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. TYI	PE OF COMMITTEE	
Lauretti Governor 2014						x	Candidate Committee Exploratory Committee	
3. TREASURER NAME						•	_	
First Sheila			MI	Last O'Malley			Suffix	
			<u> </u>					
4. TREASURER ADDRESS Street Address	-	City			State		Zip Code	
37 Booth Ave Unit 7		Oakvi	ille		СТ	I .	06779	
5. ELECTION DATE	6. OFFICE SOUGHT (Co	mplete oi	nly if Candidate	Committee)		7. DISTR	RICT NUMBER (if applicable	
11/04/2014	Governor							
8. CANDIDATE NAME (Complete only if Complete only if Comp	Candidate or Exploratory Co	ommittee	e)					
First Mark			MI A	Last Lauretti			Suffix	
9. TYPE OF REPORT			•					
April 10 Filing - Original								
10. PERIOD COVERED								
	Beginning Date 01/01/2014	thru		Ending Date 03/31/2014				
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	Sheila O'Malley			04,	/10/2014 1	L:29:09PM	1	
SIGNATURE	PRINT NAME OF THE	3 SIGNE	ER	DAG	TE CERTIFIED			
PENA	LTY FOR FALSE STATEM			E BY FINE NOT TO EXCEED AN ONE YEAR, OR BOTH.	\$1,000, OR IM	IPRISONMI	ENT	

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	TYPE OF REPORT					
Lauretti Governor 2014	April 10 Filing - Original	April 10 Filing - Original					
	COLUMN A	COLUMN B					
	This Period	Aggregate					
		<i>BB</i> - <i>B</i> ····					
12. Balance on hand from day Committee was formed		\$0.00					
13. Balance on hand at the beginning of Reporting Period	\$1,200.00						
14. Contributions received from Individuals (Section A and B)	\$109,325.00	\$110,525.00					
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00					
16. Other Monetary Receipts (Section D through I)	\$0.29	\$0.29					
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)	\$109,325.29	\$110,525.29					
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$110,525.29	\$110,525.29					
20. Expenses Paid by Committee (Section N)	\$53,166.38	\$53,166.38					
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col	\$57,358.91	\$57,358.91					
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$0.00					
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	\$481.03					
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)	\$0.00						
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$0.00						

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I. MONETARY RECEIPT	S (Sc	ection A-I)					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT			
Lauretti Governor 2014			April 10	Filing - Original			
A. Total Contributions from Small Contributors-Received this Period	od Ol	NLY		For Nonpartic	ipating Cand	idates ONLY	
B. Itemized Contributions from	m Ind	lividuals					
Last Name	First				MI	Contribution ID #	
Burke		Cynthia			L	0013	
Residential Street Address	City				State	Zip Code	
2 Barbara Dr .		Shelton			СТ	06484	
Principal Occupation		Name of Employe	r		-	•	
secretary		City of	Shelton				
Is contributor a principal of a state contractor or prospective state contractor?	D	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: 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	Personal Check 01/01/2014			\$100.00		\$100.00	
If yes, list Event #	Ь				Ь		
Last Name	First				MI	Contribution ID #	
Pepe		Frank			Α	0014	
Residential Street Address	City				State	Zip Code	
336 Derby Ave .		Derby			СТ	06418	
Principal Occupation		Name of Employe	r				
contractor		Pepe c	onstructi	on	_		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Amount of Contribution Yes					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		dependent enna of	a loobyist:	x _{No}			
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate	Contributions	1		
fundraising event listed in Section J1? Yes X No Cash Personal Check	01/0	01/2014		\$100.00		\$100.00	
If yes, list Event #	<u> </u>			•	<u></u>		
Last Name	First				MI	Contribution ID #	
Dumas		Shauna				1377	
Residential Street Address	City				State	Zip Code	
140 Far Hill St	<u> </u>	Shelton			СТ	06484	
Principal Occupation		Name of Employe	r				
Parks & Rec		City of	Shelton				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	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	1		
tundraising event listed in Section 11?							
X No	01/0	01/2014		\$30.00		\$30.00	

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L MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Lauretti Governor 2014			April 10 Filing - Original					
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Lauretti		Alexa			0015			
Residential Street Address	City			State	Zip Code			
14 David Dr .		Shelton		СТ	06484			
Principal Occupation		Name of Employ	er					
		waitre		•				
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 chira (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 Personal Check	01/	02/2014	\$100.00		\$100.00			
If yes, list Event #	01/	02/2011	Ψ100.00					
Last Name	First			MI	Contribution ID #			
Pogoda		Anthony			0016			
Residential Street Address	City			State	Zip Code			
11 Freedom Way		Shelton		СТ	06484			
Principal Occupation		Name of Employ	er	-	•			
retired								
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 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/	02/2014	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Pogoda	FIISt	Palma		IVII	0017			
Residential Street Address	City	Tunnu		State	Zip Code			
11 Freedom Way		Shelton		СТ	06484			
Principal Occupation	!	Name of Employ	er					
Retired								
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: 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	01/	02/2014	\$50.00		\$50.00			
Lad Name	E:t			M	Contribution ID#			
Last Name Trabka	First	Alma		MI	Contribution ID # 0325			
Residential Street Address	City	Aiiiia		State	Zip Code			
59 North St .	City	Shelton		CT	06484			
Principal Occupation		Name of Employ	er					
		Retire						
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	J	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					
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/	02/2014	\$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								
Lauretti Governor 2014			April 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Cirillo		Diana			0211			
Residential Street Address	City			State	Zip Code			
23 Silver St .		Milford		СТ	06460			
Principal Occupation		Name of Employ						
Stylist 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	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 Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions	1				
Tundraising event instead in Section 31:								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/0	07/2014	\$100.00		\$100.00			
	l			I				
Last Name	First	1811		MI	Contribution ID #			
Olofson Residential Street Address	City	Hildegarde		State	O212 Zip Code			
3 Beardsley Rd .	City	Shelton		CT	06484			
Principal Occupation		Name of Employ	er	CI	1 00404			
		Retire						
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	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			450.00		.50.00			
If yes, list Event # Money Order Credit/Debit Card	01/0	07/2014	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Vanzy		Kelley			0209			
Residential Street Address	City	<u> </u>		State	Zip Code			
1229 Winsted Rd Unit 97		Torrington		СТ	06790			
Principal Occupation		Name of Employ	er					
Office Manager		ATA R	<u>'</u>					
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			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?			1.00.10.10.10.10.10.10.10.10.10.10.10.10					
X No Cash X Personal Check	01/0	09/2014	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Pavis		Cathy			0170			
Residential Street Address	City			State	Zip Code			
620 Silver Ln		Stratford		СТ	06614			
Principal Occupation Office Manager		Name of Employ	_{er} scenter					
			-1.1	Amou	unt 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				
- IX								
If yes, list Event # Cash Personal Check Money Order 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								
Lauretti Governor 2014 April 10 Filing - Original								
B. Itemized Contributions from	n Ind	lividuals	•					
Last Name	First			MI	Contribution ID #			
Hurliman		Joel		W	0113			
Residential Street Address	City			State	Zip Code			
145 Canal St # 201	ļ	Shelton		СТ	06484			
