyist, spouse, or	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? Yes Cash Personal Check								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	03/	30/2014	\$100.00		\$100.00			
				l	Laurin			
Last Name Morin	First	Julianne		MI	Contribution ID # 1093			
Residential Street Address	City	Julianne		State	Zip Code			
13 Richter Dr		Danbury		СТ	06811			
Principal Occupation		Name of Employ	er		1			
Information Requested		New I	Milford High School					
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		перенцені спії (or a robbyist?					
government the contract is with: Legislative Legislative Legislative	D-4	Rassivad						
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions					
X No Cash X Personal Check	03/	31/2014	\$100.00		\$100.00			
If yes, list Event #	Ι΄.		· ·	I				

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I MONETA DV DE CEIDTO (C. C. A. D.								
I. MONETARY RECEIPT	S (S	ection A-I)	I					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Team Boughton April 10 Filing - Original								
Team Boughton								
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
OKeefe		Mary			1095			
Residential Street Address	City			State	Zip Code			
21 Jeanette Rd		Danbury		СТ	06811			
Principal Occupation		Name of Employ	er					
Homemaker		N/A						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with a fundaciona quest listed in Section 112	Date	Received	Aggregate Contributions					
Tunidraising event instead in Section 31:								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	03/	31/2014	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Boughton		Marguerite			1096			
Residential Street Address	City			State	Zip Code			
140 Mt Pleasant Rd		Newtown		СТ	06470			
Principal Occupation		Name of Employ	er	-				
Information Requested		Inforr	nation Requested					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	nt of Contribution			
)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1				
fundraising event listed in Section J1?								
X No T	03/	31/2014	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Silva		Maria			1099			
Residential Street Address	City			State	Zip Code			
5 Sunset Dr		New Fairfield		СТ	06812			
Principal Occupation		Name of Employ	er	•				
Retired		N/A						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution			
)	dependent child of	•					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a fundacing event listed in Section 112	Date	Received	Aggregate Contributions					
Tandarasing event insect in Section 31:								
× No F cash	03/	31/2014	\$25.00		\$25.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Fusek		Edward			1100			
Residential Street Address	City			State	Zip Code			
120 Chambers Rd		Danbury		СТ	06811			
Principal Occupation		Name of Employ	er		!			
Electrician			#488					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	int of Contribution			
Yes X No)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1				
fundraising event listed in Section J1?			-					
X No Cash X Personal Check	03/	31/2014	\$50.00		\$50.00			
If yes, list Event # Money Order	I '	-	1		•			

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I. MONETARY RECEIPTS (Section A-I)									
	2 (20	ection A-1)	TYPE OF PEROPE						
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	First			MI	Contribution ID #				
Denninger		Robin			1101				
Residential Street Address	City			State	Zip Code				
166 Old Brookfield Rd # 34-4		Danbury		СТ	06811				
Principal Occupation		Name of Employ	er						
Teacher		Stam	ford Public Schools						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
	Date	Received	Aggregate Contributions						
s this contribution associated with a fundraising event listed in Section J1?									
X No Cash X Personal Check	03/	31/2014	\$100.00		\$100.00				
If yes, list Event #			T						
Last Name	First			MI	Contribution ID #				
Diorio	1 1130	Dania		1411	1103				
Residential Street Address	C't	Dania		Ct-t-					
	City			State	Zip Code				
14 W Lake Shore Dr		Danbury		СТ	06811				
Principal Occupation		Name of Employ							
Records Dept			ury Police Dept						
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a foodyist?						
government the contract is with:			x _{No}						
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions						
tundraising event listed in Section J1?									
X No T	03/	31/2014	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Zawadzki		Vivian			1104				
Residential Street Address	City			State	Zip Code				
2 Pine Trl	,	Danbury		СТ	06811				
Principal Occupation		Name of Employ	er						
Coordinator		1 7	ern CT Health Network						
			obbyist, spouse, or	Amou	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of		711104	in or commount				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with:	Data	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
X No Cash X Personal Check	02/	21/2014	#F0.00		+ F0.00				
If yes, list Event #	03/.	31/2014	\$50.00		\$50.00				
F									
Last Name	First			MI	Contribution ID #				
Craig		Mamie			1105				
Residential Street Address	City			State	Zip Code				
21 S Meadow Dr		Danbury		СТ	06811				
Principal Occupation		Name of Employ	er						
Retired		N/A							
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a foodyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
If yes, list Event # Cash Credit/Debit Card	03/	31/2014	\$100.00		\$100.00				
11 Jos, 150 Living Order Credit/Debit Card			l l						

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I MONETA DV DECEIDTO (C. 42 A. D.								
I. MONETARY RECEIPT	S (S	ection A-I)	I					
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	First			MI	Contribution ID #			
Allen		Phyllis			1106			
Residential Street Address	City	-		State	Zip Code			
40 Quarry Ridge Rd		New Preston		СТ	06777			
Principal Occupation		Name of Employ	er					
Information Requested			nation Requested					
			obbyist, spouse, or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with:	Date	Received	Aggregate Contributions					
s this contribution associated with a fundraising event listed in Section J1?	Date	Received	riggiegate Contributions					
X No Cash X Personal Check	02/	21/2014	¢E0.00		¢50.00			
If yes, list Event # Money Order Credit/Debit Card	03/.	31/2014	\$50.00		\$50.00			
	-							
Last Name	First			MI	Contribution ID #			
DeJoseph		Thomas			1107			
Residential Street Address	City			State	Zip Code			
16 Barnum Rd		Danbury		СТ	06811			
Principal Occupation		Name of Employ	er					
VP Marketing		LORA	М					
Is contributor a principal of a state contractor or prospective state contractor?	`		obbyist, spouse, or Yes	Amou	nt of Contribution			
	,	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
X No Cash X Personal Check	03/3	31/2014	\$150.00		\$150.00			
If yes, list Event #		•	·					
Last Name	First			MI	Contribution ID #			
Elias		Edson			1108			
Residential Street Address	City			State	Zip Code			
3 Bayview Dr	City	Brookfield		CT	06804			
Principal Occupation			ON.	Ci	00004			
		Name of Employ UPS	CI					
Driver Is contributor a principal of a state contractor or prospective state contractor?			ohhvist spouse or	A				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	V	Amou	nt of Contribution			
If yes, indicate which branch or branches of			x No					
government the contract is with:								
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
If yes, list Event # Cash Credit/Debit Card	03/	31/2014	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Roy		Noel			1111			
Residential Street Address	City			State	Zip Code			
667 Redding Rd		Redding		CT	06896			
Principal Occupation		Name of Employ	er					
Collections		Credit	: Center LLC					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	nt of Contribution			
)	dependent child of	or a robbyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?			*					
x No X Cash Personal Check	03/	31/2014	\$100.00		\$100.00			
If yes, list Event # Money Order Credit/Debit Card	""	J-/ 2017	φ100.00		¥100.00			

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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. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Nget		Riddar			1112			
Residential Street Address	City			State	Zip Code			
1 Hager St		Danbury		СТ	06810			
Principal Occupation		Name of Employ						
Administrative Assistant			obbyist, spouse, or	A	ant of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes)	dependent child of	Voc	Amot	int of Contribution			
If yes, indicate which branch or branches of government the contract is with:			x No					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
X Cash Personal Check								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	03/	31/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Khounvrongsa		Linda			1114			
Residential Street Address	City			State	Zip Code			
83 Westville Ave		Danbury		СТ	06810			
Principal Occupation		Name of Employ	er		•			
Admin		Credit	t Center LLC					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent cinia c	· —					
government the contract is with: Is this contribution associated with a Method of contribution: Method of contribution:	Data	Received	Aggregate Contributions	-				
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions					
X No Cash Personal Check	03/	31/2014	\$100.00		\$100.00			
If yes, list Event #		,						
Last Name	First			MI	Contribution ID #			
Moller		Dawn			1115			
Residential Street Address	City			State	Zip Code			
6 Brentwood Rd		Newtown		СТ	06470			
Principal Occupation		Name of Employ						
Operations Is contributor a principal of a state contractor or prospective state contractor?			obbyist spouse or	A				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Voc	Amot	ant of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1				
tundraising event listed in Section J1?								
If yes, list Event # Cash Personal Check X	03/	31/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Moller	riist	Peter		IVII	1116			
Residential Street Address	City			State	Zip Code			
6 Brentwood Rd		Newtown		СТ	06470			
Principal Occupation		Name of Employ	er	-				
Construction		Self						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a foodyist?					
government the contract is with:	Б.	<u> </u>	X No	4				
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
x No Personal Check	U3/	31/2014	\$100.00		\$100.00			
If yes, list Event # Money Order Credit/Debit Card	03/.	31/2014	\$100.00		φ100.00			

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L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Team Boughton			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Schirmer		Deanna			1117				
Residential Street Address	City			State	Zip Code				
83 Wood Creek Rd		New Fairfield		СТ	06812				
Principal Occupation Billing Manager		Name of Employ	er : Center LLC						
				Amou	ant of Contribution				
Yes X No	0	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
Tundraising event listed in Section 31?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	03/	31/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Jakoboski	11130	JudiAnn		IVII	1118				
Residential Street Address	City	344, 1111		State	Zip Code				
13 Charcoal Ridge Rd E		New Fairfield		СТ	06812				
Principal Occupation		Name of Employ	er		•				
Administrative/Legal Asst			Center LLC						
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent ennu (
government the contract is with: Is this contribution associated with a Method of contribution: Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
X No Personal Check	03/	31/2014	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Abney		Jennifer			1119				
Residential Street Address	City	5 1		State	Zip Code				
45 Morris St Principal Occupation	<u> </u>	Danbury Name of Employ	or	СТ	06810				
Collections			Center LLC						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution				
Yes No	0	dependent child of	-						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Resonal Check	02/	21/2014	±100.00		±100.00				
If yes, list Event # Money Order Credit/Debit Card	03/.	31/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Vrena		Marianela			1120				
Residential Street Address	City			State	Zip Code				
81 Osborne St		Danbury		СТ	06810				
Principal Occupation		Name of Employ							
Debt Collector			Center LLC	Amay	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	dependent child of	obbyist, spouse, or	Amou	int of Contribution				
If yes, indicate which branch or branches of Government the contract is with: Executive Legislative			x _{No}	1					
Is this contribution associated with a Mathod of contribution.	Date	Received	Aggregate Contributions	1					
fundraising event listed in Section J1? Yes X Cash Personal Check									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	03/	31/2014	\$100.00	1	\$100.00				

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I MONETA DV DE CEIDTO (C. C. A. D.								
I. MONETARY RECEIPT	S (S	ection A-I)	1					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Team Boughton April 10 Filing - Original								
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
ODonal		Clifton			1121			
Residential Street Address	City			State	Zip Code			
292 New London Rd		Colchester		СТ	06415			
Principal Occupation		Name of Employ	er					
Plumber		Empir	e State Piping Co Inc					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
rundraising event risted in Section 31:								
X No Cash X Personal Check	03/3	31/2014	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
ODonal		Beverly			1122			
Residential Street Address	City	,		State	Zip Code			
292 New London Rd		Colchester		СТ	06415			
Principal Occupation		Name of Employ	er	<u> </u>	00.120			
Owner			ole Oil LLC					
			obbyjet enouge or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	711100	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with:	Dete	D						
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
Cash X Personal Check								
If yes, list Event # Money Order Credit/Debit Card	03/.	31/2014	\$100.00		\$100.00			
•				! !				
Last Name	First			MI	Contribution ID #			
Iadarola		Pasquale			1125			
Residential Street Address	City			State	Zip Code			
163 Hill St		Waterbury		СТ	06704			
Principal Occupation		Name of Employ	er					
Retired		N/A						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	a loodyist:					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Method of contribution: Specifically the specifical specifi	Date	Received	Aggregate Contributions					
Timidraising event insect in section 31:								
If yes, list Event #	03/3	31/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Stocks		John			1127			
Residential Street Address	City			State	Zip Code			
60 Dodgingtown Rd		Bethel		СТ	06801			
Principal Occupation		Name of Employ	er					
Cashier		Home	Depot					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a foodyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
rundraising event listed in Section J1?								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	03/3	31/2014	\$35.00		\$35.00			

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I MONETA DV DECEMBER (C. P. A. D.									
I. MONETARY RECEIPT	S (S	ection A-I)	1						
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	First			MI	Contribution ID #				
Diakun		John			0986				
Residential Street Address	City			State	Zip Code				
489 Bell St		Glastonbury		СТ	06033				
Principal Occupation		Name of Employ	er						
Attorney		1 ,	ett & McHugh PC						
			obbyist snouse or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	37	111104	in or commonion				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with:	Date	Received	Aggregate Contributions						
s this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
X No Cash Personal Check	02/	21/2014	¢100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card	03/.	31/2014	\$100.00		\$100.00				
	-			,,,	a . 1				
Last Name	First			MI	Contribution ID #				
Chelso		Brenda			0990				
Residential Street Address	City			State	Zip Code				
125 Tower Rd		Brookfield		СТ	06804				
Principal Occupation		Name of Employ	er						
Retired		N/A							
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution				
	,	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
X No Cash Personal Check	03/	31/2014	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card		•							
Last Name	First			MI	Contribution ID #				
Nagarsheth		Kusum			0991				
Residential Street Address	City	Rusum		State	Zip Code				
26 Wedgewood Dr	City	Danbury		CT	06811				
Principal Occupation		Name of Employ	on.	Ci	00011				
		1 ,	ei						
Retired Is contributor a principal of a state contractor or prospective state contractor?		N/A	obbyist spouse or	A					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	V	Amou	nt of Contribution				
If yes, indicate which branch or branches of			X No						
government the contract is with:									
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
_									
If yes, list Event # Cash Credit/Debit Card	03/	31/2014	\$25.00		\$25.00				
Last Name	First			MI	Contribution ID #				
Cohn		Samuel			0992				
Residential Street Address	City			State	Zip Code				
15 Ranger Ln		West Hartfor	d	СТ	06117				
Principal Occupation		Name of Employ	er						
Pharmacist		Walm	art						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution				
	,	dependent child of	of a foodyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1					
fundraising event listed in Section J1?	1								
X No Cash Personal Check	03/	31/2014	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card	I / '	*	,	I					

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I MONETA DV DE CEIDTO (C. C. A. D.								
I. MONETARY RECEIPT	S (S	ection A-I)	I					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Team Boughton April 10 Filing - Original								
Team Boughton								
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Hendrickson		Brian			0997			
Residential Street Address	City			State	Zip Code			
165 Main St		Farmington		CT	06032			
Principal Occupation		Name of Employ	er					
Principal		Nauga	atuck Public Schools	_				
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a foodylst?					
government the contract is with:			x _{No}					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
Tunidasing event instead in Section 31:								
If yes, list Event # Cash Credit/Debit Card	03/	31/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Watts		Michael			1001			
Residential Street Address	City			State	Zip Code			
10 Squirrel Hill Rd		West Hartfor	d	СТ	06107			
Principal Occupation		Name of Employ	er					
Insurance			/atts Group LLC					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child c	<u> </u>					
government the contract is with:			x _{No}					
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? Cash Personal Check								
If yes, list Event # Cash Credit/Debit Card	03/	31/2014	\$100.00		\$100.00			
	l				•			
Last Name	First			MI	Contribution ID #			
Edmond		Timothy			1002			
Residential Street Address	City			State	Zip Code			
3 Hoyt Rd		Sherman		СТ	06784			
Principal Occupation		Name of Employ						
Financial Advisor			Wealth Management					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent enna e	x No					
government the contract is with:	_							
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash X Personal Check	02.	24 /204 4	+400.00		+400.00			
If yes, list Event # Money Order Credit/Debit Card	03/.	31/2014	\$100.00		\$100.00			
The same of the sa								
Last Name	First	Б.		MI	Contribution ID #			
Edmond	G:	Diane		G	1003			
Residential Street Address	City	C.I.		State	Zip Code			
3 Hoyt Rd		Sherman		СТ	06784			
Principal Occupation		Name of Employ						
Surgical Coordinator			nced Dermcare	A	nt of Contrib			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a li dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution			
If yes, indicate which branch or branches of			x _{No}					
government the contract is with: Legislative Legislative Legislative	D-4	P. oooiyyad						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash X Personal Check	027	21/2014	#100 00		¢100.00			
If yes, list Event # Money Order Credit/Debit Card	l ^{U3/.}	31/2014	\$100.00		\$100.00			

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	اد) د	ection A-1)	TYPE OF REPORT					
Team Boughton			April 10 Filing - Original					
B. Itemized Contributions from Individuals								
	_	iividais			G (7 (ID#			
Last Name Peatt	First	Lucille		MI	Contribution ID # 1004			
Residential Street Address	City			State	Zip Code			
202 Mamanasco Rd Apt 1		Ridgefield		СТ	06877			
Principal Occupation		Name of Employ	er					
Retired		N/A						
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	int of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions	1				
Tunidasing event listed in Section 31:								
If yes, list Event # Cash Credit/Debit Card	03/	31/2014	\$100.00		\$100.00			
					La .a . m.			
Last Name	First			MI	Contribution ID #			
Jowdy	G:	Linda		G	1006			
Residential Street Address	City	N. MIIG. I		State	Zip Code			
10 Candlewood Hts		New Milford		СТ	06776			
Principal Occupation Realtor		Name of Employ						
			m Pitt Sothebys obbyist, spouse, or	Amou	unt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes No.)	dependent child of	Vac	711100	ant of Commount			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
	Date	Received	Aggregate Contributions	•				
s this contribution associated with a fundraising event listed in Section J1?								
If yes, list Event # 03312014A	03/	31/2014	\$50.00		\$50.00			
				l				
Last Name	First			MI	Contribution ID #			
Fink		Pat			1009			
Residential Street Address	City	N 5 . C . I		State	Zip Code			
3 Meadowbrook Dr		New Fairfield		СТ	06812			
Principal Occupation Real Estate		Name of Employ						
			hire Hathaway obbyist, spouse, or	A mou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of		7111100	ant of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a fundamining agent listed in Section 112	Date	Received	Aggregate Contributions					
Tunidasing event listed in Section 31:								
If yes, list Event # 03312014A Cash Cash Personal Check No	03/	31/2014	\$25.00		\$25.00			
Last Name	First			MI	Contribution ID #			
Parker	1 1130	Sallie		1411	1010			
Residential Street Address	City			State	Zip Code			
27 Woodcrest Ln		Danbury		СТ	06810			
Principal Occupation		Name of Employ	er					
Broker		Coldw	vell Banker					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		acpendent child (x No					
government the contract is with:	Date	Received	Aggregate Contributions	1				
s this contribution associated with a fundraising event listed in Section J1?	Date	1.0001100	1.5510gate Contitutions					
If yes list Event # 03312014A Cash Personal Check	03/	31/2014	\$70.00		\$70.00			
If yes, list Event # 03312014A	ı			I				

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Type OF REPORT April 10 Filing - Original								
Team Boughton								
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Conroy		Sean			1011			
Residential Street Address	City	5 1		State	Zip Code			
12 Cornell Dr Principal Occupation		Danbury Name of Employ	or.	СТ	06810			
Safety Advocate			ury Public Schools					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent child of	x No					
government the contract is with:	Date	Received	Aggregate Contributions	1				
fundraising event listed in Section J1?			1-88-48					
If yes, list Event # 03312014A	03/:	31/2014	\$20.00		\$20.00			
Last Name	First			MI	Contribution ID #			
Mulhau	1 1150	Peter		""	1013			
Residential Street Address	City			State	Zip Code			
45 Benson Dr		Danbury		СТ	06810			
Principal Occupation		Name of Employ	er	•				
Mortgage Banker		Citiba	nk					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or	Amou	nt of Contribution			
If yes, indicate which branch or branches of government the contract is with:		dependent child of	x No					
Is this contribution associated with a fundaming award listed in Section 112.	Date	Received	Aggregate Contributions	1				
No No Personal Check	03/:	31/2014	\$80.00		\$80.00			
If yes, list Event # 03312014A								
Last Name	First			MI	Contribution ID #			
McCarthy		Patricia			1016			
Residential Street Address	City			State	Zip Code			
73 Boulevard Dr # 10		Danbury		СТ	06810			
Principal Occupation Information Requested		Name of Employ	er nation Requested					
·			·	Amor	nt of Contribution			
Yes A No)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
If yes, list Event # 03312014A	03/:	31/2014	\$40.00		\$40.00			
Last Name	First			MI	Contribution ID #			
Cruger	riist	Laura		IVII	1019			
Residential Street Address	City	Luuru		State	Zip Code			
30 Arapaho Rd		Brookfield		СТ	06804			
Principal Occupation		Name of Employ	er	•				
Realtor		Willia	m Pitt Sothebys					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or fa lobbyist?	Amou	nt of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a X Yes Method of contribution:	Date	Received	Aggregate Contributions	1				
tundraising event risted in Section 31?								
If yes list Event # 03312014A Cash Cash Personal Check	03/3	31/2014	\$35.00		\$35.00			

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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. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Cicala		Marco			1020			
Residential Street Address	City			State	Zip Code			
12 Wells Rd		New Milford		СТ	06776			
Principal Occupation		Name of Employ	er					
Contractor		Self						
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or of a labbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of						
government the contract is with: Executive Legislative	D-4-	D i 4						
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
No X Cash Personal Check	03/	31/2014	\$35.00		\$35.00			
If yes, list Event # 03312014A	03/	31/2014	\$55.00		\$55.00 			
Last Name	First			MI	Contribution ID #			
Voelzke		Dana			1021			
Residential Street Address	City			State	Zip Code			
63 W Redding Rd		Danbury		СТ	06810			
Principal Occupation		Name of Employ	er					
Loan Officer		Citiba	ınk					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	-	dependent child of	51 a 1000y1st?					
government the contract is with:			x _{No}					
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
Cash X Personal Check	02/	24 /204 4	+25.00		+25.00			
If yes, list Event # 03312014A	03/	31/2014	\$35.00		\$35.00			
Last Name	First			MI	Contribution ID #			
Jackson	11130	Barbara		· · · ·	1022			
Residential Street Address	City			State	Zip Code			
6 Terre Haute Rd		Danbury		СТ	06810			
Principal Occupation		Name of Employ	er					
Retired		N/A						
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a foodyfst:					
government the contract is with: Executive Legislative			x No					
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
No Cash X Personal Check	02/	21/2014	¢3E 00		¢2E 00			
If yes, list Event # 03312014A	03/	31/2014	\$35.00		\$35.00			
Last Name	First			MI	Contribution ID #			
Rios		RIchard			1025			
Residential Street Address	City			State	Zip Code			
12 Beverly Dr		Brookfield		СТ	06804			
Principal Occupation		Name of Employ	er		-			
Marketing		Sears	;					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a foodyist?					
government the contract is with:			x _{No}					
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
No No Personal Check	03,	21/2014	*35.00		¢3E 00			
If yes, list Event # 03312014A	03/	31/2014	\$35.00		\$35.00			

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	5 (51	ction A-1)	TYPE OF REPORT					
Team Boughton			April 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Taylor		Jackie			1027			
Residential Street Address	City			State	Zip Code			
134 Deer Hill Ave Unit A6	ĺ	Danbury		СТ	06810			
Principal Occupation		Name of Employ	er					
Real Estate		Davis	& Hoyt					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with a fundamining event listed in Section 112.	Date	Received	Aggregate Contributions					
X Parsonal Check								
If yes, list Event # 03312014A No Money Order Credit/Debit Card	03/3	31/2014	\$35.00		\$35.00			
in you, in the result is a second country of the second country of								
Last Name	First			MI	Contribution ID #			
Assheton		Thomas			1029			
Residential Street Address	City			State	Zip Code			
586 Putting Green Ln	L	Oxford		СТ	06478			
Principal Occupation		Name of Employ	er					
Real Estate		Self						
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child (
government the contract is with:			x _{No}					
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
Cash X Personal Check								
If yes, list Event # 03312014A No Money Order Credit/Debit Card	03/3	31/2014	\$35.00		\$35.00			
				l				
Last Name	First			MI	Contribution ID #			
Pereira		Alexandra		_	1030			
Residential Street Address	City	.		State	Zip Code			
32 Triangle St		Danbury		СТ	06810			
Principal Occupation		Name of Employ Sport						
Secretary Is contributor a principal of a state contractor or prospective state contractor?		•	obbyist, spouse, or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of		Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?			86 8					
No Cash X Personal Check	03/3	31/2014	\$35.00		\$35.00			
If yes, list Event # 03312014A			·					
Last Name	First			MI	Contribution ID #			
McGannon		Richard			1031			
Residential Street Address	City			State	Zip Code			
39 Station Rd		Redding		СТ	06896			
Principal Occupation		Name of Employ	er	•				
Attorney		Self						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a foodyist?					
government the contract is with:			x _{No}					
Is this contribution associated with a fundraising event listed in Section 112	Date	Received	Aggregate Contributions					
Tundraising event listed in Section 31:								
If yes, list Event # 03312014A No Money Order Credit/Debit Card	03/3	31/2014	\$35.00		\$35.00			

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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. Itemized Contributions from	n Ind	lividuals					
Last Name	First			MI	Contribution ID #		
Kurjiaka		Leon			1032		
Residential Street Address	City			State	Zip Code		
14 Wixted Ave		Danbury		СТ	06810		
Principal Occupation		Name of Employ	er				
Realtor		Self					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution		
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?				
government the contract is with:			x _{No}				
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions				
Cash X Personal Check	02/	21/2014	#3F 00		±25.00		
If yes, list Event # 03312014A No Money Order Credit/Debit Card	03/.	31/2014	\$35.00		\$35.00		
Last Name	First			MI	Contribution ID #		
Kelly	1 1130	Patricia		1411	1033		
Residential Street Address	City			State	Zip Code		
34 Aunt Pattys Ln W		Bethel		СТ	06801		
Principal Occupation		Name of Employ	er				
Realtor		Willia	m Pitt Sothebys				
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution		
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?				
government the contract is with: Executive Legislative			x _{No}				
Is this contribution associated with a	Date	Received	Aggregate Contributions				
Tuildiaising event listed in Section 31?							
If yes, list Event # 03312014A No Money Order Credit/Debit Card	03/	31/2014	\$35.00		\$35.00		
Last Name	First	D. I		MI	Contribution ID #		
Anderson	G:	Roberta		Gr. r	1035		
Residential Street Address 50 Lake Dr S Candlewood Isle	City	New Fairfield		State CT	Zip Code 06812		
Principal Occupation		Name of Employ		Ci	00012		
Real Estate Sales		1 ,	m Pitt Sothebys				
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution		
)	dependent child of	Vac				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No				
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions				
Tundraising event instead in Section 31:							
If yes, list Event # 03312014A No Some Order Credit/Debit Card	03/	31/2014	\$35.00		\$35.00		
Last Name	First			MI	Contribution ID #		
Tedesco	G:	Michael		G	1036		
Residential Street Address 52 Padanaram Rd	City	Danbury		State CT	Zip Code 06811		
Principal Occupation		Name of Employ	er	CI	00011		
Real Estate Agent			mation Requested				
			obbyist, spouse, or	Amou	nt of Contribution		
Yes X No)	dependent child of	Vac				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}				
Is this contribution associated with a fundricing agent listed in Section 112.	Date	Received	Aggregate Contributions				
Tunidasing event listed in Section 31:							
If yes, list Event # 03312014A No Cash Personal Check No Money Order Credit/Debit Card	03/	31/2014	\$35.00		\$35.00		
July 51 and 500 Edit Debit Cult				l			

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I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT April 10 Filing - Original		
Team Boughton			7 April 10 T lilling Chightan		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Ritucci		Janet			1038
Residential Street Address	City			State	Zip Code
672 Charcoal Ave		Middlebury Name of Employ	or.	СТ	06762
Principal Occupation Customer Service			chard Ritucci		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent child of	x No		
government the contract is with:	Date	Received	Aggregate Contributions	•	
fundraising event listed in Section J1?	Dute	Received	Aggregate Contributions		
If yes, list Event # 03312014A No X Cash Personal Check Money Order Credit/Debit Card	03/	31/2014	\$35.00		\$35.00
Last Name	First			MI	Contribution ID #
Pagano		Phyliss			1039
Residential Street Address	City			State	Zip Code
14 Bittersweet Dr		Danbury		СТ	06811
Principal Occupation		Name of Employ	er	-	•
Retired		N/A			
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		dependent enna (x No		
Is this contribution associated with a fundamining event listed in Section 112	Date	Received	Aggregate Contributions	1	
No Cash X Personal Check	03/	31/2014	\$35.00		\$35.00
If yes, list Event # 03312014A					
Last Name	First			MI	Contribution ID #
McManus		Patricia			1040
Residential Street Address	City			State	Zip Code
165 Long Meadow Hill Rd	<u> </u>	Brookfield		СТ	06804
Principal Occupation Real Estate Agent		Name of Employ	er m Pitt Sothebys		
			<u> </u>	Amou	unt of Contribution
Yes A N	0	dependent child of	Vac		
If yes, indicate which branch or branches of government the contract is with:			x No		
Is this contribution associated with a fundamining quent listed in Section 112	Date	Received	Aggregate Contributions	1	
Tunidiasing event instead in Section 71:					
If yes, list Event # 03312014A Solution No Cash Cash Credit/Debit Card	03/	31/2014	\$35.00		\$35.00
Last Name	First			MI	Contribution ID #
Repasi		James			1041
Residential Street Address	City			State	Zip Code
145 Canal St Unit 415		Shelton		СТ	06484
Principal Occupation		Name of Employ			
Automotive Technician			he of Fairfield		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?			55 · 5 · · · · · · · · · · · · · · · ·		
If yes, list Event # 03312014A	03/	31/2014	\$35.00		\$35.00

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I. MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Team Boughton			April 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Murray		Mae			1042
Residential Street Address	City			State	Zip Code
162 C Heritage Vlg		Southbury		СТ	06488
Principal Occupation		Name of Employ	er		
Retired		N/A			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?			1.99.18		
No Cash X Personal Check	03/3	31/2014	\$35.00		\$35.00
If yes, list Event # 03312014A			•		·
Last Name	First			MI	Contribution ID #
Fiorita		Mary Ellen			1044
Residential Street Address	City			State	Zip Code
4 Junper Ridge Dr		Danbury		СТ	06811
Principal Occupation		Name of Employ	er		
Real Estate Broker			nation Requested		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent enna e			
government the contract is with: Executive Legislative		D 1 1			
Is this contribution associated with a fundraising event listed in Section J1? X Yes Method of contribution:	Date	Received	Aggregate Contributions		
No Cash X Personal Check	03/	31/2014	\$35.00		\$35.00
If yes, list Event # 03312014A	03/.	51/2014	\$33.00		\$33.00
Last Name	First			MI	Contribution ID #
Improta		Maura			1047
Residential Street Address	City			State	Zip Code
18 Indian Hill Rd		Redding		СТ	06896
Principal Occupation		Name of Employ	er		
Unemployed		N/A			
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of	,	dependent child of	a loodyist:		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions		
No Resonal Check	02/	21/2014	#3F 00		#35.00
If yes, list Event # 03312014A Money Order Credit/Debit Card	03/.	31/2014	\$35.00		\$35.00
Last Name	First			MI	Contribution ID #
Troetti	Tilst	Maria		IVII	1048
Residential Street Address	City	110110		State	Zip Code
65 Balmforth Ave		Danbury		СТ	06810
Principal Occupation		Name of Employ	er		
Administrative Support		Ridge	field Public Schools		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a fundamining agent listed in Section 112	Date	Received	Aggregate Contributions		
Tunidasing event issed in Section 31:					
If yes list Event # 03312014A	03/3	31/2014	\$100.00		\$100.00

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Team Boughton Type Of Report April 10 Filing - Original April 10 Filing - Original April 10 Filing - Original Type Of Report April 10 Filing - Original April 10 Fi
B. Itemized Contributions from Individuals First Jacob Main Contribution ID# 1050 Residential Street Address State Address State Address State Address State Address State Address Armored Auto Group Fincipal Occupation Marketing Marketing Marketing Marketing Armored Auto Group Is contributor a principal of a state contractor or prospective state contractor? Yes No Armored Auto Group Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution: Cash Personal Cheek O3/31/2014 \$100.00 \$100.00 Is this contribution associated with a fundraising event listed in Section J1? No O4/40 O5/40 O5/40 O5/40 Is this contribution associated with a fundraising event listed in Section J1? No O5/40 O5/4
First Jacob Mill Contribution ID#
Fasidential Street Address
Residential Street Address City Danbury CT 06811 Principal Occupation Marketing State contractor or prospective state contractor? Yes X No No No No No No No
Principal Occupation Marketing Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of acovernment the contract is with: If yes, indicate which branch or branches of fundraising event listed in Section J1? If yes, list Event # 03312014A Last Name Last Name Omarra Date Received Aggregate Contributions First Sean MI Contribution ID # Contribution ID # Danbury No Obella 1 Occupation Name of Employer Armored Auto Group Armored Auto Group Agrospate Contribution \$\text{Amount of Contribution}\$ Amount of Contribution of Contribution of Apgregate Contributions First Sean MI Contribution ID # Contribution ID # Danbury Principal Occupation Name of Employer
Principal Occupation Marketing Is contributor a principal of a state contractor or prospective state contractor? 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 # 03312014A Method of contribution: Cash X Personal Check O3/31/2014 Money Order Credit/Debit Card Credit/Debit Car
Armored Auto Group 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? Last Name Cash Money Order Cash Omarra City City City City City City City Cit
Is contributor a principal of a state contractor or prospective state contractor? Yes X No If yes, indicate which branch or branches of government the contract is with: Executive Legislative Legislative Legislative X No Is this contribution associated with a fundraising event listed in Section J1? No Method of contribution: Cash X Personal Check O3/31/2014 \$100.00 \$100.00 Last Name First Sean In Section ID Sean In Section ID Is this contribution associated with a fundraising event listed and the section J1? Sean In Section ID In Section ID In Section ID In Sean In Section ID In Section ID In Sean In Section ID In Sean In Section ID In Section ID In Sean In Section ID In Sec
If yes, indicate which branch or branches of government the contract is with: 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 # 03312014A Date Received Aggregate Contributions
Executive Legislative Date Received Aggregate Contributions Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # 03312014A Last Name Cash Personal Check O3/31/2014 First Sean MII Contribution ID # Sean Contribution ID # Sean Residential Street Address 3 Hillendale Ave Principal Occupation Name of Employer
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # 03312014A Last Name Cash Noney Order Credit/Debit Card Cash Noney Order Credit/Debit Card First Sean City Danbury Principal Occupation Name of Employer Name of Employer
Last Name Contribution ID # Omarra Residential Street Address 3 Hillendale Ave Personal Check Credit/Debit Card No Cash Money Order Credit/Debit Card No Credit/Debit Card First Sean City State Danbury Name of Employer Name of Employer
Last Name First MI Contribution ID # Omarra Sean 1053 Residential Street Address City State Zip Code 3 Hillendale Ave Danbury CT 06811 Principal Occupation Name of Employer
Last Name First MI Contribution ID # Omarra Sean 1053 Residential Street Address City State Zip Code 3 Hillendale Ave Danbury CT 06811 Principal Occupation Name of Employer
Omarra Sean 1053 Residential Street Address City State Zip Code 3 Hillendale Ave Danbury CT 06811 Principal Occupation Name of Employer
Residential Street Address 3 Hillendale Ave Danbury CT 06811 Principal Occupation Name of Employer
3 Hillendale Ave Danbury CT 06811 Principal Occupation Name of Employer
Principal Occupation Name of Employer
Accountant
Is contributor a principal of a state contractor or prospective state contractor? Is contributor a lobbyist, spouse, or Amount of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Amount of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative
Is this contribution associated with a X Yes Method of contribution: Date Received Aggregate Contributions
fundraising event listed in Section J1?
□ No □ □ □ □ □ 03/31/2014 □ \$100.00 □ \$100.00
If yes, list Event # 03312014A
Last Name First MI Contribution ID #
Larsen Helena 1055
Residential Street Address City State Zip Code
8 Peralta St New Fairfield CT 06812
Principal Occupation Name of Employer
Retired N/A
Is contributor a principal of a state contractor or prospective state contractor? Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Amount of Contribution
If yes, indicate which branch or branches of Executive Legislative Legislative
government the contract is with.
fundraising event listed in Section J1? Method of contribution: Date Received Aggregate Contributions
No N
If yes, list Event # 03312014A
Last Name First MI Contribution ID #
Lyon Bruce 1056
Residential Street Address City State Zip Code
8 Canterbury Ct Danbury CT 06811
Principal Occupation Name of Employer
Caterer Self
Caterer Is contributor a principal of a state contractor or prospective state contractor? Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Amount of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Amount of Contribution Yes X 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: Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist, spouse, or dependent child of a lobbyist? It is contributor a lobbyist, spouse, or dependent child of a lobbyist? It is contributor a lobbyist, spouse, or dependent child of a lobbyist? It is contributor a lobbyist, spouse, or dependent child of a lobbyist? It is contributor a lobbyist, spouse, or dependent child of a lobbyist? It is contributor a lobbyist, spouse, or dependent child of a lobbyist? It is contributor a lobbyist, spouse, or dependent child of a lobbyist?
Is contributor a principal of a state contractor or prospective state contractor? Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes One of the principal of a state contractor or prospective state contractor? Yes One of the principal of a state contractor or prospective state contractor? Yes One of the principal of a state contractor or prospective state contractor? Yes One of the principal of a state contractor or prospective state contractor? Yes One of the principal of a state contractor or prospective state contractor? Yes One of the principal of a state contractor or prospective state contractor? Yes One of the principal of a state contractor or prospective state contractor? Yes One of the principal of a state contractor or prospective state contractor? Yes One of the principal of a state contractor or prospective state contractor? Yes One of the principal of a state contractor or prospective state contractor? Yes One of the principal of a state contractor or prospective state contractor? Yes One of the principal of a state contractor or prospective state contractor? Yes One of the principal of a state contractor or prospective state contractor? Yes One of the principal of a state contractor or prospective state contractor? Yes One of the principal of a state contractor or prospective state contractor? Yes One of the principal of a state contractor or prospective state contractor? Yes One of the principal of a state contractor or prospective state contrac