Principal Occupation Chief		Name of Employ Shelto						
			11 1 ·	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 # 01092014A No Money Order Credit/Debit Card	01/0	09/2014	\$50.00		\$50.00			
				l	La . i . p. "			
Last Name	First	Thomas		MI	Contribution ID #			
DAddario Residential Street Address	City	Thomas		State	0184 Zip Code			
42 Canfield Rd .	City	Shelton		CT	06484			
Principal Occupation		Name of Employ	er					
Sales		M DA	ddarior Buick					
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: 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 # Money Order Credit/Debit Card	01/0	09/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Edmunds	1 1150	Nate			0185			
Residential Street Address	City			State	Zip Code			
6 Grissmill Ln		West Kingsto	on	RI	02892			
Principal Occupation		Name of Employ	er	-	•			
Educator		Charii	no HS					
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		dependent enna e	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	01/0	09/2014	\$50.00		\$50.00			
If yes, list Event #	,		1					
Last Name	First			MI	Contribution ID #			
Shuby		Robert		s	0018			
Residential Street Address	City			State	Zip Code			
19 Twinbrook Dr .		Shelton		СТ	06484			
Principal Occupation		Name of Employ						
Retired Is contributor a principal of a state contractor or prospective state contractor?		Retire	-11	Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor?)	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:	Date	Received	Aggregate Contributions	1				
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Method of contribution:								
If yes, list Event # 01092014A No Cash X Personal Check Money Order 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								
Lauretti Governor 2014			April 10 Filing - Original					
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Burke		Karen			0019			
Residential Street Address	City			State	Zip Code			
22 Greenfield Ave	L	Stratford		СТ	06614			
Principal Occupation N/A		Name of Employ	er					
		Is contributor a l	obbyist, spouse, or	Amor	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 # 01092014A No Money Order Credit/Debit Card	01/0	09/2014	\$100.00		\$100.00			
	I			L				
Last Name	First	Varia		MI	Contribution ID #			
Bishop Residential Street Address	City	Kevin		J State	0020 Zip Code			
29 Cow Hill Rd .	City	Killingworth		CT	06419			
Principal Occupation		Name of Employ	er					
Director		Boy S	couts of America					
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					
No Cash X Personal Check	01//	09/2014	\$100.00		\$100.00			
If yes, list Event # 01092014A	01/0	J9/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
William		Steves			0021			
Residential Street Address	City			State	Zip Code			
3 McConney Grv	<u> </u>	Derby		СТ	06418			
Principal Occupation		Name of Employ						
signage		IBB, L						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a li 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? X Yes Method of contribution: X Personal Check								
If yes, list Event # 01092014A No Cash X Personal Check Money Order Credit/Debit Card	01/0	09/2014	\$100.00		\$100.00			
in yes, iss town of the indicate in the indica								
Last Name	First			MI	Contribution ID #			
Parkins	G'i	Ruth		G	0022			
Residential Street Address 21 Meadow Lane Rd .	City	Shelton		State CT	Zip Code 06484			
Principal Occupation	L	Name of Employ	er	[[00404			
Public Relations			ois Pipeline					
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	1 a 1000yist?					
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:		20/201			+400.00			
If yes, list Event # 01092014A No Money Order 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							
Lauretti Governor 2014			April 10 Filing - Original				
B. Itemized Contributions from	m Ind	lividuals					
Last Name	First			MI	Contribution ID #		
Simonetti		John			0023		
Residential Street Address	City			State	Zip Code		
130 Mill St .		Shelton		СТ	06484		
Principal Occupation Pilot		Name of Employ	^{er} Airlines				
			11 1 ·	Amou	unt of Contribution		
Is contributor a principal of a state contractor or prospective state contractor? Yes No	о	dependent child of	Vac	111100	ant of Control		
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 # 01092014A No Money Order Credit/Debit Card	01/	09/2014	\$100.00		\$100.00		
	L			l			
Last Name	First	Lauiaa		MI	Contribution ID #		
Simonetti Residential Street Address	City	Louise		A State	0024 Zip Code		
130 Mill St	City	Shelton		CT	06484		
Principal Occupation		Name of Employ	er				
RN		Linclo	n Inst.				
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 lobbyist?				
government the contract is with:			x No				
Is this contribution associated with a fundraising event listed in Section J1? X Yes	Date	Received	Aggregate Contributions				
No Cash X Personal Check	01/	09/2014	\$100.00		\$100.00		
If yes, list Event # 01092014A	01/	09/2014	\$100.00		\$100.00		
Last Name	First			MI	Contribution ID #		
DeFlippo		Charlene		R	0036		
Residential Street Address	City			State	Zip Code		
43 Perch Rd .		Shelton		СТ	06484		
Principal Occupation		Name of Employ					
Community Dev. Director			f Shelton				
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 # 01092014A No Cash X Personal Check Money Order Credit/Debit Card	01/	09/2014	\$50.00		\$50.00		
I you, is the treat of the trea							
Last Name	First			MI	Contribution ID #		
Holden	C'i	Wendy		J	0037		
Residential Street Address 275 Soundview Ave .	City	Shelton		State CT	Zip Code 06484		
Principal Occupation		Name of Employ	er	Ci	00404		
Manager			haven Mart				
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	υ	dependent child of	or a robbyist?				
government the contract is with:			x _{No}				
Is this contribution associated with a fundamining expert listed in Section 112	Date	Received	Aggregate Contributions				
Tunidialising event listed in Section 31:		00/2011			+50.00		
If yes, list Event # 01092014A No Money Order Credit/Debit Card	01/	09/2014	\$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								
Lauretti Governor 2014			April 10 Filing - Original					
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Holden		Mark		S	0038			
Residential Street Address	City			State	Zip Code			
275 Soundview Ave .	L.,	Shelton		СТ	06484			
Principal Occupation		Name of Employ						
Insurance Agent			n Agency	A	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}					
Is this contribution associated with a fundraising event listed in Section 112	Date	Received	Aggregate Contributions	1				
fundraising event listed in Section J1? Yes Cash Personal Check								
If yes, list Event # 01092014A No Money Order Credit/Debit Card	01/0	09/2014	\$50.00		\$50.00			
	l			l				
Last Name	First			MI	Contribution ID #			
Hodson		Stephen		_	0046			
Residential Street Address	City	-		State	Zip Code			
108 Fern Cir Principal Occupation	<u> </u>	Trumbull Name of Employ	or.	СТ	06611			
Real Estate		Hood	er					
			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					
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? Yes Cash Personal Check								
If yes, list Event # 01092014A	01/0	09/2014	\$75.00		\$75.00			
in yes, list Event # 01092014A Infoncy Order In Credit Debit Card				<u> </u>				
Last Name	First			MI	Contribution ID #			
Lamb		Carolee			0025			
Residential Street Address	City			State	Zip Code			
530 Ocean Ave .	<u> </u>	West Haven		СТ	06516-7108			
Principal Occupation Retired		Name of Employ	er					
		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	o	dependent child of		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 fundamining event listed in Section 112.	Date	Received	Aggregate Contributions	1				
iundraising event instea in section 31?								
If yes, list Event # 01092014A No Cash X Personal Check Money Order Credit/Debit Card	01/0	09/2014	\$100.00		\$100.00			
				l				
Last Name	First			MI	Contribution ID #			
Savignano	G'i	Frank		Gr. r	0026			
Residential Street Address 530 Ocean Ave .	City	West Haven		State CT	Zip Code 06516-7108			
Principal Occupation	L	Name of Employ	er	CI	00310-7100			
Retired		rume of Employ	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			
	0	dependent child of	or a roodyrst?					