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L MONETARY RECEIPT	S (Se	ection A-I)						
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	First			MI	Contribution ID #			
Kuhn		Daniel			1052			
Residential Street Address	City			State	Zip Code			
23 Hawthorne Cove Rd		Danbury		СТ	06811			
Principal Occupation Realtor		Name of Employ Self	er					
			obbyist, spouse, or	Amou	unt of Contribution			
Yes X No	0	dependent child of	Vac					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with a X Voc Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? Cash Personal Check								
If yes, list Event # 03312014A No Money Order Credit/Debit Card	03/	31/2014	\$100.00		\$100.00			
L AV	F: /			L	Louis B"			
Last Name Jaber	First	Suzanne		MI	Contribution ID # 1049			
Residential Street Address	City	Suzaille		State	Zip Code			
375 Ridgebury Rd		Ridgefield		CT	06877			
Principal Occupation		Name of Employ	er					
Retired		N/A						
Is contributor a principal of a state contractor or prospective state contractor?	n		obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a lobbyist?					
government the contract is with:			X No					
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions					
No Cash X Personal Check	03/	31/2014	\$100.00		\$100.00			
If yes, list Event # 03312014A	03/	31/2014	\$100.00		Ţ100.00 			
Last Name	First			MI	Contribution ID #			
Salame		Elizabeth			0941			
Residential Street Address	City			State	Zip Code			
14 Claremont Ave		Danbury		СТ	06810			
Principal Occupation		Name of Employ	er					
Retired		N/A	ohhvist snouse or	A				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child	oody ist, spouse, or	Amou	unt of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1				
fundraising event listed in Section J1? Yes Cash Personal Check								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	03/	31/2014	\$100.00		\$100.00			
	L			l				
Last Name Jowdy	First	Mary		MI	Contribution ID # 1102			
Residential Street Address	City	indi y		State	Zip Code			
9 Granville Ave		Danbury		СТ	06810			
Principal Occupation		Name of Employ	er		1			
Retired		N/A						
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		асренаен сина (x No					
government the contract is with: Is this contribution associated with a Method of contribution: Method of contribution:	Dete	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions					
X No Cash X Personal Check	03/	31/2014	\$100.00		\$100.00			
If yes, list Event #	ı			I				

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I. MONETARY RECEIPT	S (S	ection A-I)	I was or benone		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT April 10 Filing - Original		
Team Boughton			7,prii 10 1 iiiiig - Griginai		
B. Itemized Contributions from	n Ind	lividuals		_	
Last Name	First			MI	Contribution ID #
Wilson		James			1097
Residential Street Address	City			State	Zip Code
22 Sil Cam Dr	<u> </u>	Danbury		СТ	06811
Principal Occupation Retired		Name of Employ N/A	er		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Ye	Amou	ant of Contribution
If yes, indicate which branch or branches of	0	dependent child of	or a lobbyist?	i	
government the contract is with:	D-4-	D i d		4	
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
If yes, list Event # Cash X Personal Check Money Order Credit/Debit Card	03/	31/2014	\$50.00		\$50.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Wilson		Paula		<u> </u>	1098
Residential Street Address	City			State	Zip Code
22 Sil Cam Dr	<u> </u>	Danbury Name of Employ	TOP.	СТ	06811
Principal Occupation Retired		Name of Employ N/A	ei		
			obbyist, spouse, or	Amou	ant of Contribution
Yes X No	0	dependent child of	Va	3	
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No		
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?					
If yes, list Event # Cash Credit/Debit Card	03/	31/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Williamson		Laurie			0987
Residential Street Address	City			State	Zip Code
2 Tinywood Rd		Darien		СТ	06820
Principal Occupation	-	Name of Employ	er	_	•
Lawyer		Self			
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	ant of Contribution
If yes, indicate which branch or branches of government the contract is with:			x No		
Is this contribution associated with a	Date	Received	Aggregate Contributions	1	
tundraising event listed in Section 31:					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	03/	31/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Esposito		Chase			0994
Residential Street Address	City			State	Zip Code
1 Carlins Way		Brookfield		СТ	06804
Principal Occupation		Name of Employ	er	_	•
N/A		N/A			
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or Of a lobbyist?	Amou	ant of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
tundraising event listed in Section 31?					
If yes list Event # Cash Credit/Debit Card	03/	31/2014	\$35.00		\$35.00

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I, MONETARY RECEIPTS (Section A-I)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission		ection A-1)	TYPE OF REPORT				
Team Boughton	· <i>)</i>		April 10 Filing - Original				
B. Itemized Contributions for	rom Inc	lividuals					
				\ , g	G (7 (ID //		
Last Name Hazard	First	Jean		MI	Contribution ID # 1065		
Residential Street Address	City			State	Zip Code		
13 Horseshoe Dr		Danbury		СТ	06811		
Principal Occupation		Name of Employ	er				
Retired		N/A					
Is contributor a principal of a state contractor or prospective state contractor?	No	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	int of Contribution		
If yes, indicate which branch or branches of Executive Legislative		dependent enna (x _{No}				
government the contract is with	Date	Received	Aggregate Contributions				
fundraising event listed in Section J1?			86 .8				
If yes, list Event #	03/	31/2014	\$100.00		\$100.00		
	_						
Last Name	First			MI	Contribution ID #		
Dunn		Mary Lou			0946		
Residential Street Address	City			State	Zip Code		
11 Cherryfield Dr		Danbury		СТ	06810		
Principal Occupation		Name of Employ	er				
Retired		N/A		i			
Is contributor a principal of a state contractor or prospective state contractor?	No	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	int of Contribution		
If yes, indicate which branch or branches of Executive Legislative		dependent chira (x No				
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions				
fundraising event listed in Section J1?			86 .8				
If yes, list Event # Cash X Personal Check Money Order Credit/Debit Card	03/	31/2014	\$100.00		\$100.00		
T. M	, F: (C C C D		
Last Name McHenry	First	Pamela		MI	Contribution ID # 1015		
Residential Street Address	City			State	Zip Code		
66 Driftway Rd		Danbury		СТ	06811		
Principal Occupation		Name of Employ	er				
Realtor		Willia	m Raveis Realty				
Is contributor a principal of a state contractor or prospective state contractor?	No		obbyist, spouse, or Yes	Amou	nt of Contribution		
If yes, indicate which branch or branches of	110	dependent child of	a lobbyist:				
government the contract is with: Executive Legislative			x _{No}				
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions				
If yes, list Event # 03312014A No Solution No Money Order Credit/Debit Card	03/	31/2014	\$40.00		\$40.00		
Last Name	First			MI	Contribution ID #		
Zilliox		JoAnne			1007		
Residential Street Address	City			State	Zip Code		
10 Firelight Dr		Danbury		СТ	06810		
Principal Occupation	•	Name of Employ	er		-		
Paraeducator		Board	of Ed				
Is contributor a principal of a state contractor or prospective state contractor?	No	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution		
If yes, indicate which branch or branches of Executive Legislative		dependent child (x No				
government the contract is with:	Date	Received	Aggregate Contributions				
fundraising event listed in Section J1?	Date		op-opure continuations				
If yes, list Event # 03312014A No Solution No Solution No Solution No Solution No	03/	31/2014	\$100.00		\$50.00		

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I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT April 10 Filing - Original		
Team Boughton			7 April 10 Filling Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Brown		Richard			0929
Residential Street Address	City			State	Zip Code
620 Christian Rd	<u> </u>	Middlebury		СТ	06762
Principal Occupation Tech		Name of Employ Atlant	er cic DDA		
			obbyist, spouse, or	Amo	unt of Contribution
is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	of a lobbyist?	es	
If yes, indicate which branch or branches of government the contract is with:			x N	о	
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes, list Event # Money Order X Credit/Debit Card	03/:	31/2014	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Hensal		Betty			0988
Residential Street Address	City	· · · · · · · · · · · · · · · · · · ·		State	Zip Code
20 Arapaho Rd		Brookfield		СТ	06804
Principal Occupation	•	Name of Employ	er	•	•
Realtor		Hensa	al Realty		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or	es Amo	unt of Contribution
If yes, indicate which branch or branches of		dependent child of	of a lobbyist?		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	03/	31/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Rotella		Terri			1023
Residential Street Address	City			State	Zip Code
62 Rockwell Rd		Bethel		СТ	06801
Principal Occupation	-	Name of Employ	er	-	•
Realtor		Willia	m Pitt Sothebys		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	es	unt of Contribution
If yes, indicate which branch or branches of		dependent enna e	x _N	0	
government the contract is with.	Date	Received	Aggregate Contributions	_	
fundraising event listed in Section J1?			1.66.16		
If yes, list Event # 03312014A	03/	31/2014	\$55.00		\$35.00
Last Name	First			MI	Contribution ID #
Iadarola		Antonio			1126
Residential Street Address	City			State	Zip Code
8 Knolls Rd		New Fairfield		СТ	06812
Principal Occupation	•	Name of Employ	er	•	
Engineer		City o	f Danbury		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or Of a lobbyist?	Amo	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x N	o	
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes list Event # Cash X Personal Check Cash X Personal Check Credit/Debit Card	03/	31/2014	\$100.00		\$100.00

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I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			April 10 Filing - Original		
Team Boughton			7 pm 10 1 ming Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Kowalkowski		Doris		<u> </u>	0947
Residential Street Address	City			State	Zip Code
68 Arrowhead Rd		Brookfield		СТ	06804
Principal Occupation Retired		Name of Employ N/A	er		
			obbyist, spouse, or	Amou	ınt of Contribution
Yes X No)	dependent child of	V	i.	
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with a Yes Yes	Date	Received	Aggregate Contributions		
x Cash Personal Check					
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	03/	31/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Kowalkowski	11130	Edward		IVII	0944
Residential Street Address	City	2411414		State	Zip Code
68 Arrowhead Rd	,	Brookfield		СТ	06804
Principal Occupation		Name of Employ	er		!
Automotive Repair		Self			
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	-	
fundraising event listed in Section J1?	Duit	10001100	riggiogate communions		
If yes, list Event #	03/	31/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Almeida		Carina		<u> </u>	0989
Residential Street Address	City	Dankana		State	Zip Code
22 Main St Unit 13 Principal Occupation		Danbury Name of Employ	or.	СТ	06810
Social Worker			ury Public Schools		
				Amor	unt of Contribution
Yes A No)	dependent child of			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No		
Is this contribution associated with a	Date	Received	Aggregate Contributions	1	
tundraising event listed in Section 31:					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	03/	31/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Ofiero		Regina			0996
Residential Street Address	City			State	Zip Code
1 Humber Hill Rd		Danbury		СТ	06810
Principal Occupation		Name of Employ	er	-	
Retired		N/A		_	
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?					
If yes list Event # Cash Personal Check No	03/	31/2014	\$135.00		\$35.00

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I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT April 10 Filing - Original		
Team Boughton			April 10 Tilling - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Orwick		Mary Elizabet	th		1091
Residential Street Address	City			State	Zip Code
221 Charter Oak Rd	<u> </u>	Southbury Name of Employ		СТ	06488
Principal Occupation Teacher		1 ,	er nire Board of Education		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l	obbyist, spouse, or	/es Amor	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:		dependent enna e		10	
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	\dashv	
fundraising event listed in Section J1? Yes X Cash Personal Check					
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	03/	31/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Jennings		Alfred			0935
Residential Street Address	City			State	Zip Code
14 Schoolhouse Dr		Danbury		СТ	06811
Principal Occupation	•	Name of Employ	er	-	•
Retired		N/A			
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or	/es Amor	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:		dependent child of	a lobbyist?	10	
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	\dashv	
fundraising event listed in Section J1? Yes Cash Regresonal Check					
If yes, list Event # Cash Y Personal Check Money Order Credit/Debit Card	03/	31/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Krauland		Gilbert			0993
Residential Street Address	City			State	Zip Code
53 Bogus Hill Rd		New Fairfield		СТ	06812
Principal Occupation		Name of Employ	er		
Software Engineer		Innov	ative Consulting Group		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	'es Amo	unt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			X N	lo	
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions	7	
fundraising event listed in Section J1? X No	02.0	24 /204 4	+100.00		+100.00
If yes, list Event # Money Order X Credit/Debit Card	03/.	31/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Jahncke		Red			0931
Residential Street Address	City			State	Zip Code
553 North St		Greenwich		СТ	06830
Principal Occupation		Name of Employ			
Consultant Is contributor a principal of a state contractor or prospective state contractor?			ownsend Group Intl, LLC	Amo	unt of Contribution
is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of		es Allio	ant of Contribution
If yes, indicate which branch or branches of appearment the contract is with: Executive Legislative			x ,	10	
Is this contribution associated with a Mathed of contribution	Date	Received	Aggregate Contributions	\dashv	
fundraising event listed in Section J1?					
If yes list Event # Cash Personal Check No	03/	31/2014	\$100.00		\$100.00

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I. MONETARY RECEIPT	S (Se	ection A-I)	TYPE OF DEDORATE		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Team Boughton			TYPE OF REPORT April 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Pearce		Celeste			1124
Residential Street Address	City	N 5:611		State	Zip Code
6 Knolls Rd Principal Occupation		New Fairfield Name of Employe	or.	СТ	06812
Pilot		1 ,	can Airlines		
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or	Amor	unt of Contribution
If yes, indicate which branch or branches of	,	dependent child o	Ta lobbyist?		
government the contract is with:	Doto	Received	Aggregate Contributions	<u> </u>	
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X No Cash X Personal Check	03/3	31/2014	\$100.00		\$100.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Laone		Ronald			1005
Residential Street Address	City			State	Zip Code
111 Scott Rd		Prospect		СТ	06712
Principal Occupation Counselor		Name of Employ			
		State Is contributor a le	shbrigt angua ar	Amo	unt of Contribution
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child o	·	es	ant of contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x N	0	
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	7	
fundraising event listed in Section J1?					
If yes, list Event # Cash Credit/Debit Card	03/3	31/2014	\$50.00		\$50.00
Last Name	First	C 1		MI	Contribution ID #
Lilienthal Residential Street Address	City	Sal		State	0940 Zip Code
9 Bridge St	City	Kent		CT	06757
Principal Occupation		Name of Employ	er		1 00/3/
Owner			e Tour Company		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or f a lobbyist?	Amo	unt of Contribution
If was indicate which branch or branches of	,	dependent child o	i u loboyist:		
government the contract is with: Executive Legislative			x N	0	
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
X No Personal Check	02/	24 (204.4	+100.00		+40.00
If yes, list Event # Money Order Credit/Debit Card	03/.	31/2014	\$100.00		\$40.00
Last Name	First			MI	Contribution ID #
Thomas		Tamara			1018
Residential Street Address	City			State	Zip Code
2 Evergreen Rd		Danbury		СТ	06811
Principal Occupation		Name of Employ	er	-	•
Realtor		Self		_	
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a le dependent child of	obbyist, spouse, or f a lobbyist?	Amor	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		. p	x _N		
government the contract is with:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?			55 -6		
If yes list Event # 03312014A Cash X Personal Check No Money Order Credit/Debit Card	03/3	31/2014	\$35.00		\$35.00

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Count Name	I. MONETARY RECEIP	TS (S	ection A-I)	1		
Trans	NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT April 10 Filing - Original		
Early Name						
Recilerated Server, Authors	B. Itemized Contributions fr	om Inc	lividuals			
The contribution approach of a state contractor or prospective state contractor or properties Source Sour	Last Name	First			MI	
11 Shoreview Ln		-	Sheri		ļ	
Perception Conceptions Executive Croww Real Estates Croww Real		City	Darahaan			
Executive Croww Real Estate Croww Real Est				or	CI	06811
Effective in liciates which branche or branches of percentage the contribution amount of the contribut						
Is the contribution amountant of humbers of contribution and contribution	Is contributor a principal of a state contractor or prospective state contractor?	No		Vac	Amou	int of Contribution
Method of coembustions Section 17	If yes, indicate which branch or branches of	NO	dependent child of	of a lobbyist?		
First	government the contract is with:	D.	D : 1		4	
Types, in life in Event # 033120146	X Vac	Date	Received	Aggregate Contributions		
Tyes, list Event #	U No I ☐ ·····	03/	31/2014	\$100.00		\$100.00
Residential Street Authories	If yes, list Event # 03312014A			1		
Residential Succes Address	Last Name	First			MI	Contribution ID #
New Fairfield Secondaries New Fairfield Secondaries Secondarie			Deborah			
Principal Occupation Realtor R		City				· ·
Reality					СТ	06812
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 # 03312014A Method of contribution: Cash				obbyist shouse or	Amou	nt of Contribution
Securing the contract is with: It shis contribution associated with a fundraising event listed in Section J1? If yes, indicate which branch or branches of fundraising event listed in Section J1? If yes, indicate which branch or branches of fundraising event listed in Section J1? If yes, list Event # 03312014A Date Received Aggregate Contributions Aggregate Contribution	Yes X	No		Voc		
Is this contribution associated with a fundriating event listed in Section J1?	Evacutiva I agislativa			x No		
Last Name Silum Si	Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
Last Name	Cash Personal Check					
Blum		03/	31/2014	\$35.00		\$35.00
Blum	Last Nama	Eiret			Гмі	Contribution ID #
Residential Street Address		First			WII	
Principal Occupation Electrical Engineer 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: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract or prospective state contractor?		City	2.1011		State	
Electrical Engineer Same	10 E Lake Rd		New Fairfield		СТ	06812
Is contributor a principal of a state contractor or prospective state contractor?	Principal Occupation	•	Name of Employ	er	•	
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 # 03312014A No Date Received Aggregate Contributions	Electrical Engineer		ASML			
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 # 03312014A	Is contributor a principal of a state contractor or prospective state contractor?	No		37	Amou	int of Contribution
East Name Rice Residential Street Address 9 Red Ridge Rd Principal Occupation Administrator Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of Pranches of Presential of a state contractor or prospective state contractor? Aggregate Contributions Aggregate Contributions Aggregate Contributions Aggregate Contributions Aggregate Contributions First Arlene First Arlene City Danbury Name of Employer NY School for the Deaf Amount of Contribution NY School for the Deaf Amount of Contribution Amount of Contribution Amount of Contribution Amount of Contribution	If yes, indicate which branch or branches of		acpendent enna e	· · · · · · · · · · · · · · · · · · ·		
fundraising event listed in Section J1? If yes, list Event # 03312014A	government the contract is with:	Date	Received		-	
If yes, list Event # 03312014A No Money Order Credit/Debit Card 03/31/2014 \$35.00 \$35.	fundraising event listed in Section J1?			1.66.16		
Residential Street Address 9 Red Ridge Rd Principal Occupation Administrator Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of Proceedings Address Arlene City Danbury The Danbury Name of Employer NY School for the Deaf Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Administrator Resource Administrator Proceedings Arlene Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Amount of Contribution dependent child of a lobbyist?		03/	31/2014	\$35.00		\$35.00
Residential Street Address 9 Red Ridge Rd Principal Occupation Administrator Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of Proceedings Address Arlene City Danbury The Danbury Name of Employer NY School for the Deaf Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Administrator Resource Administrator Proceedings Arlene Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Amount of Contribution dependent child of a lobbyist?	Lord Nama	Einst			М	Contribution ID #
Residential Street Address 9 Red Ridge Rd Danbury Name of Employer Administrator Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of Proceedings of the positive of the posit		FIISt			IVII	
9 Red Ridge Rd Principal Occupation Administrator Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of Property Designation Designative Designativ		City	7 tricite		State	
Administrator Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of Fixed tipe Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Amount of Contribution Yes X No			Danbury			I -
Is contributor a principal of a state contractor or prospective state contractor? Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No X N	Principal Occupation	•	Name of Employ	er	•	•
If yes, indicate which branch or branches of Security Sec	Administrator		NY So	hool for the Deaf		
If yes, indicate which branch or branches of	Is contributor a principal of a state contractor or prospective state contractor?	No		Voc	Amou	int of Contribution
government the contract is with: Legislative Legislative Light No	If yes, indicate which branch or branches of		acpendent child (•		
Is this contribution associated with a Method of contribution. Data Descrived Associated with a	government the contract is with: In this contribution associated with a Mathed of contribution:	Data	Received		-	
fundraising event listed in Section J1?	fundraising event listed in Section J1?	Date	ACCUIVEU	Asgregate Controundits		
If yes, list Event #	X No Easin Frisonal Check	03/	31/2014	\$100.00		\$100.00

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	~ /~				
I. MONETARY RECEIPT	S (S	ection A-I)	I		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Team Boughton			April 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Ivansco		William			1123
Residential Street Address	City			State	Zip Code
139 Franklin Street Ext # A2		Danbury		СТ	06811
Principal Occupation		Name of Employ	er		
Retired		N/A			
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?		
government the contract is with:			x _{No}		
Is this contribution associated with a	Date	Received	Aggregate Contributions		
Tunidasing event listed in Section 31:					
If yes, list Event # Cash Credit/Debit Card	03/	31/2014	\$100.00		\$100.00
in yes, list Event #					
Last Name	First			MI	Contribution ID #
Steinerd		Michael			0922
Residential Street Address	City			State	Zip Code
41 Harwood Dr		Danbury		СТ	06810
Principal Occupation		Name of Employ	er		
Director		Indee	d.com		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	nt of Contribution
)	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	03/	31/2014	\$50.00		\$50.00
If yes, list Event # Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Clarke		Daniel			0924
Residential Street Address	City			State	Zip Code
2 Apache Dr		Brookfield		СТ	06804
Principal Occupation		Name of Employ	er		
Facilities		Westo	on Schools		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution
)	dependent child of	*		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
rundraising event listed in Section J1?					
If yes list Event # Cash Personal Check Money Order X Credit/Debit Card	03/	31/2014	\$25.00		\$25.00
If yes, list Event # Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Alosco		Thomas			0925
Residential Street Address	City			State	Zip Code
340 Old Watertown Rd		Middlebury		СТ	06762
Principal Occupation		Name of Employ	er		
Physician		Self			
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution
	,	dependent child of	of a foodyist?		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?					
If yes, list Event # Cash Credit/Debit Card Cash Personal Check Cash Credit/Debit Card Cash Credit/Debit Card Cash Cas	03/	31/2014	\$100.00		\$100.00
1. jes, list ryolity Order La Credit/Debit Cald					

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I. MONETARY RECEIPT	S (S	ection A-I)	TYPE OF PEROPE		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT April 10 Filing - Original		
Team Boughton			7,prii 10 1 iiiiig - Griginai		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Alosco		Lori		<u> </u>	0926
Residential Street Address	City	N4: 1 11 1		State	Zip Code
340 Old Watertown Rd Principal Occupation		Middlebury Name of Employ	or.	СТ	06762
Manager		1 ,	as R Alosco MD PC		
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent child c	x No		
government the contract is with: In this containation associated with a Mathed of containation.	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	03/	31/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Curtis		Wayne			0927
Residential Street Address	City	<u> </u>		State	Zip Code
9 Country Way		Bethel		СТ	06801
Principal Occupation		Name of Employ	er		•
President/Owner		Curtis	Financial Services, Inc.		
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		dependent enna c	x No		
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions	1	
Tundraising event listed in Section J1? X No Cash Personal Check	03/:	31/2014	\$25.00		\$25.00
If yes, list Event # Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Curtis		Christine			0928
Residential Street Address	City			State	Zip Code
9 Country Way		Bethel		СТ	06801
Principal Occupation		Name of Employ			
Office Manager Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amor	nt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	37	Amou	int of Contribution
If yes, indicate which branch or branches of government the contract is with:			x _{No}	_	
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
If yes, list Event # X No	03/	31/2014	\$25.00		\$25.00
I ov	Б			 	G (3 (B)
Last Name Dunderdale	First	Michelle		MI	Contribution ID # 0930
Residential Street Address	City	Michelle		State	Zip Code
91 Blackman Rd	City	Ridgefield		CT	06877
Principal Occupation		Name of Employ	er	1	
VP Sales		IBM			
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or Of a lobbyist?	Amou	nt of Contribution
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
tundraising event listed in Section 31?					
If yes list Event # Cash Credit/Debit Card	03/	31/2014	\$100.00		\$100.00

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I MONETA DV DECEME	0 (0	4° A T			
I. MONETARY RECEIPT	5 (5)	ection A-I)	I		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Team Boughton			April 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Wildman		Nancy			0933
Residential Street Address	City			State	Zip Code
11 Hillside Ave		Danbury		СТ	06811
Principal Occupation		Name of Employ	er		
Driver		Autop	art International		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Voc		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
	Date	Received	Aggregate Contributions		
s this contribution associated with a fundraising event listed in Section J1?					
X No Cash X Personal Check	03/:	31/2014	\$25.00		\$25.00
If yes, list Event #			4-2		
Last Name	First			MI	Contribution ID #
Jennings	1 1100	Jeffrey			0934
Residential Street Address	City	Jenrey		State	Zip Code
	City	Danhumi			06811
176 Franklin Street Ext		Danbury		СТ	00811
Principal Occupation		Name of Employ			
Co-Owner			ngs Oil Co		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent enna (
government the contract is with:					
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1? Cash Personal Check					
If yes, list Event # Cash Credit/Debit Card	03/	31/2014	\$100.00		\$100.00
,					
Last Name	First			MI	Contribution ID #
Kovacs		Roger			0938
Residential Street Address	City			State	Zip Code
863 Berkeley St		Boca Raton		FL	33487
Principal Occupation		Name of Employ	er		•
Retired		N/A			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution
	,	dependent child of	*		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No		
To this contribution are sixed with a	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
X No Cash X Personal Check	03/	31/2014	\$100.00		\$100.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Salame		Albert			0939
Residential Street Address	City	756.10		State	Zip Code
5 Navajo Rd	City	Brookfield		CT	06804
Principal Occupation		Name of Employ	or	Ci	00004
Food Wholesaler			y Foods		
			obbyict chance or	Amou	nt of Contribution
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	Amou	in or Contribution
If yes, indicate which branch or branches of Executive Legislative		=	x _{No}		
government the contract is with:	Б.	D i d			
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash X Personal Check		24 /2011			+400.00
If yes, list Event # Money Order Credit/Debit Card	03/	31/2014	\$100.00		\$100.00

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I MONETADY DECEIDT	C (C	nation A D			
I. MONETARY RECEIPT NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	5 (5 (ection A-1)	TYPE OF REPORT		
· · · · · · · · · · · · · · · · · · ·			TYPE OF REPORT April 10 Filing - Original		
Team Boughton			7 prii 10 r iiing Griginai		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Bhavsar		Sameer			0942
Residential Street Address	City			State	Zip Code
8 Obtuse Rocks Rd		Brookfield		CT	06804
Principal Occupation		Name of Employ	er		
Car Detailing		Self			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	nt of Contribution
	,	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No		
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
Tundralsing event listed in Section 31?					
Ŭ No I□ □	03/3	31/2014	\$50.00		\$50.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Burns		Teresa			0943
Residential Street Address	City			State	Zip Code
5 E White Gate Dr		Wappingers I	Falls	NY	12590
Principal Occupation		Name of Employ			
Retired		N/A			
		•	obbyist, spouse, or	Amou	nt of Contribution
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	37	711104	in or commount
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with: Is this contribution associated with a Method of contribution:	Doto	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
Cash Personal Check	00.	24 /204 4	+400.00		+100.00
If yes, list Event # Money Order Credit/Debit Card	03/.	31/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Dunham		Robyn			0945
Residential Street Address	City			State	Zip Code
4 Belair Dr		Danbury		СТ	06811
Principal Occupation		Name of Employ	er		
Office Manager			ury Chiropractic & Wellness		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	,	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent cinia (a loodyist:		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a fundraising event listed in Section 112	Date	Received	Aggregate Contributions		
Tunidaising event insect in section 31:					
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	03/3	31/2014	\$100.00		\$100.00
in yes, interest in the second care					
Last Name	First			MI	Contribution ID #
Cronin		Lindsay			1012
Residential Street Address	City			State	Zip Code
18 Josh Ln		Danbury		CT	06811
Principal Occupation		Name of Employ	er	-	
N/A		N/A			
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent child of	of a foodyist?		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a fundamining quent listed in Section 112	Date	Received	Aggregate Contributions		
Tundraising event listed in Section 31:					
If yes, list Event # 03312014A No Money Order Credit/Debit Card	03/3	31/2014	\$30.00		\$30.00

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I. MONETARY RECEIPT	S (S)	action A D			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	5 (5)	ction A-i)	TYPE OF REPORT		
Team Boughton			April 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
James		Katharine			1051
Residential Street Address	City			State	Zip Code
19 Somers St	,	Danbury		СТ	06810
Principal Occupation		Name of Employ	er		
Retired		N/A			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution
)	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with a fundamining event listed in Section 112	Date	Received	Aggregate Contributions		
X Parsonal Check					
If yes, list Event # 03312014A No Money Order Credit/Debit Card	03/	31/2014	\$100.00		\$100.00
11 yes, list Event in OSSIZOTTA Intology Order Cardio Decir Card					
Last Name	First			MI	Contribution ID #
Wiedl		Denise			0936
Residential Street Address	City			State	Zip Code
12 Brighton St		Danbury		СТ	06811
Principal Occupation		Name of Employ	er		
Teacher		Danb	ury Board of Ed		
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		dependent child of	<u> </u>		
government the contract is with:			x _{No}		
Is this contribution associated with a Grandwising quantilisted in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1? Cash Personal Check					
If yes, list Event # Cash Credit/Debit Card	03/	31/2014	\$100.00		\$100.00
-				<u>!</u>	r
Last Name	First			MI	Contribution ID #
Balmaseda		Deborah			1043
Residential Street Address	City	5 1		State	Zip Code
42 Judith Dr		Danbury		СТ	06811
Principal Occupation		Name of Employ			
Real Estate Is contributor a principal of a state contractor or prospective state contractor?			m Pitt Sothebys	1 Amou	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	V	Alliou	int of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:	Date	Received	Aggregate Contributions	ŀ	
fundraising event listed in Section J1?			1.00.10.10		
No Cash X Personal Check	03/:	31/2014	\$35.00		\$35.00
If yes, list Event# 03312014A			, , , , , , , , , , , , , , , , , , , ,		
Last Name	First			MI	Contribution ID #
Lattin		Bruce			1014
Residential Street Address	City			State	Zip Code
19 W Pine Dr		Danbury		СТ	06811
Principal Occupation		Name of Employ	er		
Foreman			ole Exc		
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent child of	of a foodyist?		
government the contract is with: Executive Legislative			x _{No}]	
Is this contribution associated with a fundamining event listed in Section 112	Date	Received	Aggregate Contributions		
Tundraising event listed in Section 31:					
If yes, list Event # 03312014A No Money Order Credit/Debit Card	03/	31/2014	\$40.00		\$40.00

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I MONETADY DECEIDT	C (C.	notion A D					
I. MONETARY RECEIPT	<u>s (s</u> i	ection A-1)	TYPE OF REPORT				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			April 10 Filing - Original				
Touri Boughton							
B. Itemized Contributions from	n Ind	lividuals					
Last Name	First			MI	Contribution ID #		
Struna		Patricia			1037		
Residential Street Address	City			State	Zip Code		
39 Katrina Cir		Bethel		СТ	06801		
Principal Occupation		Name of Employ	er				
Real Estate Broker		Advai	ntage Realty Inc				
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	int of Contribution		
If yes, indicate which branch or branches of		dependent child of	of a foodyist?				
government the contract is with:			x _{No}				
Is this contribution associated with a fundacione quest listed in Section 112.	Date	Received	Aggregate Contributions				
Tundraising event listed in Section 31:							
If yes, list Event # 03312014A No Money Order Credit/Debit Card	03/	31/2014	\$35.00		\$35.00		
11 yes, list Evene# USS12014A							
Last Name	First			MI	Contribution ID #		
Nabholz		Antonia			0937		
Residential Street Address	City			State	Zip Code		
121 Stadley Rough Rd		Danbury		СТ	06811		
Principal Occupation		Name of Employ	er	-	•		
Retired		N/A					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	nt of Contribution		
)	dependent child of	of a lobbyist?				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No				
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions				
fundraising event listed in Section J1?							
If yes, list Event #	03/	31/2014	\$100.00		\$100.00		
If yes, list Event # Money Order X Credit/Debit Card							
Last Name	First			MI	Contribution ID #		
Hernandez		Marines			1113		
Residential Street Address	City			State	Zip Code		
133 Triangle St		Danbury		СТ	06810		
Principal Occupation		Name of Employ	er	•			
Receptionist		Credi	t Center LLC				
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution		
)	dependent child of	•				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}				
Is this contribution associated with a fundacing event listed in Section 112	Date	Received	Aggregate Contributions				
Tandarasing event insect in section 31:							
X No T	03/	31/2014	\$100.00		\$100.00		
If yes, list Event #							
Last Name	First			MI	Contribution ID #		
Maguire		Jill			1017		
Residential Street Address	City			State	Zip Code		
44 Colonial Ln		Ridgefield		СТ	06877		
Principal Occupation		Name of Employ	er		!		
Unemployed		N/A					
			obbyist, spouse, or	Amou	int of Contribution		
Yes X No)	dependent child of	Vac				
If yes, indicate which branch or branches of Executive Legislative			x _{No}				
government the contract is with:	Date	Received	Aggregate Contributions	1			
fundraising event listed in Section J1?		* **	30 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
No Cash X Personal Check	03/	31/2014	\$35.00		\$35.00		
If yes, list Event # 03312014A	I 55/	,	Ψ55.00	I	T 30.00		

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L MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Team Boughton					
B. Itemized Contributions from	n Ind	lividuals	•		
Last Name Cronin	First	Richard		MI	Contribution ID # 1008
Residential Street Address	City	Riciiaiu		State	Zip Code
83 Purcell Dr	City	Danbury		CT	06810
Principal Occupation		Name of Employ	er		
Retired		N/A			
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent ennu (x _{No}		
government the contract is with: Is this contribution associated with a fundraising event listed in Section 112 X Yes Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1? Yes Cash Personal Check					
If yes, list Event # 03312014A No Money Order Credit/Debit Card	03/	31/2014	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Cheeseman	1 1150	Holly			0923
Residential Street Address	City			State	Zip Code
16 Mitchell Dr		Niantic		СТ	06357
Principal Occupation		Name of Employ	er	-	•
Retired		N/A			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent enna (x No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?			1-88-98-1		
If yes, list Event #	03/	31/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Moran		Susan			0932
Residential Street Address	City			State	Zip Code
13 Greenlea Ln		Weston		СТ	06883
Principal Occupation		Name of Employ			
Marketing Is contributed a minimal of a state contractor or mean active state contractor?		Dow 3		Amou	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	V	Amou	int of Contribution
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
Tundraising event listed in Section 31?					
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	03/	31/2014	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Foley		Mary			1028
Residential Street Address	City			State	Zip Code
6 Beach Dr		Danbury		СТ	06811
Principal Occupation		Name of Employ			
Realtor			m Pitt Sothebys		
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes)	dependent child of	obbyist, spouse, or	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
Tunidialising event listed in Section 31:					
If yes, list Event # 03312014A No Money Order Credit/Debit Card	03/	31/2014	\$35.00		\$35.00