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 # 01092014A No Money Order Credit/Debit Card	01/0	09/2014	\$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		
Lauretti Governor 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name Staffieri	First	Anthony		MI	Contribution ID # 0027
Residential Street Address	City			State	Zip Code
17 O Sullivan Rd .		Derby		СТ	06618
Principal Occupation		Name of Employ unem	^{er} ployed		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le	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 fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
If yes, list Event # 01092014A	01/0	09/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Staffieri		Diane			0028
Residential Street Address	City			State	Zip Code
17 O Sullivan Rd . Principal Occupation	<u> </u>	Derby Name of Employ		СТ	06418
Admin			f Shelton		
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 o	of a lobbyist? Yes 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 # 01092014A Method of contribution: Cash X Personal Check Money Order Credit/Debit Card	01/0	09/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Martino		Joseph			0029
Residential Street Address	City	GL 1:		State	Zip Code
24 Elderberry Ln Principal Occupation	<u> </u>	Shelton Name of Employ	or	СТ	06484
owner		NAPS			
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	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:	Date	Received	Aggregate Contributions		
If yes, list Event # 01092014A	01/0	09/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Kelley		Brian		М	0030
Residential Street Address	City			State	Zip Code
147 Union Ave .	<u> </u>	West Haven		СТ	06516
Principal Occupation sales		Name of Employ Coca			
Is contributor a principal of a state contractor or prospective state contractor?			obbvist, spouse, or	Amou	ant of Contribution
If yes, indicate which branch or branches of	0	dependent child o	obbyist, spouse, or Yes a lobbyist?		
government the contract is with:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?			*		
If yes, list Event # 01092014A	01/0	09/2014	\$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) Lauretti Governor 2014 April 10 Filing - Original					
			1 4		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Fitzgerald		Michael			0031
Residential Street Address	City	Chalkan		State	Zip Code
18 Gorden Ter Principal Occupation		Shelton Name of Employ	or	СТ	06484
Sales			el Crisp		
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 we sindicate which branch or branches of)	dependent child of	of a lobbyist?		
government the contract is with:			x _{No}	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/	00/2014	¢100.00		¢100.00
If yes, list Event # 01092014A	01/	09/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Fitzgerald		Paul			0032
Residential Street Address	City			State	Zip Code
18 Garden Ter		Shelton		СТ	06484
Principal Occupation		Name of Employ	er		
sales		Coca			
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 enna e	x No		
government the contract is with:	Date	Received	Aggregate Contributions	-	
fundraising event listed in Section J1?			1-88-48		
No Cash X Personal Check	01/	09/2014	\$100.00		\$100.00
If yes, list Event # 01092014A					
Last Name	First			MI	Contribution ID #
Puopolo		Joseph		D	0033
Residential Street Address	City			State	Zip Code
50 Great Oak Rd		Shelton		СТ	06484
Principal Occupation		Name of Employ			
Parks Dept. Is contributor a principal of a state contractor or prospective state contractor?			f Shelton obbyist, spouse, or	Amoi	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	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	Date	Received	Aggregate Contributions		
Tunidraising event insection 31:					
If yes, list Event # 01092014A Cash Cash Personal Check No Money Order Credit/Debit Card	01/	09/2014	\$100.00		\$100.00
				1	La va v mu
Last Name Worobel	First	Bret		MI	Contribution ID # 0034
Residential Street Address	City	DIEL		State	Zip Code
253 Sawpit Hill Rd .	City	Woodbury		CT	06798
Principal Occupation		Name of Employ	er	1	
machinist		Qualit	y Machine		
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 roodyist?		
government the contract is with:		L.,	x _{No}	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./	09/2014	\$100.00		\$100.00
If yes list Event # 01092014A No Money Order Credit/Debit Card	I "'	03/2014	\$100.00	1	φ100.00

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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		
Lauretti Governor 2014			April 10 Filling - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Valluzzo		Stacy			0035
Residential Street Address	City			State	Zip Code
253 Sawpit Hill Rd .		Woodbury		СТ	06798
Principal Occupation		Name of Employ			
Service Manager			neron Pharm		
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	int of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent ennu e	x _{No}		
government the contract is with:	Date	Received	Aggregate Contributions	-	
fundraising event listed in Section J1?	Dute	Received	Aggregate Controlations		
No Cash X Personal Check	01/	09/2014	\$100.00		\$100.00
If yes, list Event # 01092014A	01/	05,202.	Ψ100.00		
Last Name	First			MI	Contribution ID #
Madar		Charlotte			0039
Residential Street Address	City			State	Zip Code
182 Beardsley Rd .		Shelton		СТ	06484
Principal Occupation		Name of Employ	er	•	
retired					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Gallabarieta	Amou	nt of Contribution
If yes, indicate which branch or branches of	,	dependent child of	if 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		
Tash X Personal Check					
If yes, list Event # 01092014A No Money Order Credit/Debit Card	01/	09/2014	\$50.00		\$50.00
					T
Last Name	First			MI	Contribution ID #
Heuser Residential Street Address	City	Nancy		State	0040
533B Narraganset Ln	City	Stratford		CT	Zip Code 06614
Principal Occupation		Name of Employe	er	<u> </u>	00014
Office Manager			Greenberg & Hassan		
				Amou	ınt 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	Date	Received	Aggregate Contributions	1	
Tunidraising event insection 31:					
If yes, list Event # 01092014A Cash Cash Personal Check No Money Order Credit/Debit Card	01/	09/2014	\$50.00		\$50.00
If yes, list Divinity of the in the control of the					-
Last Name	First			MI	Contribution ID #
Burrell		Tammy			0041
Residential Street Address	City			State	Zip Code
10 Bellevue Ter		Seymour		СТ	06483
Principal Occupation		Name of Employ			
CPA Is contributor a principal of a state contractor or prospective state contractor?			sella Schlitter obbyist, spouse, or	Amou	unt of Contribution
is contributor a principal of a state contractor or prospective state contractor?)	dependent child o	Voc	Aillou	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	
fundraising event listed in Section J1?			55 -5		
If yes, list Event # 01092014A	01/	09/2014	\$50.00		\$50.00
I If yes list Event # 01092014A II I Money Order I I 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 Lauretti Governor 2014 April 10 Filing - Original								
Lauretti Governor 2014			7,prii 10 1 iiing - Originiai					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Hvizdo		Linda			0042			
Residential Street Address	City	GL 1:		State	Zip Code			
13 Sanford Dr . Principal Occupation		Shelton Name of Employe		СТ	06484			
Sales			ene Hotels					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of)	dependent child o	Ta lobbyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a fundaciona quent listed in Section 112	Date	Received	Aggregate Contributions					
Cash Personal Check								
If yes, list Event # 01092014A No Money Order Credit/Debit Card	01/0	09/2014	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Ballaro	1 1130	Anthony		C	0043			
Residential Street Address	City	7.11.01.17		State	Zip Code			
18 Evelyn Dr .		Shelton		СТ	06484			
Principal Occupation		Name of Employ	er	•	•			
Bldg Inspect		City o	f Shelton					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Galakherieta	Amou	int of Contribution			
If yes, indicate which branch or branches of		dependent child o	i a loodyist?					