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I. MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Team Boughton			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
McLachlan McLachlan		Harry			1034
Residential Street Address	City			State	Zip Code
15 Victor St		Danbury		СТ	06810
Principal Occupation		Name of Employ	er		
Letter Carrier		USPS			
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent enna (
government the contract is with:	Data	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
No Cash X Personal Check	03/	31/2014	\$35.00		\$35.00
If yes, list Event # 03312014A	00,		455.65		
Last Name	First			MI	Contribution ID #
McLachlan		Patricia			1046
Residential Street Address	City			State	Zip Code
15 Victor St		Danbury		СТ	06810
Principal Occupation		Name of Employ	er		
Retired		N/A			
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent ennu (
government the contract is with:	Data	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
No X Cash Personal Check	03/	31/2014	\$35.00		\$35.00
If yes, list Event # 03312014A			400.00		
Last Name	First			MI	Contribution ID #
Kerr		Margaret			1024
Residential Street Address	City			State	Zip Code
2 Sil Cam Dr	<u> </u>	Danbury		СТ	06811
Principal Occupation		Name of Employ	er		
Information Requested		N/A			
Is contributor a principal of a state contractor or prospective state contractor?	o	dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?					
No No Cash X Personal Check	03/3	31/2014	\$35.00		\$35.00
If yes, list Event # 03312014A					
Last Name	First			MI	Contribution ID #
МсСоу		Jason			0995
Residential Street Address	City			State	Zip Code
216 Skinner Rd	ļ	Vernon		СТ	06066
Principal Occupation		Name of Employ Self	er		
Lawyer Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution
Yes X N	0	dependent child of	Vac	Amot	or contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a fundamining event litted in Section 112	Date	Received	Aggregate Contributions	1	
Tunidialising event listed in Section 31:					
If yes, list Event # 02272014A No Money Order Credit/Debit Card	03/3	31/2014	\$100.00		\$100.00

			Page 285 of 340
		Total of Section B	\$93,171.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS	(Sections A + B)	(Total on Line 14 of Summary Page)	\$93,171.00
I. MONETARY	RECEIPTS (Section A	A-I)	

I. I	MONE'	TARY	RECEIP	TS (S	ection A-I)					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REP									EPORT	
Team Boughton April 10 Filing - Origina									al	
C1. Co	ntributi	ons fro	m Other C	Commi	ttees					
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?								Amount of Contribution		
	State	Zip Code	<u> </u>	Date Re	If yes, list Event #	Aggregate Co	ntributions			
City Farmington	СТ	06034		01/09/2014				7,888.25	\$27,888.25	
Total of Section C1								\$27,888.25		
I. MONE	TARY	RECE	IPTS (Sec	ction A	A-I)					
NAME OF COMMITTEE							ТҮРЕ С	OF REPORT		
Team Boughton						April 1	0 Filing - O	riginal		
C2. Reimbursements,	Paymen	its, or S	urplus Dis	tributi	ons from other	Committe	ees			
Name of Committee					Name of Treasurer					
Address						Date Rec	eived		Amount of Receipt	
City State Zip Code Reimbursement for shared expense Payment for goods and services										
Total of Section C2										

	I. MONI	ETARY RECEIPT	ΓS (Section A-I)				
NAME OF COMMITTEE					TYPE	OF REPORT	
Team Boughton				,	April 10 Filii	ng - Original	
	D. Loan	s Received this Peri	od				
Name of Lender			Source of Loan:				Date of Receipt
Street Address		City	Bank Candid	date	Individu State	al Other Zip Code	Is there a cosigner or Guarantor of this loan?
Name of Cosigner/Guarantor (if applica	bie)						Yes No
(** 47)	,						Amount Received
Street Address		City			State	Zip Code	
					•	Total of Section	D
	I. MONE	TARY RECEIPT	S (Section A-I)				
NAME OF COMMITTEE						TYPE OF REPO	
Team Boughton					Ар	ril 10 Filing - Original	
E. Personal l	Funds of the Candidate Rec	ceived this Period (C	Candidate Committee	es ONL	Y)		
Date of Receipt	Method of Payment Cash	Personal Check	Credit/Deb	it Card			Amount
					Total	of Section E	
	I. Mo	onetary Receipts (S	Section A-I)				
NAME OF COMMITTEE						TYPE OF REPOR	Т
Team Boughton					April 10	Filing - Original	
	G. Interest fro	m Deposits in Autho	orized Accounts				
Name of Institution				Da	te Received		Amount
Street Address		City		State	Zip	o Code	
				<u> </u>	1	otal of Section G	

I. MONETARY RECEIPTS (Section A-K)									
NAME OF COMMITTEE	Т								
Team Boughton			Apr	il 10 Filing - Original					
H. Public Grant Funds Received from the Citizens' Election Fund									
Purpose of Grant:	Grant Cycle:			Date Received	Amount				
Initial Grant Adjustment	Primary	General Election	Special Election						
Supplemental/Post Election Deficit									
	Total of Section H								
Initial Grant Adjustment		General Election	Special Election		Amount				

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			Date of Transaction		Amount Received					
Square			01/2	1/2014						
Street Address	City	State		Zip Code						
1455 Market St	San Francisco	CA		94103						
Description Fee Refund					\$0.69					
Name			Date of	f Transaction	Amount Received					
Farmington Bank			01/2	2/2014						
Street Address	City	State		Zip Code						
32 Main St	Farmington	СТ		06032						
Description Fee Refund					\$15.00					
Name			Date o	f Transaction	Amount Received					
Farmington Bank			03/28	3/2014						
Street Address	City	State		Zip Code						
32 Main St	Farmington	СТ		06032						
Description Fee Refund					\$15.00					
				Total of Section I	\$30.69					

1	I. FUNDRAISING EVENT	ACTIVITY	Y (Sections J1 - J	J 3)						
NAME OF COMMITTEE					TYPE OF RI	EPORT				
Team Boughton				А	pril 10 Filing - Original	l				
	J1. Fundraising Event	Information	n	L						
Fundraising Event # Date of Fundraiser 01/08/2014 Letter A	Description Reception Event									
Location: Street Address 18 Old Ridgebury Rd				City		State CT	Zip Code 06810			
Was this fundraising event hosted at a personal residual	dence?	Yes X No			ns not Considered Contrib ases made by host(s) for f		nd			
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	ness entity of up to \$200 or items	Yes X No	If yes, to to Section Ji complete required inf		ns not Considered Contrib	outions and				
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with	Yes X No	(If yes, enter Total Re	ecceipts here.)			\$0.00			
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	Zip Code 06810			
Was this fundraising event hosted at a personal residual	dence?	Yes X No			ns not Considered Contril ases made by host(s) for f		nd			
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		Yes X No	* '	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.						
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with	Yes X No	(If yes, enter Total Re	eceipts here.)			\$0.00			
Fundraising Event # Date of Fundraiser 01/23/2014 Letter A	Description Meet and Greet Event									
Location: Street Address 4 Stony HI				City Bethel		State CT	Zip Code 06801			
Was this fundraising event hosted at a personal residence?		X Yes No		if yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information for puchases made by host(s) for food, beverage and invitations.						
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?										
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with	Yes X No	(If yes, enter Total Re	eceipts here.)			\$0.00			

II	I. FUNDRAISING EVENT	ACTIVI	TY ((Sections J1 - J	(3)			
NAME OF COMMITTEE						TYPE OF R	EPORT	
Team Boughton						April 10 Filing - Origina	I	
	J1. Fundraising Even	t Informa	tion					
Fundraising Event # Date of Fundraiser Letter 01/28/2014 A	Description Meet and Greet Event							
Location: Street Address 22 Chesterfield Rd	<u>'</u>				City East Lyme	·	State CT	Zip Code 06333
Was this fundraising event hosted at a personal resid	dence?	_	Yes No			cions not Considered Contri chases made by host(s) for t		and
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	sess entity of up to \$200 or items		Yes No	If yes, to to Section J3 complete required info		ions not Considered Contril	butions and	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with		Yes No	(If yes, enter Total Rec	ceipts here.)			\$0.00
Fundraising Event # Date of Fundraiser 01/29/2014 Letter A	Description Meet and Greet Event							_
Location: Street Address 37 Westwood Dr					City		State CT	Zip Code 06285
37 Westwood Dr					Waterford			00285
Was this fundraising event hosted at a personal resid	lence?	$\overline{}$	Yes No			cions not Considered Contri chases made by host(s) for f		and
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	sess entity of up to \$200 or items		Yes No	If yes, to to Section J3 complete required info		ions not Considered Contril	butions and	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with		Yes No	(If yes, enter Total Rec	ceipts here.)			\$0.00
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
Was this fundraising event hosted at a personal resid	dence?	_	Yes No			tions not Considered Contri chases made by host(s) for t		and
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	ness entity of up to \$200 or items		Yes No	If yes, to to Section J3 complete required info		ions not Considered Contril	butions and	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with	$\overline{}$	Yes No	(If yes, enter Total Rec	ceipts here.)			\$0.00

11	I. FUNDRAISING EVENT	ACTIVI	TY (Sections J1 - J	3)			
NAME OF COMMITTEE						TYPE OF R	EPORT	
Team Boughton						April 10 Filing - Origina	I	
	J1. Fundraising Even	t Informat	ion					
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	Zip Code 06811
Was this fundraising event hosted at a personal resid	dence?	_	les No			ions not Considered Contri hases made by host(s) for t		and
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	ness entity of up to \$200 or items		res No	If yes, to to Section J3 complete required info		ons not Considered Contril	butions and	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with		res No	(If yes, enter Total Rec	eeipts here.)			\$0.00
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	Zip Code 06371
Was this fundraising event hosted at a personal resid	dence?	$\overline{}$	res No			ions not Considered Contri hases made by host(s) for t		and
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	ness entity of up to \$200 or items		res No	If yes, to to Section J3 complete required info		ons not Considered Contril	butions and	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with		l'es No	(If yes, enter Total Rec	eeipts here.)			\$0.00
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	Zip Code 06103
Was this fundraising event hosted at a personal resid	dence?	_	res No			ions not Considered Contri hases made by host(s) for t		and
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	ness entity of up to \$200 or items		res No	If yes, to to Section J3 complete required info		ons not Considered Contril	butions and	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with	$\overline{}$	res No	(If yes, enter Total Rec	ceipts here.)			\$0.00

11	I. FUNDRAISING EVENT A	ACTIV	'ITY	(Sections J1 - J	3)			
NAME OF COMMITTEE						TYPE OF R	REPORT	
Team Boughton						April 10 Filing - Origina	al	
	J1. Fundraising Event	Inform	ation					
Fundraising Event # Date of Fundraiser 03/08/2014 Letter A	Description Meet and Greet Event							
Location: Street Address 1249 W Main St					City Waterbury	у	State CT	Zip Code 06708
Was this fundraising event hosted at a personal resid	dence?	X	Yes No	complete required information for puchases made by host(s) for food, beverage and				
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	ness entity of up to \$200 or items	X	Yes No	If yes, to to Section J3 complete required info		tions not Considered Contri	ibutions and	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with	x	Yes No	(If yes, enter Total Rec	ceipts here.)			\$0.00
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
Was this fundraising event hosted at a personal resid	dence?	X	Yes No			tions not Considered Contr chases made by host(s) for		and
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	ness entity of up to \$200 or items	x	Yes No	If yes, to to Section J3 complete required info		tions not Considered Contri	ibutions and	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with	x	Yes No	(If yes, enter Total Rec	ceipts here.)			\$0.00
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
Was this fundraising event hosted at a personal resid	dence?	X	Yes No			tions not Considered Contr chases made by host(s) for		and
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	ness entity of up to \$200 or items	x	Yes No	If yes, to to Section J3 complete required info		tions not Considered Contri	ibutions and	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with	x	Yes	(If yes, enter Total Rec	ceipts here.)			\$0.00

11	. FUNDRAISING EVENT	ACTIV	ITY (Sections J1 - J	3)			
NAME OF COMMITTEE						TYPE OF R	EPORT	
Team Boughton						April 10 Filing - Original	I	
	J1. Fundraising Event	t Informa	tion					
Fundraising Event # Date of Fundraiser 03/22/2014 A	Description Meet and Greet Event							
Location: Street Address 22 Lisa Ln					City Ridgefield		State CT	Zip Code 06877
Was this fundraising event hosted at a personal resid	lence?	X	Yes No			tions not Considered Contri chases made by host(s) for f		and
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	ess entity of up to \$200 or items	X	Yes No	If yes, to to Section J3 complete required info		ions not Considered Contrib	butions and	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with	x	Yes No	(If yes, enter Total Rec	ceipts here.)			\$0.00
Fundraising Event # Date of Fundraiser 03/23/2014 Letter A	Description Meet and Greet Event							_
Location: Street Address 269 West Ln					City		State	Zip Code 06877
269 West Lii					Ridgefield		СТ	106877
Was this fundraising event hosted at a personal resid	lence?	X	Yes No			tions not Considered Contri chases made by host(s) for f		and
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	ess entity of up to \$200 or items	x	Yes No	If yes, to to Section J3 complete required info		ions not Considered Contrib	butions and	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with	X	Yes No	(If yes, enter Total Rec	ceipts here.)			\$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	Zip Code 06810
Was this fundraising event hosted at a personal resid	lence?	X	Yes No			tions not Considered Contri chases made by host(s) for f		and
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	ess entity of up to \$200 or items	X	Yes No	If yes, to to Section J3 complete required info		ions not Considered Contrib	butions and	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with		Yes	(If yes, enter Total Rec	ceipts here.)			\$0.00

I	I. FUNDRAISING EVENT	ACTIVITY	(Sections J1 - J	J3)			
NAME OF COMMITTEE					TYPE OF RE	EPORT	
Team Boughton				April	10 Filing - Original		
	J1. Fundraising Even	nt Information	1				
Fundraising Event # Date of Fundraiser 03/24/2014 B	Description Meet and Greet Event						
Location: Street Address 496 Chase Ave	·			City Waterbury		State CT	Zip Code 06704
Was this fundraising event hosted at a personal residual	dence?	Yes X No	complete required information for puchases made by host(s) for food, beverage and				
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	ness entity of up to \$200 or items	Yes X No	If yes, to to Section J3	3 In-Kind Donations no ormation.	t Considered Contrib	utions and	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with	Yes X No	(If yes, enter Total Re	eceipts here.)	[\$0.00
Fundraising Event # Date of Fundraiser 03/25/2014 Letter A	Description Meet and Greet Event						
Location: Street Address				City		State	Zip Code
111 Aunt Hack Rd				Danbury		СТ	06811
Was this fundraising event hosted at a personal residual	dence?	X Yes No		3 In-Kind Donations no ormation for puchases i			nd
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	ness entity of up to \$200 or items	Yes X No	If yes, to to Section J3	3 In-Kind Donations no brmation.	t Considered Contrib	utions and	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with	Yes X No	(If yes, enter Total Re	ceipts here.)	[\$0.00
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
Was this fundraising event hosted at a personal residual	dence?	Yes No		3 In-Kind Donations no ormation for puchases i			nd
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	ness entity of up to \$200 or items	Yes X No	If yes, to to Section Jacomplete required info	3 In-Kind Donations no ormation.	t Considered Contrib	utions and	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with	Yes No	(If yes, enter Total Re	ceipts here.)	[\$0.00

П	II. FUNDRAISING EVENT ACTIVITY (Sections J1 - J3)									
NAME OF COMMITTEE						TYPE OF	REPO	RT		
Team Boughton						April 10 Filing - Origi	inal			
	J1. Fundraising Event I	nform	ation							
Fundraising Event # Date of Fundraiser 03/27/2014 B	Description Meet and Greet Event									
Location: Street Address 5 Ives St					City Danbury			State CT	Zip Code 06810	
Was this fundraising event hosted at a personal residence?			Yes No	if yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information for puchases made by host(s) for food, beverage and invitations.						
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?			Yes No	If yes, to to Section J3 complete required info		ions not Considered Cor	ntributions	and		
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with	X	Yes No	(If yes, enter Total Rec	ceipts here.)				\$0.00	
Fundraising Event # Date of Fundraiser 03/31/2014 Letter A	Description Dinner Event									
Location: Street Address 20 Segar St					City Danbury			State CT	Zip Code 06810	
Was this fundraising event hosted at a personal resid	lence?	X	Yes No			tions not Considered Conchases made by host(s) f			nd	
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	ess entity of up to \$200 or items	X	Yes No	If yes, to to Section J3 complete required info		ions not Considered Cor	ntributions	and		
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with	X	Yes No	(If yes, enter Total Rec	eeipts here.)				\$0.00	
					То	tal of Section J1			\$0.00	

Total of Section J3

\$807.00

	II. FUNDRAISING EVENT ACTIVITY (Sections J1 - J3)									
NAME OF COMMITTEE (Provide	Complete Name as Reg	gistered with Commission)			TYPE OF REP	ORT				
Team Boughton					April 10 Filing - Original					
	J3. In-Kind Donat	ions Not Considered Contrib	utions							
Name of the Donor										
Tom McInerney										
Street Address			City			State	Zip Code			
22 Lisa Ln			Ride	gefield		СТ	06877			
Donation Given by:	Description of Donation						arket Value of			
X Individual	Event Catering					1	Oonation			
Business Entity	Date Received	Event #		Aggregate val	ue for this event					
Sole Proprietorship	03/22/2014	03222014A			\$325.00		\$325.00			
Name of the Donor										
Robert Eick										
Street Address			City			State	Zip Code			
269 West Ln			Ride	gefield		СТ	06877			
Donation Given by:	Description of Donation						arket Value of			
X Individual	Event Catering					I	Oonation			
Business Entity	Date Received	Event #		Aggregate val	ue for this event					
Sole Proprietorship	03/23/2014	03232014A			\$275.00		\$275.00			
Name of the Donor										
Jim Kennedy										
Street Address			City			State	Zip Code			
111 Aunt Hack Rd			Dar	bury		СТ	06811			
Donation Given by:	Description of Donation		-				arket Value of			
X Individual	Event Catering					I	Oonation			
Business Entity	Date Received	Event #		Aggregate val	ue for this event					
Sole Proprietorship	03/25/2014	03252014A			\$207.00		\$207.00			