government the contract is with: Executive Legislative		D : 1	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	01/0	09/2014	\$50.00		\$50.00			
If yes, list Event # 01092014A	01/(33/2014	450.00		450.00			
Last Name	First			MI	Contribution ID #			
Parkins		Sarah			0044			
Residential Street Address	City			State	Zip Code			
21 Meadow Lake Dr .		Shelton		СТ	06484			
Principal Occupation		Name of Employ						
		stude						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or fa lobbyist? Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of according to the contract is with: 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: X Yes X Personal Check								
If yes, list Event # 01092014A	01/0	09/2014	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Salzer		Dennis			0045			
Residential Street Address	City			State	Zip Code			
418 Long Hill Ave		Shelton		СТ	06484			
Principal Occupation		Name of Employ	er	-	•			
Retired								
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?	Amou	int of Contribution			
If yes, indicate which branch or branches of Executive Legislative		cinid o	x No					
government the contract is with:	Date	Received	Aggregate Contributions	-				
fundraising event listed in Section J1?	Date		OB Continuations					
If yes, list Event # 01092014A	01/0	09/2014	\$50.00		\$50.00			

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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					
Lauretti Governor 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Harger		Mark			0047
Residential Street Address	City			State	Zip Code
26 Meadow Ridge Rd .		Shelton		СТ	06484
Principal Occupation		Name of Employ	er		
Retired				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?	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		
No No Personal Check	01/0	09/2014	\$50.00		\$50.00
If yes, list Event# 01092014A					
Last Name	First			MI	Contribution ID #
Adcox		Theresa			0048
Residential Street Address	City			State	Zip Code
71 Little Fox Run		Shelton		СТ	06484
Principal Occupation Clerk		Name of Employ	of Shelton		
		-	11 1	Amou	unt of Contribution
Yes X 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 quest listed in Section 112	Date	Received	Aggregate Contributions	1	
Tunidialising event listed in Section 31:					
If yes, list Event # 01092014A No Cash Credit/Debit Card	01/0	09/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
McGorty	First	Celeste		S	0087
Residential Street Address	City			State	Zip Code
11 Meghan Ct		Shelton		СТ	06484
Principal Occupation	•	Name of Employ	er	•	•
Admin		Utited	l Tech		
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	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent cinia c	· —		
government the contract is with:	Data	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
No Cash X Personal Check	01/0	09/2014	\$100.00		\$100.00
If yes, list Event # 01092014A		,			·
Last Name	First			MI	Contribution ID #
Todice		John			0055
Residential Street Address	City			State	Zip Code
130 Wakelee Avenue Ext	L.,	Shelton		СТ	06484
Principal Occupation		Name of Employ			
Contractor Is contributor a principal of a state contractor or prospective state contractor?		Nancy Is contributor a l	-1.1	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}		
government the contract is with: Is this contribution associated with a fundringing over thirted in Section 112.	Date	Received	Aggregate Contributions	1	
Tundraising event listed in Section 31:					
If yes, list Event # 01092014A No Cash Personal Check No Money Order Credit/Debit Card	01/0	09/2014	\$50.00		\$50.00

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I, MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	o (o	ection A-1)	TYPE OF REPORT						
Lauretti Governor 2014			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Garrett	1 1130	Michael		1411	0058				
Residential Street Address	City			State	Zip Code				
49 Weber Ave .		Bridgeport		СТ	06610				
Principal Occupation		Name of Employ	er	•	•				
Retired									
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	1					
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
No Cash Personal Check	01/0	09/2014	\$50.00		\$50.00				
If yes, list Event # 01092014A	01,		ψ30.00						
Last Name	First			MI	Contribution ID #				
Devries		Dianne			0082				
Residential Street Address	City			State	Zip Code				
PO Box 260398		Hartford		СТ	06126				
Principal Occupation		Name of Employ	er						
Ed Consult		Seld							
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or General Physics 2 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 fundaciona quent listed in Section 112	Date	Received	Aggregate Contributions						
Tunidialsing event listed in Section 31:									
If yes, list Event # 01092014A No Money Order Credit/Debit Card	01/0	09/2014	\$100.00		\$100.00				
				l					
Last Name	First			MI	Contribution ID #				
Papa		Jane		Н	0076				
Residential Street Address	City	Cl. II		State	Zip Code				
29 Philip Dr .		Shelton		СТ	06484				
Principal Occupation		Name of Employ Retire							
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						
Is this contribution associated with a fundraising event listed in Section J1? X Yes Method of contribution: X Cash Personal Check									
If yes, list Event # 01092014A	01/0	09/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Papa	FIISt	John		P	0077				
Residential Street Address	City	301111		State	Zip Code				
29 Philip Dr .	City	Shelton		CT	06484				
Principal Occupation		Name of Employ	er	<u> </u>					
Salemen		LF Po							
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 fundacione quest listed in Section 112.	Date	Received	Aggregate Contributions						
Tunidiaising event listed in Section 31:									
If yes, list Event # 01092014A No Money Order 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)	o (o i	ection A-1)	TYPE OF REPORT					
Lauretti Governor 2014			April 10 Filing - Original					
B. Itemized Contributions from Individuals								
		iiviuuais		T	I			
Last Name McGorty	First	Bernanrd		MI	Contribution ID # 0094			
Residential Street Address	City			State	Zip Code			
30 Wigwam Dr .	-	Shelton		СТ	06484			
Principal Occupation		Name of Employ	er	-	•			
Realtor		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	ant of Contribution			
If yes, indicate which branch or branches of Executive Legislative		aepenaem emia (x _{No}					
government the conduct is with.	Date	Received	Aggregate Contributions					
Is this contribution associated with a fundraising event listed in Section J1? X Yes Cash Personal Check								
If yes, list Event # 01092014A	01/	09/2014	\$100.00		\$100.00			
				L	La . a . a . m #			
Last Name	First	Danald		MI	Contribution ID #			
Schauwecker Residential Street Address	City	Ronald		S State	0084 Zip Code			
35 Blackberry Ln	City	Shelton		CT	06484			
Principal Occupation		Name of Employ	er	<u> </u>	00404			
contractor		self	-					
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)	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					
No Cash Personal Check	01/	09/2014	\$100.00		\$100.00			
If yes, list Event # 01092014A			•					
Last Name	First			MI	Contribution ID #			
Pellicco		Christopher			0049			
Residential Street Address	City			State	Zip Code			
197 Maple Ave .		North Haven		СТ	06473			
Principal Occupation		Name of Employ	er					
Landscaping		Self						
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	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					
tundraising event risted in Section 31?								