III. NONMONE	III. NONMONETARY RECEIPTS (Sections K - M)									
NAME OF COMMITTEE				TY	PE OF RE	PORT				
Team Boughton				April 10 Filing -	Original					
K. In-Kino	l Co	ontributions		1						
Name										
Street Address		Cit	ty			State	Zip Code			
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event# No		Description of In-Kind Contribution				,				
of a lobbyist?	ctor? yes,	or a principal of a state contractor or prospect indicate which branch or branches of ment the contract is with:	tive state Execu	ıtive	Yes No Legislative		arket Value of this Contribution			
Type of Contributor: Individual Committee Sole Pro	prieto	Date Received		Aggregate contri	butions					
			I	Total of	Section K					
III. Non Mone	tar	v Receipts (Sections K - M))							
NAME OF COMMITTEE (Provide Complete Name as Registered v	vith (Commission)		TYPI	E OF REP	ORT				
Team Boughton				April 10 Filing -	Original					
L. Refundable Deposit to	Tel	lephone Company								
Last Name of Individual		First Name		MI	Date De	posit Made				
Residential Street Address	C	ity	State	Zip Code			mount of Deposit			
Name of Telephone company				·						
Street Address	City		State	Zip Code						
_				Total of S	ection L					

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

	IV. EXPENDITURES	(Sections N - S)				
NAME OF COMMITTEE (Prov	ride Complete Name as Registered with Commission)		ТҮРЕ	OF REPORT		
Team Boughton			April 10 Filing	Filing - Original		
	N. Expenses Paid By Com	mittee				
Name of Payee Will Riemer			Date of Payment	Method of Payment X Check # 89 Debit Card		
Street Address 50 W District Rd		City Farmington		State Zip Code CT 06085		
Purpose of Expend RCW	Description			Amount		
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	No (if	penditure # applicable)	Event #	\$2,616.21		
Name of Payee Conquest Communications Grou	р		Date of Payment	Method of Payment X Check # 90 Debit Card		
Street Address 2812 Emerywood Pwky Ste 103		City Richmond		State Zip Code VA 23294		
Purpose of Expend A-PH-BNK	Description			Amount		
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	No (if	penditure # applicable)	Event #	\$1,500.00		
Name of Payee Barbara Seabury			Date of Payment	Method of Payment X Check # 92 Debit Card		
Street Address 40 Moody Ln		City Danbury		State Zin Code CT 06811		
Purpose of Expend REF	Description Contrib ID 44			Amount		
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	No (if	penditure # applicable)	Event #	\$100.00		

IV. EXPENDITURES (Sections N - S)								
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Commission)	,	TYPE	OF REPORT				
Team Boughton			April 10 Filing -	- Original				
	N. Expenses Paid By Commi	ttee	1					
Name of Payee Common Sense Campaigns LLC			Date of Payment 01/14/2014	ı =	ment eck # <u>94</u> bit 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 a which reimbursement is sought? If yes, assign an Expenditure # and co	\$2,000.00							
Name of Payee John Kleinhans			Date of Payment 01/14/2014	ı –	ment eck # <u>93</u> bit 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 a which reimbursement is sought? If yes, assign an Expenditure # and co	No (if app	diture # licable)	Event #		\$2,100.00			
Name of Payee Suzanne Galante			Date of Payment 01/14/2014	1 —	ment eck # <u>EFT</u> bit 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 a which reimbursement is sought? If yes, assign an Expenditure # and co	No (if app	diture # licable)	Event #		\$50.00			

	IV. EXPENDITURES (Se	ections N - S)				
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Commission)		ТҮРЕ (OF REPORT		
Team Boughton			April 10 Filing -	g - Original		
	N. Expenses Paid By Commi	ittee				
Name of Payee Chris Oliveira			of Payment 14/2014		ment neck # <u>95</u> bit 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 a which reimbursement is sought? If yes, assign an Expenditure # and co	No (if app	diture # licable)	Event #		\$2,500.00	
Name of Payee Farmington Bank			of Payment 14/2014		ment seck# <u>EFT</u> sbit Card	
Street Address 32 Main St		City Farmington		State CT	Zip Code 06032	
Purpose of Expend BNK	Description				Amount	
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	No (if app	diture # licable)	Event #		\$15.00	
Name of Payee Farmington Bank			of Payment 15/2014		ment seck# <u>EFT</u> sbit Card	
Street Address 32 Main St		City Farmington		State CT	Zip Code 06032	
Purpose of Expend BNK	Description				Amount	
Is this expenditure coordinated with a which reimbursement is sought? If we assign an Expenditure # and or	No (if app	diture # licable)	Event #		\$25.31	

	IV. EXPENDITURES (Se	ections N - S)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE C					OF REPORT	
Team Boughton			April 10 Filing -	Original		
	N. Expenses Paid By Commi	ttee				
Name of Payee PSDCenter LLC			te of Payment ./16/2014		ment neck # <u>96</u> bit Card	
Street Address 2074 Euclid Ave		City Charlotte		State NC	Zip Code 28203	
Purpose of Expend WEB	Description				Amount	
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	No (if app	diture # licable)	Event#		\$1,250.00	
Name of Payee Heath Fahle			te of Payment 1/18/2014		ment seck# <u>EFT</u> sbit Card	
Street Address 90 Hog Hill Rd		City East Hampton		State CT	Zip Code 06424	
Purpose of Expend REF	Description Contrib ID 24				Amount	
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	No (if app	diture # licable)	Event#		\$25.00	
Name of Payee Mic Nicosia Photography			te of Payment 1/22/2014		ment eck# <u>97</u> bit 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 a which reimbursement is sought? If yes, assign an Expenditure # and co	No (if app	diture # licable)	Event #		\$100.00	

	IV. EXPENDITURES (Se	ections N - S)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE C					OF REPORT	
Team Boughton			April 10 Filing -	Original		
	N. Expenses Paid By Commi	ttee				
Name of Payee Gridiron Communications			ate of Payment 2/01/2014		ment neck # <u>106</u> bit Card	
Street Address 12650 Adams Rd		City Granger		State IN	Zip Code 46530	
Purpose of Expend PRNT	Description				Amount	
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	No (if app	diture # licable)	Event#		\$935.00	
Name of Payee Date of Payment John Kleinhans 02/01/2014			· ·		ment eck# <u>101</u> ebit 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 a which reimbursement is sought? If yes, assign an Expenditure # and co	No (if app	diture # licable)	Event#		\$4,100.00	
Name of Payee Conquest Communications Grou	ıp		ate of Payment 2/01/2014		ment eck# <u>104</u> bit Card	
Street Address 2812 Emerywood Pwky Ste 103		City Richmond		State VA	Zip Code 23294	
Purpose of Expend A-PH-BNK	Description				Amount	
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	No (if app	diture # licable)	Event #		\$240.00	

	IV. EXPENDITURES (Se	ections N - S)			
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Commission)		ТҮРЕ (OF REPORT	
Team Boughton			April 10 Filing -	Original	
	N. Expenses Paid By Commi	ittee			
Name of Payee Chris Oliveira			of Payment 01/2014		ment eck # <u>102</u> bit 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 a which reimbursement is sought? If yes, assign an Expenditure # and co	No (if app	diture # licable)	Event #		\$2,500.00
Name of Payee Will Riemer			of Payment 01/2014		ment eck # 103 bit 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 a which reimbursement is sought? If yes, assign an Expenditure # and co	No (if app	diture # licable)	Event #		\$2,025.13
Name of Payee Premier Graphics LLC			of Payment 01/2014		ment eck # <u>105</u> bit Card
Street Address 860 Honeyspot Rd		City Stratford		State CT	Zip Code 06615
Purpose of Expend OFFICE	Description				Amount
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	No (if app	diture # licable)	Event #		\$558.00

	IV. EXPENDITURES (Se	ections N - S)			
NAME OF COMMITTEE (Prov	ride Complete Name as Registered with Commission)		ТҮРЕ	OF REPORT	
Team Boughton			April 10 Filing	- Original	
	N. Expenses Paid By Commi	ttee			
Name of Payee Premier Graphics LLC			Date of Payment 02/01/2014		ment neck # <u>107</u> ebit 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 a which reimbursement is sought? If yes, assign an Expenditure # and co	No (if app	liture # licable)	Event #		\$300.00
Name of Payee Date of Paymen Quality Communications 02/04/2014			Date of Payment 02/04/2014		ment neck# <u>108</u> ebit 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 a which reimbursement is sought? If yes, assign an Expenditure # and co	No (if app	diture # icable)	Event #		\$3,000.00
Name of Payee Authorize.Net			Date of Payment 02/04/2014		ment neck# <u>EFT</u> ebit 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 a which reimbursement is sought? If we assign an Expenditure # and co	No (if app	liture # licable)	Event #		\$16.41

	IV. EXPENDITURES (Se	ections N - S)			
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Commission)		TYPE	OF REPORT	
Team Boughton			April 10 Filing -	Original	
	N. Expenses Paid By Commi	ittee			
Name of Payee Capital Bankcard			te of Payment 2/05/2014	$\overline{}$	ment neck # <u>EFT</u> bit Card
Street Address PO Box 6600		City Hagerstown		State MD	Zip Code 21740
Purpose of Expend WEB	Description				Amount
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	No (if app	diture # licable)	Event#		\$99.96
Name of Payee Golf Quest			te of Payment 2/08/2014		ment eck# <u>109</u> ebit Card
Street Address 1 Sand Cut Rd		City Brookfield		State CT	Zip Code 06804
Purpose of Expend FNDR *	Description Event Venue				Amount
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	No (if app	diture # licable)	Event# 02072014A		\$70.00
Name of Payee John Kleinhans			te of Payment 2/08/2014		ment eck# <u>110</u> bit 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 a which reimbursement is sought? If yes, assign an Expenditure # and co	No (if app	diture # licable)	Event #		\$240.80

	IV. EXPENDITURES (Se	ections N - S)			
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Commission)		TYPE	OF REPORT	
Team Boughton			April 10 Filing -	Original	
	N. Expenses Paid By Commi	ittee			
Name of Payee Quality Communications			te of Payment		ment eck # <u>111</u> bit 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 a which reimbursement is sought? If yes, assign an Expenditure # and co	No (if app	diture # licable)	Event #		\$3,381.00
Name of Payee Will Riemer			te of Payment 2/25/2014		ment eck# <u>112</u> bit 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 a which reimbursement is sought? If yes, assign an Expenditure # and co	No (if app	diture # licable)	Event #		\$329.00
Name of Payee Tim Cicchese			te of Payment 1/25/2014		ment eck # 113 bit 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 a which reimbursement is sought? If yes, assign an Expenditure # and co	No (if app	diture # licable)	Event #		\$100.00

	IV. EXPENDITURES (Se	ections N - S)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE C					OF REPORT	
Team Boughton			April 10 Filing -	- Original		
	N. Expenses Paid By Commi	ttee				
Name of Payee Spectrum Marketing			Pate of Payment 12/26/2014		ment neck # 114 sbit Card	
Street Address 95 Eddy Rd Ste 101		City Manchester		State NH	Zin Code 03102	
Purpose of Expend A-DM	Description				Amount	
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	No (if app	diture # licable)	Event #		\$12,179.56	
Name of Payee The Hartford Club			Pate of Payment 12/27/2014		ment neck# <u>117</u> ebit 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 a which reimbursement is sought? If yes, assign an Expenditure # and co	No (if app	diture # licable)	Event # 02272014A		\$917.38	
Name of Payee Victoria Lanier			Pate of Payment 12/27/2014		ment neck# <u>115</u> ebit 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 a which reimbursement is sought? If yes, assign an Expenditure # and co	No (if app	diture # licable)	Event#		\$120.00	

	IV. EXPENDITURES (S	ections N - S)			
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Commission)		TYPE	OF REPORT	
Team Boughton			April 10 Filing -	- Original	
	N. Expenses Paid By Comm	ittee			
Name of Payee John Kleinhans			Date of Payment 02/27/2014	Method of Payment X Check # 118 Debit Card	
Street Address 64 Old Black Point Rd		City Niantic		State Zip Code CT 06355	
Purpose of Expend RCW	Description			Amount	
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	No (if ap	nditure # plicable)	Event #	\$96.85	
			Date of Payment 02/27/2014	Method of Payment X Check # 116 Debit Card	
Street Address 132 Mile Creek Rd		City Old Lyme		State Zip Code CT 06371	
Purpose of Expend RCW	Description			Amount	
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	No (if ap	nditure# plicable)	Event #	\$136.55	
Name of Payee Heath Fahle			Date of Payment 02/28/2014	Method of Payment X Check # 120 Debit Card	
Street Address 90 Hog Hill Rd		City East Hampton		State Zip Code CT 06424	
Purpose of Expend RCW	Description			Amount	
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	No (if ap	nditure # plicable)	Event #	\$533.69	

	IV. EXPENDITURES (S	ections N - S)			
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Commission)		ТҮРЕ (OF REPORT	
Team Boughton			April 10 Filing -	Original	
	N. Expenses Paid By Comm	ittee	1		
Name of Payee Revolutionary Strategies LLC			of Payment 28/2014	Method of Payment X Check # 121 Debit Card	
Street Address 90 Hog Hill Rd		City East Hampton		State Zip Code CT 06424	
Purpose of Expend CNSLT	Description			Amount	
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	Event#	\$7,000.00			
Name of Payee Date of Payment Common Sense Campaigns LLC 02/28/2014				Method of Payment X Check # 119 Debit Card	
Street Address 50 W District Rd		City Farmington		State Zip Code CT 06085	
Purpose of Expend CNSLT	Description			Amount	
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	No (if app	diture # licable)	Event #	\$1,500.00	
Name of Payee Minuteman Press			of Payment 28/2014	Method of Payment X Check # 124 Debit Card	
Street Address 12 Mill Plain Rd		City Danbury		State Zip Code CT 06811	
Purpose of Expend PRNT	Description			Amount	
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	No (if app	diture # licable)	Event #	\$1,746.27	

	IV. EXPENDITURES (S	ections N - S)			
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Commission)		ТҮРЕ	OF REPORT	
Team Boughton			April 10 Filing	- Original	
	N. Expenses Paid By Comm	ittee			
Name of Payee Google			Date of Payment	1 =	ment neck # sbit 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 a which reimbursement is sought? If yes, assign an Expenditure # and co	No (if app	diture # slicable)	Event #		\$33.92
Name of Payee Capital Bankcard			Date of Payment 03/03/2014	_	ment neck# <u>EFT</u> ebit Card
Street Address PO Box 6600		City Hagerstown		State MD	Zip Code 21740
Purpose of Expend WEB	Description				Amount
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	No (if app	diture # dicable)	Event #		\$172.10
Name of Payee Will Riemer			Date of Payment	1 🗖	ment neck# <u>125</u> ebit 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 a which reimbursement is sought? If we assign an Expenditure # and co	No (if app	diture #	Event #		\$299.00

	IV. EXPENDITURES (Se	ections N - S)				
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Commission)		TYPE	OF REPORT	OF REPORT	
Team Boughton			April 10 Filing	- Original		
	N. Expenses Paid By Commi	ttee				
Name of Payee Chris Oliveira			Date of Payment 03/04/2014	1 —	ment neck # <u>126</u> ebit 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 a which reimbursement is sought? If yes, assign an Expenditure # and co	No (if app	liture # licable)	Event #		\$1,000.00	
Name of Payee Authorize.Net			Date of Payment 03/04/2014	1 —	ment neck# <u>EFT</u> ebit 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 a which reimbursement is sought? If yes, assign an Expenditure # and co	No (if app	liture # licable)	Event #		\$11.25	
Name of Payee New Fairfield Press			Date of Payment 03/15/2014	1 —	ment neck# <u>127</u> ebit 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 a which reimbursement is sought? If we assign an Expenditure # and or	No (if app	liture # licable)	Event #		\$1,663.00	

	IV. EXPENDITU	RES (Se	ections N - S))			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE C					OF REPORT		
Team Boughton					April 10 Filing -	- Original	
	N. Expenses Paid B	y Commi	ttee				
Name of Payee				Date of Pays 03/18/20			ment neck # ebit 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					\$7.45		
Name of Payee Date of Payment New Fairfield Press 03/19/2014					ment neck# <u>128</u> ebit 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 a which reimbursement is sought? If yes, assign an Expenditure # and co	No	Expend (if appl		Event #	ŧ		\$3,041.33
Name of Payee Steven Rogers				Date of Pays 03/20/20			ment neck# <u>EFT</u> ebit 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 a which reimbursement is sought?	nother candidate for Yes No	Expend (if appl		Event #	<i>‡</i>		\$100.00

	IV. EXPENDITURES (Se	ections N - S)						
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Commission)		ТҮРЕ (OF REPORT				
Team Boughton			April 10 Filing -	g - Original				
	N. Expenses Paid By Commi	ittee	\					
Name of Payee Farmington Bank			e of Payment /20/2014		ment seck # <u>EFT</u> sbit Card			
Street Address 32 Main St								
Purpose of Expend BNK	Description				Amount			
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	Event#	\$15.00						
Name of Payee Peter Prunty			e of Payment /21/2014	Method of Payment X Check # 130 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 a which reimbursement is sought? If yes, assign an Expenditure # and co	No (if app	diture # licable)	Event #		\$170.05			
Name of Payee Roger Palanzo			e of Payment /21/2014		ment eck# <u>129</u> bit Card			
Street Address 45 Briarwood Dr		City Danbury		State CT	Zip Code 06810			
Purpose of Expend RCW	Description				Amount			
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	No (if app	diture # licable)	Event #		\$114.82			

	IV. EXPENDITURES (Se	ections N - S)					
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Commission)		ТҮРЕ	E OF REPORT			
Team Boughton	- Original						
	N. Expenses Paid By Commi	ttee					
Name of Payee John Kleinhans			Date of Payment 03/25/2014	Method of Payment X Check # 131 Debit Card			
Street Address 64 Old Black Point Rd							
Purpose of Expend RCW	Description			Amount			
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	\$105.27						
Name of Payee CTGOP - State	Method of Payment X Check # 132 Debit Card						
Street Address 31 Pratt St		City Hartford	•	State Zip Code CT 06103			
Purpose of Expend POC	Description			Amount			
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	No (if app	liture # licable)	Event#	\$250.00			
Name of Payee New Fairfield Press	Method of Payment X Check # 133 Debit Card						
Street Address 2 Dunham Dr		City New Fairfield		State Zip Code CT 06812			
Purpose of Expend A-DM		Amount					
Is this expenditure coordinated with a which reimbursement is sought?	\$683.31						

	IV. EXPENDITURES (S	ections N - S)						
NAME OF COMMITTEE (Prov	ride Complete Name as Registered with Commission)			TYPE (OF REPORT			
Team Boughton			Арг	ril 10 Filing -	յ - Original			
	N. Expenses Paid By Comm	ittee						
Name of Payee Gary Hawley			Date of Paymen 03/29/2014			ment neck # <u>EFT</u> ebit Card		
Street Address 82 Stadley Rough Rd								
Purpose of Expend REF	Description Contrib ID 723					Amount		
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co		\$100.00						
Name of Payee John Kleinhans	nt I	Method of Payment X Check # 134 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 a which reimbursement is sought? If yes, assign an Expenditure # and co	No (if ap)	nditure # plicable)	Event #			\$441.73		
Name of Payee Anedot	nt I		ment neck# <u>EFT</u> ebit Card					
Street Address Third Street, Suite 2B		City Baton Rouge			State LA	Zip Code 70801		
Purpose of Expend WEB		Amount						
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co			\$368.28					

	IV	. EXPENDITUR	ES (Se	ctions N - S	5)					
NAME OF COMMITTEE (Pro	ovide Complete Name as R	egistered with Commis	ssion)				TYPE	OF REPORT		
Team Boughton							April 10 Filing -	Original		
N. Expenses Paid By Committee										
Name of Payee Square		yment heck # EFT ebit Card								
Street Address 1455 Market St										
Purpose of Expend WEB	Description								Amount	
Is this expenditure coordinated with which reimbursement is sought? If yes, assign an Expenditure # and	\$135.53									
							Total of	l of Section N \$63,119.16		
	IV.	EXPENDITURE	ES (Sec	tions N - S))					
NAME OF COMMITTEE (Pro	ovide Complete Name as Ro	egistered with Commis	ssion)				TY	PE OF REP	ORT	
							April 10 Filin	Filing - Original		
	O. Expe	enses Paid By Cand	idate							
Name of Payee (Name of vendor who ca	ndidate paid directly)					Date of Paym	ent	Is Reimburse	ment Claimed? Yes	No
Street Address City State Zip Code									Amount	_
Purpose of Expenditure (by code) Description Event #										
							Т-4	al of Section (, I	

	IV. EXPENDITUR	RES (Sectio	ns N -	S)				
NAME OF COMMITTI	EE (Provide Complete Name as Registered wit	h Commission	1)			TYPE OF	REPORT	
Team Boughton	Team Boughton April 10 Filing - Origin							
	P. Expenses Incurred	on Committe	ee Credi	t Card				
Name of Issuing Institution				Type of Credit Card Visa Other	: Master (Card Discov	er	American Express
Name of Vendor				•			Date of Tra	nsaction
Street Address				City			State	Zip Code
Purpose of Expenditure (by code)	Description		.					Amount
which reimbursement is so	ated with another candidate for ught? re # and complete Itemization in Addendum	Yes No		Expenditure # (if applicable)	Event	#		
						Total of Section		
						Total of Section		
	IV. EXPENDITU	RES (Secti	ions N -	· S)				
NAME OF COMMITTE	EE (Provide Complete Name as Registered with	n Commission))			ТҮРЕ ОР	REPORT	
Team Boughton						April 10 Filing - Orig	inal	
	Q. Expenses Incurred By Commi	ittee but Not	t Paid D	uring this Period	d	L		
Name of Creditor Heath Fahle							Date Incurre	
Street Address			City				State	Zip Code
90 Hog Hill Rd			East Han	npton			СТ	06424
Purpose of Expenditure (by code)	Description Pro rata share of Somers/Boughton fundrais	ser						unt Incurred ate or Actual)
Is this expenditure coordinated reimbursement is sought?	with another candidate for which	Yes No		xpenditure # f applicable)	Event #			
If yes, assign an Expenditure # a	and completes Itemization in Addendum Q							\$1,341.20
					Tota	l of Section O		\$1,341.20

	IV. EXPENDITURES	(Sections N -	. S)					
NAME OF COMMITTEE (Provide Comple					TYPE OF RE	PORT		
	e ivallie as Registered with Colli	iiiissioii)			April 10 Filing - Original	OKI		
Team Boughton								
R. Itemiz	ation of Reimbursements to	Committee Wo	orkers and (Consul	tants			
Last Name of Worker/Consultant	First		MI	Date	of Payment	Method of Payment		
Riemer	Will				01/2014	X CI	heck # 103	
No.iiici		Will 01/01/201					Debit Card	
Secondary Payee								
Google								
Street Address		City				State	Zip Code	
PO Box 39000 San Francisco					CA 94139			
Purpose of Expenditure Description (by code) WEB						Amount		
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and completes Itemizat	Yes No n in Addendum R	Expend (if appl			Event#		\$0.97	
Last Name of Worker/Consultant	F: 4				CD.	Method of Payment		
	First		MI		of Payment	X CI	heck # 103	
Riemer	Will			01/	01/2014		Debit Card	
Secondary Payee NationBuilder	•		!	!		, <u> </u>		
Street Address		City				State	Zip Code	
448 S Hill St # 200 Los Angeles					CA 90013			
Purpose of Expenditure Description (by code) WEB						Amount		
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and completes Itemizat	Yes No	Expend (if appl			Event #		\$29.00	

		IV. EXPENDITURES	(Sections N -	S)					
NAME OF COMMITTEE (Provide O	Complete N	Iame as Registered with Comm	nission)			TYPE OF RE	PORT	PORT	
Team Boughton						April 10 Filing - Original			
R.	Itemizatio	on of Reimbursements to C	Committee Wo	rkers and (Consul	tants			
Last Name of Worker/Consultant Riemer		First MI Date of Payment Will 01/01/2014			X CI	f Payment neck # 103 Debit Card			
Secondary Payee Google							. —	Deon Card	
Street Address			City				State	Zip Code	
PO Box 39000 San Francisco						CA	94139		
Purpose of Expenditure Description (by code) WEB						Amount			
Is this expenditure coordinated with another cand which reimbursement is sought? If yes, assign an Expenditure # and completes		Yes No Addendum R	Expend (if appl			Event#	\$26.44		
Last Name of Worker/Consultant		First		MI	Date	of Payment	Method of Payment		
Riemer		Will	01/04/2014			04/2014	X Check # 103 Debit Card		
Secondary Payee SimplyStamps.com									
Street Address			City				State	Zip Code	
2021 St Augustine Rd Ste 2 Jacksonville							FL	32207	
Purpose of Expenditure Description (by code) OFFICE							Amount		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes Expenditure # (if applicable) Event #						417.00			
If yes, assign an Expenditure # and completes	Itemization in	Addendum R					\$17.90		

		IV. EXPENDITURES	(Sections N -	S)					
NAME OF COMMITTEE (Provide C	Complete N	ame as Registered with Comr	nission)			TYPE OF RE	PORT		
Team Boughton						April 10 Filing - Original			
R.	Itemizatio	on of Reimbursements to (Committee Wo	rkers and (Consul	tants			
Last Name of Worker/Consultant Riemer	Consultant First MI Date of Payment Will 01/10/2014					X CI	of Payment heck # 103 Debit Card		
Secondary Payee Holiday Inn					<u> </u>		. —		
Street Address City 80 Newtown Rd Danbury						State Zip Code CT 06810			
Purpose of Expenditure (by code) Misc * Is this expenditure coordinated with another candidate for which reimbursement is sought? No			Expend (if appl			Event#		Amount \$210.00	
If yes, assign an Expenditure # and completes	Itemization in	Addendum R						\$210.00	
Last Name of Worker/Consultant Riemer		First		MI		e of Payment	Method of Payment X Check # 89 Debit Card		
Secondary Payee Crowne Plaza Danbury									
Street Address			City				State	Zip Code	
18 Old Ridgebury Rd Danbury						СТ	06810		
Purpose of Expenditure Description (by code) Kickoff Event Misc *						Amount			
Is this expenditure coordinated with another cand which reimbursement is sought? If yes, assign an Expenditure # and completes		Yes No Addendum R	Expend (if appl			Event#		\$2,616.21	

		IV. EXPENDITURES	(Sections N -	S)					
NAME OF COMMITTEE (Provide O	Complete N	lame as Registered with Comr	mission)			TYPE OF RE	PORT		
Team Boughton						April 10 Filing - Original			
R.	Itemizatio	on of Reimbursements to	Committee Wo	rkers and (Consul	tants			
Last Name of Worker/Consultant Riemer		First MI Date of Payment Will 01/14/2014				X CI	of Payment heck # 103 Debit Card		
Secondary Payee Postmaster							. —		
Street Address City							State	Zip Code	
210 Main St Farmington						CT 06032			
Purpose of Expenditure Description (by code) POST						Amount			
Is this expenditure coordinated with another cand which reimbursement is sought? If yes, assign an Expenditure # and completes		Yes No Addendum R	Expend (if appl			Event#		\$46.00	
Last Name of Worker/Consultant		First		MI	Date	e of Payment	Method of Payment		
Kleinhans		John			01/	16/2014	X Check # 110 Debit Card		
Secondary Payee Postmaster									
Street Address			City				State	Zip Code	
23 Backus Ave Danbury						СТ	06810		
Purpose of Expenditure Description (by code) POST							Amount		
which reimbursement is sought?	Is this expenditure coordinated with another candidate for Yes Expenditure #						\$14.19		
If yes, assign an Expenditure # and completes	Itemization in	Addendum R						ų - 1.13	

		IV. EXPENDITURES	(Sections N -	S)					
NAME OF COMMITTEE (Provide (Complete N	Name as Registered with Comr	mission)			TYPE OF REI	PORT		
Team Boughton						April 10 Filing - Original			
R.	Itemizatio	on of Reimbursements to	Committee Wo	orkers and C	Consul	tants			
Last Name of Worker/Consultant		First		MI	Date	e of Payment	Method o	of Payment	
Kleinhans		John 01/16/2014			X Check # 110				
Secondary Payee				<u> </u>	<u> </u>			Debit Card	
Staples									
Street Address			City				State	Zip Code	
67 Newtown Rd Danbury					CT 06810				
Purpose of Expenditure Description (by code) PRNT							Amount		
Is this expenditure coordinated with another cand which reimbursement is sought? If yes, assign an Expenditure # and completes		Yes No Addendum R	Expend (if appl			Event#		\$63.81	
Last Name of Worker/Consultant		First		MI	Date	e of Payment	Method of Payment		
Riemer		Will		, wi		/16/2014	X Check # 103		
Secondary Payee Postmaster							. —		
Street Address			City				State	Zip Code	
210 Main St Farmington						СТ	06032		
Purpose of Expenditure Description (by code) POST							Amount		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes Expenditure # (if applicable) Event #						470.00			
If yes, assign an Expenditure # and completes	Itemization in	Addendum R						\$78.00	

		IV. EXPENDITURES	(Sections N -	S)				
NAME OF COMMITTEE (Provide C	Complete N	ame as Registered with Comm	nission)			TYPE OF REI	PORT	
Team Boughton						April 10 Filing - Original		
R.	Itemizatio	on of Reimbursements to C	Committee Wo	rkers and (Consul	tants		
Last Name of Worker/Consultant Fahle		First Heath		MI		of Payment	X CI	f Payment neck # 120 Debit Card
Secondary Payee Accurate Append								
Street Address City 1511 Rd Ave Ste 621 Seattle						State Zip Code WA 98101		
Purpose of Expenditure						Amount		
which reimbursement is sought? If yes, assign an Expenditure # and completes	Itemization in	No Addendum R	(if appl			Event#		\$353.08
Last Name of Worker/Consultant Kleinhans		First John		MI		of Payment	X CI	f Payment neck # 110 Debit Card
Secondary Payee Postmaster								
Street Address 1020 Tolland Tpke			City Manchester				State CT	Zip Code 06042
Purpose of Expenditure Description (by code) POST						Amount		
Is this expenditure coordinated with another cand which reimbursement is sought? If yes, assign an Expenditure # and completes		Yes No Addendum R	Expend (if appl			Event #		\$99.00

		IV. EXPENDITURES	(Sections N -	S)					
NAME OF COMMITTEE (Provide (Complete N	Jame as Registered with Comr	mission)			TYPE OF REI	PORT		
Team Boughton						April 10 Filing - Original			
R.	Itemizatio	on of Reimbursements to (Committee Wo	orkers and (Consul	tants			
Last Name of Worker/Consultant		First		MI	Date	e of Payment	Method of Payment		
Fahle		Heath 01/18/2014				18/2014	X Check # 120 Debit Card		
Secondary Payee				<u> </u>	ļ			Debit Card	
Facebook							_		
Street Address			City				State	Zip Code	
1601 Willow Rd Menlo Park						CA 94025			
Purpose of Expenditure Description (by code) A-WEB						Amount			
Is this expenditure coordinated with another cand which reimbursement is sought? If yes, assign an Expenditure # and completes		Yes No Addendum R	Expend (if appl			Event#		\$25.19	
Last Name of Worker/Consultant				l			Method of Payment		
		First		MI		e of Payment	X CI	heck # 120	
Fahle		Heath			01/	/22/2014		Debit Card	
Secondary Payee Facebook									
Street Address			City				State	Zip Code	
1601 Willow Rd Menlo Park						CA	94025		
Purpose of Expenditure Description (by code) A-WEB								Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes Expenditure # (if applicable) Event #						Event #		400.40	
If yes, assign an Expenditure # and completes	Itemization in	Addendum R						\$30.43	

		IV. EXPENDITURES	(Sections N -	S)					
NAME OF COMMITTEE (Provide	Complete N	Name as Registered with Comr	mission)			TYPE OF REI	PORT		
Team Boughton						April 10 Filing - Original			
R.	Itemizatio	on of Reimbursements to 0	Committee Wo	orkers and (Consul	tants			
Last Name of Worker/Consultant		First		MI	Date	e of Payment	Method o	f Payment	
Fahle		Heath 01/23/20			/23/2014	X Check # 120			
Secondary Payee				<u> </u>				Debit Card	
Facebook									
Street Address	Street Address City						State	Zip Code	
1601 Willow Rd		Menlo Park				CA	94025		
Purpose of Expenditure Description (by code) A-WEB								Amount	
Is this expenditure coordinated with another cand which reimbursement is sought? If yes, assign an Expenditure # and completes		Yes No Addendum R	Expend (if appl			Event#		\$35.22	
Last Name of Worker/Consultant		First		MI	Dete	£ D	Method o	of Payment	
Fahle		Heath		IVII		e of Payment /27/2014		neck # 120 Debit Card	
Secondary Payee Staples		 							
Street Address			City				State	Zip Code	
521 Connecticut Blvd	East Hartford				СТ	06108			
Purpose of Expenditure (by code) PRNT	Descripti Split 50	on 0/50 with Somers campaign						Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes X No			Expenditure # (if applicable) Event #				\$29.77		
If yes, assign an Expenditure # and completes Itemization in Addendum R								Ψ23.77	

IV. EXPENDITURES (Sections N - S)									
NAME OF COMMITTEE (Provide C	Complete N	ame as Registered with Comr	nission)			TYPE OF RE	PORT		
Team Boughton						April 10 Filing - Original			
R.	Itemizatio	on of Reimbursements to	Committee Wo	rkers and	Consul	tants			
Last Name of Worker/Consultant		First		MI	Date	e of Payment	l	of Payment	
Riemer		Will		01/	27/2014	X Check # 103 Debit Card			
Secondary Payee		•		•	•		•		
GoDaddy									
Street Address	Street Address City						State	Zip Code	
14455 N Hayden Rd Ste 219		Scottsdale				AZ	85260		
Purpose of Expenditure Description Amo (by code) WEB							Amount		
Is this expenditure coordinated with another cand which reimbursement is sought?	lidate for	Yes No	Expend (if appl	liture # licable)		Event #		\$74.85	
If yes, assign an Expenditure # and completes	Itemization in	Addendum R						\$74.03	
Last Name of Worker/Consultant		First		MI	Date	e of Payment	Method o	of Payment	
Riemer		Will			01/	28/2014	X C	heck # 103	
							<u> </u>	Debit Card	
Secondary Payee Staples									
Street Address			City				State	Zip Code	
900 Washington St	Middletown				СТ	06457			
Purpose of Expenditure (by code) PRNT	Description	on						Amount	
Is this expenditure coordinated with another cand which reimbursement is sought?	Expenditure # (if applicable) Event #				* 40.00				
If yes, assign an Expenditure # and completes Itemization in Addendum R \$46.66									