If yes, list Event # 01092014A Solution No Cash Cash Personal Check No Money Order Credit/Debit Card	01/	09/2014	\$60.00		\$60.00			
Last Name	First			MI	Contribution ID #			
Pelliccio		Jodi			0064			
Residential Street Address	City			State	Zip Code			
197 Maple Ave .		North Haven		СТ	06473			
Principal Occupation		Name of Employ	er	-	•			
manager		NCLM	S					
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?			55 · 5 · · · · · · · · · · · · · · · ·					
If yes, list Event # 01092014A	01/	09/2014	\$100.00		\$100.00			

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I, MONETARY RECEIPTS (Section A-I)									
	5 (5 6	ection A-1)	TWINE OF DEPONT						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Lauretti Governor 2014			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Beavers		LeRoy			0050				
Residential Street Address	City			State	Zip Code				
771 A Heritage Vlg		Southbury		СТ	06488				
Principal Occupation		Name of Employ	er						
Supervisor		Smed	ley Crane & Rig						
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 Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
X Cash Parsonal Chack									
If yes, list Event # 01092014A No Money Order Credit/Debit Card	01/0	09/2014	\$50.00		\$50.00				
in yes, in the real of the control o									
Last Name	First			MI	Contribution ID #				
Miller		James			0051				
Residential Street Address	City			State	Zip Code				
18 Punkup Rd .		Oxford		СТ	06643				
Principal Occupation		Name of Employ	er						
		Retire	ed						
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						
Perconal Check									
If yes, list Event # 01092014A No Money Order Credit/Debit Card	01/0	09/2014	\$100.00		\$100.00				
<u> </u>									
Last Name	First			MI	Contribution ID #				
Nammoon		John			0052				
Residential Street Address	City			State	Zip Code				
70 Stephan Dr .		Meriden		СТ	06450				
Principal Occupation		Name of Employ							
			America	,					
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	int 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 c +									
If yes, list Event # 01092014A No Solution No Money Order Credit/Debit Card	01/0	09/2014	\$50.00		\$50.00				
				<u> </u>	I				
Last Name	First			MI	Contribution ID #				
Jacques		Warren			0053				
Residential Street Address	City			State	Zip Code				
37 Old Elm Rd .		Trumbull		СТ	06611				
Principal Occupation		Name of Employ							
PT			of Trumbull						
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		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						
X Cook Parsonal Chook		20/204	450.00		+50.00				
If yes, list Event # 01092014A No Money Order Credit/Debit Card	01/0	09/2014	\$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									
Lauretti Governor 2014			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Miller		Marie			0054				
Residential Street Address	City			State	Zip Code				
29 Crosby Cmns		Shelton		СТ	06484				
Principal Occupation Retired		Name of Employ	er						
		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution				
Yes X No	0	dependent child of	Vac	1 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 X Voc Method of contribution:	Date	Received	Aggregate Contributions						
Tundraising event instead in Section 31:									
If yes, list Event # 01092014A No Money Order Credit/Debit Card	01/	09/2014	\$100.00		\$100.00				
	I			I					
Last Name	First			MI	Contribution ID #				
Civitella Residential Street Address	City	Nadine		State	0056 Zip Code				
29 Crosby St	City	Ansonia		CT	06401				
Principal Occupation		Name of Employ	er	<u> </u>	1 00401				
Manager			lla Assoc						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amount 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 Personal Check		00/001	450.00		\F0.00				
If yes, list Event # 01092014A No Money Order Credit/Debit Card	01/	09/2014	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
Civitella		Pasqual			0057				
Residential Street Address	City	<u> </u>		State	Zip Code				
29 Crosby St .		Ansonia		СТ	06401				
Principal Occupation		Name of Employ	er						
RE			lla & Assoc						
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						
No No Personal Check	01/	09/2014	\$50.00		\$50.00				
If yes, list Event # 01092014A									
Last Name	First			MI	Contribution ID #				
Slater		John			0059				
Residential Street Address	City			State	Zip Code				
241 Wilson St .		Bridgeport		СТ	06605				
Principal Occupation Manager		Name of Employ	eld Bank						
			.1.1	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: 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 # 01092014A No Money Order Credit/Debit Card	01/	09/2014	\$50.00		\$50.00				

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L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT								
Lauretti Governor 2014			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Negreiro		Jose		J	0060				
Residential Street Address	City			State	Zip Code				
17 Woodbine Rd		Woodbridge		СТ	06525				
Principal Occupation		Name of Employ	^{er} mployed						
Is contributor a principal of a state contractor or prospective state contractor?			11 14	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						
Tundraising event instead in Section 31:									
If yes, list Event # 01092014A No South Money Order Credit/Debit Card	01/	09/2014	\$100.00		\$100.00				
L AV	Б: /				Louis B"				
Last Name Ellis	First	Lawrence		MI	Contribution ID # 0061				
Residential Street Address	City	Lawrence		State	Zip Code				
23 Macintosh		Oxford		СТ	06478				
Principal Occupation		Name of Employ	er						
		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	of a lobbyist?						
government the contract is with:			x No						
Is this contribution associated with a fundraising event listed in Section J1? X Yes	Date	Received	Aggregate Contributions						
No X Cash Personal Check	01/	09/2014	\$50.00		\$50.00				
If yes, list Event # 01092014A	01/	09/2014	\$50.00						
Last Name	First			MI	Contribution ID #				
Kapral		Joan		F	0062				
Residential Street Address	City			State	Zip Code				
174 River Rd		Shelton		СТ	06484				
Principal Occupation		Name of Employ							
A/P Business			ay World	A					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	dependent child of	V	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						
Tunidialising event listed in Section 31:									
If yes, list Event # 01092014A No Money Order Credit/Debit Card	01/	09/2014	\$50.00		\$50.00				
Last Name	First	M: -ll		MI	Contribution ID #				
Kapral Residential Street Address	City	Michael		J State	0063 Zip Code				
174 River Rd .	City	Shelton		CT	06484				
Principal Occupation		Name of Employ	er	<u> </u>					
Plumber		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 robbyist?						
government the contract is with: Executive Legislative	_	D	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/	09/2014	\$50.00		\$50.00				
If yes, list Event # 01092014A Money Order Credit/Debit Card	I "'	00/2017	φου.σο		420.00				

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I, MONETARY RECEIPT	S (Se	ection A-I)	ı		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Lauretti Governor 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Hokolie		Antonio			0065
Residential Street Address	City			State	Zip Code
196 Division St .	L.,	Shelton		СТ	06484
Principal Occupation		Name of Employ	er		
Is contributor a principal of a state contractor or prospective state contractor?		N/A	obbyist, spouse, or	Amou	ant of Contribution
Yes X No	0	dependent child of	Voc	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 Sociated with a Yes Method of contribution:	Date	Received	Aggregate Contributions		
Tundraising event fisted in Section 31?					