IV. EXPENDITURES (Sections N - S)										
NAME OF COMMITTEE (Provide O	Complete N	lame as Registered with Comm	mission)			TYPE OF RE	PORT			
Team Boughton						April 10 Filing - Original				
R.	Itemizatio	on of Reimbursements to C	Committee Wo	rkers and (Consul	tants				
Last Name of Worker/Consultant Riemer		First Will		MI		e of Payment /28/2014	X CI	of Payment heck # 103 Debit Card		
Secondary Payee Flanders Fish Market										
Street Address 22 Chesterfield Rd		City East Lyme				State CT	Zip Code			
Purpose of Expenditure Description (by code) Event Venue and Catering FNDR *							Amount			
Is this expenditure coordinated with another cand which reimbursement is sought? If yes, assign an Expenditure # and completes		Yes X No Addendum R	Expenditure # (if applicable) Event # 01282014A					\$1,495.31		
Last Name of Worker/Consultant Kleinhans		First		MI	Date of Payment 01/30/2014			of Payment heck # 110 Debit Card		
Secondary Payee Staples					•					
Street Address			City				State	Zip Code		
292 US Route 1			New London				СТ	06320		
Purpose of Expenditure Description (by code) PRNT								Amount		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes 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 COMMITTEE (Provide O	Complete N	lame as Registered with Comm	mission)			TYPE OF RE	PORT			
Team Boughton						April 10 Filing - Original				
R.	Itemizatio	on of Reimbursements to C	Committee Wo	rkers and (Consul	tants				
Last Name of Worker/Consultant Fahle		First MI Heath				e of Payment	Method of Payment X Check # 120 Debit Card			
Secondary Payee Facebook										
Street Address City						State	Zip Code			
1601 Willow Rd		Menlo Park			CA	94025				
Purpose of Expenditure Description (by code) A-WEB							Amount			
Is this expenditure coordinated with another cand which reimbursement is sought? If yes, assign an Expenditure # and completes		Yes No Addendum R	Expend (if appl			Event#		\$33.58		
Last Name of Worker/Consultant		First		MI	Date	e of Payment	Method of Payment			
Riemer		Will			02/	01/2014	X Check # 112 Debit Card			
Secondary Payee Google										
Street Address			City				State	Zip Code		
PO Box 39000	San Francisco				CA	94139				
Purpose of Expenditure Description (by code) WEB							Amount			
Is this expenditure coordinated with another cand which reimbursement is sought?	Expenditure # (if applicable) Event #									
If yes, assign an Expenditure # and completes Itemization in Addendum R								\$30.00		

IV. EXPENDITURES (Sections N - S)									
NAME OF COMMITTEE (Provide 0	Complete N	Name as Registered with Comm	nission)			TYPE OF RE	PORT		
Team Boughton						April 10 Filing - Original			
R.	Itemizatio	on of Reimbursements to (Committee Wo	rkers and (Consul	tants			
Last Name of Worker/Consultant		First		MI	Date	of Payment	l	Method of Payment	
Riemer		Will 02,			02/	01/2014	l —	neck # 112 Debit Card	
Secondary Payee NationBuilder									
Street Address City						State	Zip Code		
448 S Hill St # 200		Los Angeles	Los Angeles			CA	90013		
Purpose of Expenditure Description (by code) WEB								Amount	
Is this expenditure coordinated with another cand which reimbursement is sought? If yes, assign an Expenditure # and completes		Yes No Addendum R	Expend (if appl			Event#	\$299.00		
Last Name of Worker/Consultant		First		MI	Date	of Payment	Method of Payment		
Prunty		Peter				11/2014	1 —	neck # 130 Debit Card	
Secondary Payee Postmaster									
Street Address			City				State	Zip Code	
265 Main St			Danbury				СТ	06810	
Purpose of Expenditure Description (by code) POST						Amount			
Is this expenditure coordinated with another cand which reimbursement is sought?	Expenditure # (if applicable) Event #			\$147.00					
If yes, assign an Expenditure # and completes	If yes, assign an Expenditure # and completes Itemization in Addendum R								

		IV. EXPENDITURES	(Sections N -	S)						
NAME OF COMMITTEE (Provide (Complete N	Name as Registered with Comr	mission)			TYPE OF REI	PORT			
Team Boughton						April 10 Filing - Original				
R.	Itemizatio	on of Reimbursements to	Committee Wo	orkers and (Consul	tants				
Last Name of Worker/Consultant		First		MI	Date	e of Payment	Method o	f Payment		
Palanzo		Roger 02/11/2014			11/2014		neck # 129 Debit Card			
Secondary Payee					ļ			Decir cara		
Costco										
Street Address			City				State	Zip Code		
200 Federal Rd		Brookfield		СТ	06804					
Purpose of Expenditure Description (by code) OFFICE								Amount		
Is this expenditure coordinated with another cand which reimbursement is sought? If yes, assign an Expenditure # and completes		Yes No Addendum R	Expend (if appl			Event#	\$31.87			
Last Name of Worker/Consultant						an .	Method of Payment			
Palanzo		First Roger		MI		e of Payment	X Check # 129 Debit Card			
Secondary Payee Staples		Į.		!	•					
Street Address			City				State	Zip Code		
67 Newtown Rd	Danbury				СТ	06810				
Purpose of Expenditure (by code) PRNT	Descripti	on						Amount		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No			Expenditure # (if applicable) Event #				\$29.78			
If yes, assign an Expenditure # and completes	If yes, assign an Expenditure # and completes Itemization in Addendum R									

IV. EXPENDITURES (Sections N - S)									
NAME OF COMMITTEE (Provide 0	Complete N	lame as Registered with Comm	mission)			TYPE OF RE	PORT		
Team Boughton						April 10 Filing - Original			
R.	Itemizatio	on of Reimbursements to C	Committee Wo	rkers and (Consul	tants			
Last Name of Worker/Consultant Kleinhans		First John		MI		of Payment	X CI	f Payment neck # 118 Debit Card	
Secondary Payee Staples									
Street Address 35 Talcottville Rd	City Vernon				State CT	Zip Code 06066			
Purpose of Expenditure Description (by code) PRNT							Amount		
Is this expenditure coordinated with another cand which reimbursement is sought? If yes, assign an Expenditure # and completes		Yes No Addendum R	Expenc (if appl			Event#		\$47.85	
Last Name of Worker/Consultant Palanzo		First Roger		MI		of Payment	X CI	f Payment neck # 129 Debit Card	
Secondary Payee Staples									
Street Address			City				State	Zip Code	
67 Newtown Rd	Danbury				СТ	06810			
Purpose of Expenditure Description (by code) PRNT								Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No			Expenditure # (if applicable) Event #		Event #		\$3.19		
If yes, assign an Expenditure # and completes Itemization in Addendum R									

NAME OF COMMITTEE (Provide Complete Name us Registered with Commission) TYPE OF REPORT Team Boughton R. Itemization of Reimbursements to Committee Workers and Constitutes First Mill Date of Payment Q2/16/2014 First Roger City Danbury Secondary Playee Secondary Playee Secondary Playee Pastra Vike City Danbury City Danbury City Danbury Secondary Playee Concat Wicker 115 Check # 115 Check											
R. Itemization of Reimbursements to Committee Workers and Consultants East Name of Worker/Consultant Print Roger Print Palanzo Print Print Palanzo Print Pr		IV. EXPENDITURES (Sections N - S)									
R. Itemization of Reimbursements to Committee Workers and Consultants Last Name of Worker/Crossothant First Mil Date of Poyment Crock # 129 Debit Card	NAME OF COMMITTEE (Provide O	Complete N	Jame as Registered with Comm	mission)			TYPE OF REI	PORT			
Last Name of Workert Consultant Palanzo Roger Mil Date of Psyment	Team Boughton						April 10 Filing - Original				
Palanzo Roger Mil Date of Payment X Clack # 129 Debit Card	R.	Itemizatio	on of Reimbursements to (Committee Wo	rkers and (Consul	tants				
Secondary Payee Staples Street Address Street Address Street Address Street Address Street Address City Danbury CT O6810 Amount Amo					MI			X CI	X Check # 129		
Danbury CT 06810	Secondary Payee										
Purpose of Expenditure Description Description Amount	Street Address	City				State	Zip Code				
List Name of Worker/Consultant First MI Date of Payment Secondary Payee Pasta Vita	67 Newtown Rd		Danbury				СТ	06810			
which reimbursement is sought? Last Name of Worker/Consultant Lanier Lanier Victoria Last Name of Worker/Consultant Lanier Victoria Last Name of Worker/Consultant Lanier Victoria Last Name of Worker/Consultant Lanier Victoria MI Date of Payment X Check # 115 Debit Card Secondary Payce Pasta Vita Street Address City Old Saybrook CT 06475 Purpose of Expenditure (by code) FNDR * Is this expenditure coordinated with another candidate for which reimbursement is sought? First MI Date of Payment X Check # 115 Debit Card City Old Saybrook CT 06475 Amount Yes Expenditure # (if applicable) Event # Devent #	(by code)								Amount		
Lanier Date of Payment Street Address City State Zip Code	which reimbursement is sought?		No						\$49.98		
Street Address City Old Saybrook CT O6475 Purpose of Expenditure (by code) FNDR * Is this expenditure coordinated with another candidate for which reimbursement is sought? Event # Event # O2232014A \$120,00					MI			X Check # 115			
225 Elm St Old Saybrook CT 06475 Purpose of Expenditure (by code) FNDR * Is this expenditure coordinated with another candidate for which reimbursement is sought? Is the synchrolia be been been been been been been been											
Purpose of Expenditure (by code) FNDR * Is this expenditure coordinated with another candidate for which reimbursement is sought? Event # No	Street Address			City				State	Zip Code		
(by code) FNDR * Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes Expenditure # (if applicable) Do 2232014A \$120,00	225 Elm St			Old Saybrook				СТ	06475		
which reimbursement is sought? Expenditure # (if applicable) No 120,00	(by code) Event Food						Amount				
If yes, assign an Expenditure # and completes Itemization in Addendum R	Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No			(if applicable) Event #			\$120.00				

IV. EXPENDITURES (Sections N - S)									
NAME OF COMMITTEE (Provide O	Complete N	Jame as Registered with Comr	mission)			TYPE OF RE	PORT		
Team Boughton						April 10 Filing - Original			
R.	Itemizatio	on of Reimbursements to (Committee Wo	rkers and (Consul	Itants			
Last Name of Worker/Consultant Walker		First Kerrie		MI		e of Payment /22/2014	l —	of Payment heck # 116	
Secondary Payee Dollar General Store								Debit Card	
Street Address	Street Address City						State	Zip Code	
855 Route 32			Uncasville		СТ	06382			
Purpose of Expenditure Description (by code) Event Supplies FNDR *								Amount	
Is this expenditure coordinated with another cand which reimbursement is sought? If yes, assign an Expenditure # and completes		Yes No Addendum R	Expenditure # (if applicable) Event # 02232014A				\$4.25		
Last Name of Worker/Consultant Walker		First Kerrie		MI	MI Date of Payment 02/22/2014		Method of Payment X Check # 116 Debit Card		
Secondary Payee Walmart					•				
Street Address			City				State	Zip Code	
155 Waterford Pkwy	Waterford				СТ	06385			
Purpose of Expenditure (by code) FNDR *	Description	on Supplies						Amount	
FNDR * Is this expenditure coordinated with another candidate for which reimbursement is sought? No If yes, assign an Expenditure # and completes Itemization in Addendum R			Expenditure # (if applicable) Event # 02232014A				\$9.39		

IV. EXPENDITURES (Sections N - S)								
NAME OF COMMITTEE (Provide O	Complete N	lame as Registered with Comr	mission)			TYPE OF RE	PORT	
Team Boughton						April 10 Filing - Original		
R.	Itemizatio	on of Reimbursements to (Committee Wo	rkers and (Consul	tants		
Last Name of Worker/Consultant Walker		First Kerrie		MI		e of Payment	l	of Payment heck # 116
Secondary Payee BJ's							<u> </u>	Debit Card
Street Address City							State	Zip Code
125 Cross Rd	125 Cross Rd				Waterford			
Purpose of Expenditure Description (by code) Event Supplies FNDR *								Amount
Is this expenditure coordinated with another cand which reimbursement is sought? If yes, assign an Expenditure # and completes		Yes No Addendum R		Expenditure # (if applicable) Event # 02232014A				\$82.22
Last Name of Worker/Consultant Walker		First Kerrie		MI	MI Date of Payment 02/23/2014		Method of Payment X Check # 116 Debit Card	
Secondary Payee Party City								
Street Address			City				State	Zip Code
915 Hartford Tpke	Waterford				СТ	06385		
Purpose of Expenditure (by code) FNDR *	Description	on Supplies						Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No If yes, assign an Expenditure # and completes Itemization in Addendum R			Expenditure # (if applicable) Event # 02232014A			\$12.73		

		IV. EXPENDITURES	(Sections N -	S)					
NAME OF COMMITTEE (Provide (Complete N	Name as Registered with Comr	nission)			TYPE OF RE	PORT		
Team Boughton						April 10 Filing - Original			
R.	Itemizatio	on of Reimbursements to	Committee Wo	orkers and C	Consul	tants			
Last Name of Worker/Consultant		First		MI	Date	e of Payment	Method o	of Payment	
Walker		Kerrie 02/23/2014			/23/2014	X Check # 116 Debit Card			
Secondary Payee		Deoit Calu							
Big Y									
Street Address			City				State	Zip Code	
90 Halls Rd		Old Lyme			СТ	06371			
Purpose of Expenditure Description (by code) Event Food FNDR *								Amount	
Is this expenditure coordinated with another cand which reimbursement is sought? If yes, assign an Expenditure # and completes		Yes No Addendum R	Expend (if appl			Event # 02232014A		\$27.96	
			•	1			Method o	of Payment	
Last Name of Worker/Consultant		First		MI	Date	e of Payment	l		
Kleinhans		John			02/	/27/2014	X C	heck # 118 Debit Card	
Secondary Payee Postmaster		Į.		!	ļ				
Street Address			City				State	Zip Code	
141 Union St	Vernon				СТ	06066			
Purpose of Expenditure (by code) POST	Descripti	on						Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No			Expenditure # (if applicable) Event #						
If yes, assign an Expenditure # and completes		\$49.00							

		IV. EXPENDITURES	(Sections N -	S)						
NAME OF COMMITTEE (Provide	Complete N	lame as Registered with Comr	nission)			TYPE OF REI	PORT			
Team Boughton						April 10 Filing - Original				
R.	Itemizatio	on of Reimbursements to	Committee Wo	orkers and C	Consul	tants				
Last Name of Worker/Consultant		First		MI		CD.	Method o	of Payment		
							X Check # 125			
Riemer		Will			03/	01/2014		Debit Card		
Secondary Payee		-		•	•					
NationBuilder	NationBuilder									
Street Address	Street Address City							Zip Code		
448 S Hill St # 200		Los Angeles			CA	90013				
Purpose of Expenditure Description (by code) WEB								Amount		
Is this expenditure coordinated with another cand which reimbursement is sought? If yes, assign an Expenditure # and completes		Yes No Addendum R		Expenditure # (if applicable) Event #				\$299.00		
Last Name of Worker/Consultant		First		MI	Date	e of Payment	Method of Payment			
Kleinhans		John				/12/2014	X CI	heck # 134		
Reminans		John			03/	12/2014		Debit Card		
Secondary Payee UHaul							•			
Street Address			City				State	Zip Code		
432 Oakland St	Manchester				СТ	06042				
Purpose of Expenditure	Description	on						Amount		
(by code) EFV *	Truck F	Rental								
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No			Expenditure # (if applicable) Event #							
If yes, assign an Expenditure # and completes							\$147.73			

IV. EXPENDITURES (Sections N - S)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF RE						PORT			
Team Boughton April 10 Filing					April 10 Filing - Original	ginal			
R. Itemization of Reimbursements to Committee Workers and Consultants									
Last Name of Worker/Consultant First MI Date of Payment					Method of Payment				
StrategiesLLC Revolutionary			03/14/2014		X Check # 121 Debit Card				
Secondary Payee	Secondary Payee							Debit Card	
John Kleinhans									
Street Address			City				State	Zip Code	
64 Old Black Point Rd	Niantic		СТ	06355					
Purpose of Expenditure Description (by code) WAGE						Amount			
Is this expenditure coordinated with another candidate for which reimbursement is sought? X No If yes, assign an Expenditure # and completes Itemization in Addendum R			Expenditure # (if applicable) Event #			Event#		\$2,250.00	
Last Name of Worker/Consultant First			MI Date of P			e of Payment	Method of Payment		
Prunty		Peter		IVII		/17/2014	X Check # 130 Debit Card		
Secondary Payee Staples									
Street Address	City		State	Zip Code					
67 Newtown Rd	Danbury		СТ	06810					
Purpose of Expenditure (by code) OFFICE	by code)						Amount		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No			Expenditure # (if applicable)			Event #		#22.0F	
If yes, assign an Expenditure # and completes					\$23.05				

IV. EXPENDITURES (Sections N - S)										
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF R					TYPE OF REI	EPORT				
Team Boughton						April 10 Filing - Original				
R. Itemization of Reimbursements to Committee Workers and Consultants										
Last Name of Worker/Consultant First MI Date of Payment					Method of Payment					
Kleinhans		John			03/17/2014		X Check # 131 Debit Card			
Secondary Payee		1 1						Decir Cara		
Staples										
Street Address			City				State	Zip Code		
67 Newtown Rd			Danbury		СТ	06810				
Purpose of Expenditure Description (by code) OFFICE						Amount				
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and completes Itemization in Addendum R			Expenditure # (if applicable) Event #			Event#	\$105.27			
Last Name of Worker/Consultant First			MI Date			e of Payment	Method of Payment			
Kleinhans	1130			IVII		(18/2014	X Check # 134 Debit Card			
Secondary Payee Postmaster										
Street Address	City				State	Zip Code				
265 Main St	Danbury				СТ	06810				
Purpose of Expenditure (by code) POST	Descripti	on						Amount		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No			Expenditure # (if applicable)			Event #		4704.00		
If yes, assign an Expenditure # and completes					\$294.00					

IV. EXPENDITURES (Sections N - S)										
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF RE						TYPE OF REF	PORT			
Team Boughton April 10 Filing - C						Filing - Original	ing - Original			
R. Itemization of Reimbursements to Committee Workers and Consultants										
Last Name of Worker/Consultant StrategiesLLC	First Revolutionary					Date of Payment 03/28/2014		Method of Payment X Check # 121 Debit Card		
Secondary Payee John Kleinhans										
Street Address			City					State	Zip Code	
64 Old Black Point Rd			Niantic					СТ	06355	
Purpose of Expenditure Description (by code) WAGE								Amount		
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and completes Itemization i	Y'es No	Expenditure # (if applicable)			Event#		\$2,250.00			
				Total of Section R			f Section R	\$11,702.68		
1 oral of Section K										
IV. EXPENDITURES (Sectuibs N - S)										
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPO							PORT			
Team Boughton April 10 Filing - Original										
S. Surplus Distribution of Equipment and Furniture										
Name of Recipient										
Street Address City			St		State	State Zip Code			Original Purchase Amount of Item	
Description of Item										