If yes, list Event # 01092014A Solution No Money Order Credit/Debit Card	01/0	09/2014	\$100.00		\$100.00
in yes, list Event # 01092014A Involvey Order In Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Rosioe		Shaye			0066
Residential Street Address	City			State	Zip Code
23 Spoke Dr	Щ,	Shelton		СТ	06484
Principal Occupation		Name of Employ			
Director Is contributor a principal of a state contractor or prospective state contractor?			& Girls Club 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	37	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 fundamining event listed in Section 112.	Date	Received	Aggregate Contributions		
fundraising event risted in Section 31:					
U No I ☐ ····· ☐ ·····	01/0	09/2014	\$50.00		\$50.00
If yes, list Event # 01092014A					
Last Name	First			MI	Contribution ID #
Ebert		Dominick			0067
Residential Street Address	City			State	Zip Code
169 Pinewood Trl	L	Trumbull		СТ	06611
Principal Occupation		Name of Employ			
Golf Pro Is contributor a principal of a state contractor or prospective state contractor?			Springs CC obbyist, spouse, or	Amou	ant of Contribution
Yes X No.	0	dependent child o		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		
Is this contribution associated with a fundraising event listed in Section J1? X Yes Method of contribution: X Cash Personal Check					
l No l □ ····· □ ·····	01/0	09/2014	\$100.00		\$100.00
If yes, list Event # 01092014A					
Last Name	First			MI	Contribution ID #
MacIlvain		Francis		Х	0068
Residential Street Address	City			State	Zip Code
33 Sharon Ct .	L.,	Shelton		СТ	06484
Principal Occupation		Name of Employ			
QA Specialist		DCMA	-11	A	
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	ls 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?			55 5		
If yes list Event # 01092014A No No Money Order Credit/Debit Card	01/0	09/2014	\$50.00		\$50.00

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Lauretti Governor 2014			April 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Barnard		Michael			0069			
Residential Street Address	City			State	Zip Code			
353 Daniels Farm Rd .		Trumbull		СТ	06611			
Principal Occupation		Name of Employ	er					
		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	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		acpendent enna (x _{No}					
government the contract is with:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Bute	received	riggiogate contributions					
No X Cash Personal Check	01/	09/2014	\$100.00		\$100.00			
If yes, list Event # 01092014A		<u>, </u>	·		·			
Last Name	First			MI	Contribution ID #			
Prosnick		Leah			0070			
Residential Street Address	City			State	Zip Code			
68 Lerkey Rd .		Oxford		СТ	06478			
Principal Occupation		Name of Employ						
I will be a similar of the state of the stat		house		A	or of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes 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					
s this contribution associated with a fundraising event listed in Section J1?								
No No Personal Check	01/	09/2014	\$100.00		\$100.00			
If yes, list Event # 01092014A								
Last Name	First			MI	Contribution ID #			
Prosnick		Mark		В	0071			
Residential Street Address	City			State	Zip Code			
68 Lerkey Rd .		Oxford		СТ	06478			
Principal Occupation		Name of Employ	er					
Carpenter Is contributor a principal of a state contractor or prospective state contractor?		self	obbyist spouse or	A	-t-f-Ct-ilti			
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 Executive Legislative			x _{No}					
government the contract is with:	Date	Received	Aggregate Contributions					
st this contribution associated with a fundraising event listed in Section J1? X Yes Method of contribution: X Cash Personal Check								
U No ☐ □	01/	09/2014	\$100.00		\$100.00			
If yes, list Event # 01092014A								
Last Name	First			MI	Contribution ID #			
Kierce		Eugene			0072			
Residential Street Address	City			State	Zip Code			
120 Thoreau Dr		Shelton		СТ	06484			
Principal Occupation		Name of Employ retire						
Is contributor a principal of a state contractor or prospective state contractor?			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					
Table 1 and								
If yes, list Event # 01092014A	01/	09/2014	\$50.00		\$50.00			

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I, MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Lauretti Governor 2014			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Bolner		David			0073				
Residential Street Address	City			State	Zip Code				
102 Wildhorse Ct		Monroe		CT	06468				
Principal Occupation		Name of Employ	er						
		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? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		aepenaem emia (x _{No}						
government the conduct is with.	Date	Received	Aggregate Contributions						
s this contribution associated with a fundraising event listed in Section J1?									
No No Personal Check	01/	09/2014	\$50.00		\$50.00				
If yes, list Event # 01092014A									
Last Name	First			MI	Contribution ID #				
Bodner		Diane			0074				
Residential Street Address	City			State	Zip Code				
102 Wildhorse Ct .		Monroe		СТ	06468				
Principal Occupation		Name of Employ	er						
Is contributor a principal of a state contractor or prospective state contractor?		self 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	Vac	7 11110 4	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 X Yes Method of contribution:	Date	Received	Aggregate Contributions						
tundraising event risted in Section 31?									
U No T	01/	09/2014	\$50.00		\$50.00				
If yes, list Event # 01092014A									
Last Name	First			MI	Contribution ID #				
Nolan		Douglas		J	0075				
Residential Street Address	City			State	Zip Code				
18 Squire Rd .		Monroe		СТ	06468				
Principal Occupation		Name of Employ	er						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	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: Executive Legislative			x No						
Is this contribution associated with a fundraising event listed in Section 112	Date	Received	Aggregate Contributions						
Tandraising event instead in Section 31:									
If yes, list Event # 01092014A	01/	09/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
McPherson	FIISt	Eric		IVII	0078				
Residential Street Address	City	LIIC		State	Zip Code				
72 Whaler St .	City	Shelton		CT	06484				
Principal Occupation		Name of Employ	er						
		Retire	ed						
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	Б.	D : 1	X No						
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
No X Cash Personal Check	01/	09/2014	\$50.00		\$50.00				
If yes, list Event # 01092014A		07/2014	φυ.υυ		Ψ50.00				

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Lauretti Governor 2014 April 10 Filing - Original								
Lauretti Governor 2014								
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Martino		Stephen			0079			
Residential Street Address	City	Chalbara		State	Zip Code			
12 Lazy Brook Rd . Principal Occupation	L	Shelton Name of Employe	or .	СТ	06484			
contractor		Self	ci					
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or	/es Amor	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent cinia o		10				
government the contract is with:	Date	Received	Aggregate Contributions					
is this contribution associated with a fundraising event listed in Section J1? Wes Method of contribution: Method of contribution: Cash Representation of the contribution of the contr								
If yes, list Event # 01092014A	01/	09/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Araujo		Catherine			0080			
Residential Street Address	City			State	Zip Code			
138 Walnut Tree Hill Rd .		Shelton		СТ	08484			
Principal Occupation		Name of Employ	er		•			
Finance Assistane		Shelto	on Public					
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 o	a loodyist?	10				
	Date	Received	Aggregate Contributions	\dashv				
fundraising event listed in Section J1? X Yes Cash Rethod of contribution: Method of contribution: Cash Personal Check								
If yes, list Event # 01092014A No Money Order Credit/Debit Card	01/	09/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Fragoso		Christian			0081			
Residential Street Address	City			State	Zip Code			
1262 Marvin Rd .	<u> </u>	Cheshire		СТ	06410			
Principal Occupation		Name of Employ						
Advisor		Wells						
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	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: Executive Legislative			X 1	10				
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
If yes, list Event # 01092014A No Cash X Personal Check Money Order Credit/Debit Card	01/	09/2014	\$100.00		\$100.00			
				1.0	La . T . T . T . T			
Last Name Carey	First	Patrick		MI	Contribution ID # 0083			
Residential Street Address	City	ratifick		State	Zip Code			
6 Blueberry Ln	City	Shelton		CT	06484			
Principal Occupation		Name of Employe	er					
Realtor		Carey	& Guarrera					
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le	obbyist, spouse, or If a lobbyist?	/es Amor	unt of Contribution			
If yes, indicate which branch or branches of government the contract is with:			x 1	lo				
government the contract is with: Is this contribution associated with a	Date	Received	Aggregate Contributions	\dashv				
tundraising event listed in Section 31:								
If yes list Event # 01092014A Cash X Personal Check	01/	09/2014	\$100.00		\$100.00			

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I, MONETARY RECEIPTS (Section A-I)								
	5 (5)	ection A-1)	TWDE OF DEDORT					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Lauretti Governor 2014			TYPE OF REPORT April 10 Filing - Original					
Lauretti Governoi 2014								
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First	Linda		MI	Contribution ID #			
Schauwecker	O.	Linda		a	0085			
Residential Street Address 35 Blackberry	City	Shelton		State CT	Zip Code 06484			
Principal Occupation		Name of Employ	er	Ci	00404			
Realtor			Estate Two					
			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	_					
If yes, indicate which branch or branches of 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 # 01092014A No Money Order Credit/Debit Card	01/	09/2014	\$100.00		\$100.00			
LadNama	First			MI	Contribution ID #			
Last Name McGorty	FIISt	Thomas		IVII	0086			
Residential Street Address	City	THOMas		State	Zip Code			
11 Mechan Ct .	City	Shelton		CT	06484			
Principal Occupation		Name of Employ	er	<u> </u>	00101			
Admin		RPMA						
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 fundaciona quent listed in Section 112	Date	Received	Aggregate Contributions					
Tunidialsing event listed in Section 31:								
If yes, list Event # 01092014A No Money Order Credit/Debit Card	01/	09/2014	\$100.00		\$100.00			
				l	a			
Last Name Renzulli	First	Dieboud		MI	Contribution ID # 0088			
Residential Street Address	City	Richard		State	Zip Code			
301 Marlborough Ter	City	Fairfield		CT	06825			
Principal Occupation		Name of Employ	er	CI	00023			
· I- · · · · · I···		Retire						
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 fundaciona quent listed in Section 112	Date	Received	Aggregate Contributions					
Tunidraising event instead in Section 31:								
If yes, list Event # 01092014A	01/	09/2014	\$100.00		\$100.00			
Lad Name	Pit				Ct-ib-ti ID #			
Last Name O Leary	First	Raymond		MI M	Contribution ID # 0089			
Residential Street Address	City	Raymonu		State	Zip Code			
61 E Village Rd .	City	Shelton		CT	06484			
Principal Occupation		Name of Employ	er	<u> </u>	00.01			
		Retire						
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: Yes	Date	Received	Aggregate Contributions					
Tundraising event listed in Section 31:		00/2011			+100.00			
If yes, list Event # 01092014A No Money Order Credit/Debit Card	01/	09/2014	\$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) Lauretti Governor 2014			TYPE OF REPORT April 10 Filing - Original						
Lauretti Governoi 2014									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Hooper		Linda		М	0091				
Residential Street Address	City	Q1 11		State	Zip Code				
61 E Village Rd . Principal Occupation		Shelton Name of Employ		СТ	06484				
Principal Occupation		Name of Employ Retire							
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ınt 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 Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? Cash Personal Check		00/0044	4400						
If yes, list Event # 01092014A No Money Order Credit/Debit Card	01/0	09/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Uliano	1 1150	Kenneth		R	0090				
Residential Street Address	City			State	Zip Code				
486 Riverdale Dr .		Stratford		СТ	06615				
Principal Occupation		Name of Employ	er	•					
		Perkir	ı Elmer	_					
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		D : 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	01/	09/2014	\$100.00		\$100.00				
If yes, list Event # 01092014A	01/	03/2011	Ψ100.00		4100.00				
Last Name	First			MI	Contribution ID #				
Bashar		John			0092				
Residential Street Address	City			State	Zip Code				
35 L Hermitage Dr .		Shelton		СТ	06484				
Principal Occupation		Name of Employ							
Attorney		St of							
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	int of Contribution				
If yes, indicate which branch or branches of average at the contract is with: Executive Legislative			x _{No}						
government the contract is with: Is this contribution associated with a fundricing over listed in Section 112. X Yes Method of contribution:	Date	Received	Aggregate Contributions	1					
Tunidraising event instead in Section 31:									
If yes, list Event # 01092014A	01/0	09/2014	\$100.00		\$100.00				
in yes, has broken to be a broken to									
Last Name	First			MI	Contribution ID #				
Maglione	C'i	Michael		A	0093				
Residential Street Address 43 Barbara Dr .	City	Shelton		State CT	Zip Code 06484				
Principal Occupation		Name of Employ	er	<u> </u>	00404				
Emerg Manag Director			f Shelton						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	int 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 fundraising event listed in Section 112	Date	Received	Aggregate Contributions						
Tunidasing event listed in Section 31:		00/2011			+400.00				
If yes list Event # 01092014A	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)	5 (5 (ection A-1)	TYPE OF REPORT				
Lauretti Governor 2014			April 10 Filing - Original				
Eduletti Governoi 2011							
B. Itemized Contributions from	n Ind	lividuals					
Last Name	First			MI	Contribution ID #		
Baklik		Thomas		М	0095		
Residential Street Address	City			State	Zip Code		
19 Chucta Rd .		Seymour		СТ	06483		
Principal Occupation		Name of Employ	er				
barber		Slef					
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 fobbyist?				
government the contract is with:			x _{No}				
Is this contribution associated with a fundraicing event listed in Section 112	Date	Received	Aggregate Contributions				
X Parsonal Check							
If yes, list Event # 01092014A No Money Order Credit/Debit Card	01/	09/2014	\$100.00		\$100.00		
Last Name	First			MI	Contribution ID #		
Kawalautzki		Michele			0096		
Residential Street Address	City			State	Zip Code		
36 Roaring Brook Ln		Shelton		СТ	06484		
Principal Occupation		Name of Employ	er				
Contractor		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 robbyist?				
government the contract is with:			x No				
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions				
X Personal Check							
If yes, list Event # 01092014A No Money Order Credit/Debit Card	01/	09/2014	\$100.00		\$100.00		
<u> </u>							
Last Name	First			MI	Contribution ID #		
Orazietti		James			0117		
Residential Street Address	City			State	Zip Code		
81 Williams St		Shelton		СТ	06484		
Principal Occupation		Name of Employ	er				
		Retire	ed				
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 (or a roodyrst:				
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 risted in Section 31:							
If yes, list Event # 01092014A Cash Cash Personal Check One of the content of	01/	09/2014	\$100.00		\$100.00		
Last Name	First			MI	Contribution ID #		
Harger		Virginia			0158		
Residential Street Address	City			State	Zip Code		
26 Meadowridge Dr		Shelton		СТ	06484		
Principal Occupation		Name of Employ	er				
Office Manager			seph Church				
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		черениент сппа (of a foodyist?				
government the contract is with:			x _{No}				
Is this contribution associated with a Section 112 Yes Wethod of contribution:	Date	Received	Aggregate Contributions				
Tundraising event listed in Section 31:							
If yes, list Event # 01092014A No Money Order Credit/Debit Card	01/	09/2014	\$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				
Lauretti Governor 2014			April 10 Filing - Original				
B. Itemized Contributions from	n Ind	lividuals					
Last Name	First			MI	Contribution ID #		
Nesteriak		Sandra			0111		
Residential Street Address	City			State	Zip Code		
21 Maple Ln		Shelton		CT	06484		
Principal Occupation		Name of Employ	er				
		Retire					
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 (
government the contract is with: Is this contribution associated with a Method of contribution: Method of contribution:	D-4-	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	01/	09/2014	\$50.00		\$50.00		
If yes, list Event # 01092014A	01/	03/2014	\$50.00		450.00		
Last Name	First			MI	Contribution ID #		
Drozeck		Walter		J	0150		
Residential Street Address	City			State	Zip Code		
12 Wilson Ln		Shelton		CT	06484		
Principal Occupation		Name of Employ	er				
		NA					
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? Method of contribution:	Date	Received	Aggregate Contributions				
Cash X Personal Check	04.6	00/2014	+400.00		+100.00		
If yes, list Event # 01092014A	01/	09/2014	\$100.00		\$100.00		
Last Name	First			MI	Contribution ID #		
Drozeck	11130	Beatrice		M	0183		
Residential Street Address	City	Deather		State	Zip Code		
12 Wilson Ln		Shelton		СТ	06484		
Principal Occupation		Name of Employ	er				
		Retire	ed				
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 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 Credit/Debit Card	01/	09/2014	\$100.00		\$100.00		
Last Name	First			MI	Contribution ID #		
Gullimier	FIISt	Madelyn		IVII	0138		
Residential Street Address	City	Hadelyll		State	Zip Code		
415 Howe Ave	City	Shelton		CT	06484		
Principal Occupation		Name of Employ	er				
		Retire					
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 awart listed in Section 112	Date	Received	Aggregate Contributions				
Tundialsing event listed in Section 71?							
If yes, list Event # 01092014A	01/	09/2014	\$100.00	<u></u>	\$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				
Lauretti Governor 2014			April 10 Filing - Original				
B. Itemized Contributions from	n Ind	lividuals					
Last Name	First			MI	Contribution ID #		
Nappi		Kenneth			0157		
Residential Street Address	City			State	Zip Code		
42 Perch Rd		Shelton		СТ	06484		
Principal Occupation		Name of Employ	er		-		
Manager		State					
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 fobbyist?				
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		00/0044	\.T0.00		\=0.00		
If yes, list Event # 01092014A No Money Order Credit/Debit Card	01/	09/2014	\$50.00		\$50.00		
Last Name	First			MI	Contribution ID #		
Hiller	11130	Paul		H	0151		
Residential Street Address	City			State	Zip Code		
2745 Burr St	,	Fairfield		СТ	06824		
Principal Occupation		Name of Employ	er				
Finance D		city o	f Shelton				
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? X Yes Method of contribution:	Date	Received	Aggregate Contributions				
Cash X Personal Check	04.6	00/2014	+400.00		+100.00		
If yes, list Event # 01092014A No Money Order Credit/Debit Card	01/	09/2014	\$100.00		\$100.00		
Last Name	First			MI	Contribution ID #		
Morse	1 1100	Stephen			0100		
Residential Street Address	City			State	Zip Code		
8 Willard Rd .		Shelton		СТ	06484		
Principal Occupation		Name of Employ	er				
		Retire	ed				
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 cinia c	x No				
government the contract is with:	D-4-	Received					
is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions				
No Cash X Personal Check	01/	09/2014	\$100.00		\$100.00		
If yes, list Event # 01092014A	,		4				
Last Name	First			MI	Contribution ID #		
Grasso		Albert		J	0114		
Residential Street Address	City			State	Zip Code		
15 Beech Tree Hill Rd		Shelton		СТ	06484		
Principal Occupation		Name of Employ					
Contractor			ge Bldrs				
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		Sima	x No				
government the contract is with:	Date	Received	Aggregate Contributions				
fundraising event listed in Section J1?	Date		1-55105ate Continuations				
No Cash X Personal Check	01/	09/2014	\$50.00		\$50.00		
If yes, list Event # 01092014A			4		· · · · ·		

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Name	I. MONETARY RECEIPT	S (Se	ection A-I)						
Like Nume		`							
March Marc	Lauretti Governor 2014			April 10 Filing - Original					
Robertal Share Robertal Ro	B. Itemized Contributions from Individuals								
Part 19 TWINDFOOK Dr.	Last Name	First			MI	Contribution ID #			
19 Tokinshroko Dr. 10 Main of Principles 10 Main	Shuby		Robert		G	0156			
Principal Occupations Name of Employer Name of	Residential Street Address	City			State	Zip Code			
No.	19 Twinbrook Dr .		Shelton		СТ	06484			
Securithinate a principal of a state contribute or prospective state contribute or prospective state contribute or prospective state	Principal Occupation		Name of Employ	er					
Type, Indicate which furnich or branches or stream in the contract is suit. Section Sectio			N/A						
Executive	Is contributor a principal of a state contractor or prospective state contractor?	o		Voc	Amou	nt of Contribution			
Date Received Date Received Aggregate Cheribation ID # 100,000 \$1	If yes, indicate which branch or branches of		аеренаен сина с	<u> </u>					
First State Stat	government the contract is with:								
Personal Check 01/09/2014A	X Vac	Date	Received	Aggregate Contributions					
First stream First	Cash Rersonal Check	01//	00/2014	¢100.00		¢100.00			
Residential Street Address		01/0	J9/2014	\$100.00		\$100.00			
Residential Street Address	Last Name	First			MI	Contribution ID #			
Residential Street Authors Last Name Morse Besidential Street Authors Willard Rd . Le contributor a principal of a state contractor or prospective state contractor? Legislative Leg		1 1150	Richard						
Name of Employer Name of Emp	Residential Street Address	City			State				
La contribution a principal of a state contractor prospective state contractor? Yes No Security Securi	4 Sarahra Rd .		Milford		СТ	06461			
Secontification of principal of a state contractor or prospective state contractor?			Name of Employ	er					
Yes 2 No Date Received Aggregate Contributions Section 12 No No No No No No No N			N/A						
If yes, indicate which branche of tranches of a function of the contraction is with: If yes, indicate which branch or branches of a function is section if it is contribution socialled with a fundratising event listed in Section if it is contribution socialled with a fundratising event listed in Section if it is contributed in Section if it is contribution socialled with a fundration general stated in Section if it is contribution associated with a fundration if it is contribution associated with a fundration general stated in Section if it is contribution associated whith a fundration if it is contribution associated whith a general state contractor or prospective state contractor? Section	Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
Secontiment the contract is with: Executive		3	dependent child of	of a lobbyist?					
fundraising event listed in Section J1? If yes, list Event # 01092014A	Evacutiva Lagislativa			X No					
Last Name Residential Street Address Shelton Shel	X Vac	Date	Received	Aggregate Contributions					
Last Name Morse Residential Street Address Swillar'd Rd . Principal Occupation If yes, indicate which branch or branches of government the contractia with: Last Name Same Anount of Contribution B contributor a principal of a state contractor or prospective state contractor? Yes No Shelton Shelton CT	Tunidiaising event risted in Section 31?								
Last Name Last Name	U No I □ □	01/0	09/2014	\$100.00		\$100.00			
Morse		l							
Residential Street Address Shelton Shelton Shelton CT Zip Code		First			MI				
S willard Rd. Principal Occupation Is contributor a principal of a state contractor prospective state contractor? Is contributor a principal of a state contractor prospective state contractor? If yes, indicate which branch to rob branches of sovernment the contract is with: If yes, indicate which branch or branches of sovernment the contract is with: If yes, indicate which branch or branches of sovernment the contract is with:		G'i	Helen		G				
Principal Occupation Is contributor a principal of a state contractor or prospective state contractor?		City	Chaltan			Zip Code			
Is contributor a principal of a state contractor or prospective state contractor?		<u> </u>		er	CI				
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 or prospective state contractor? If yes, indicate which branch or branches of government the contract or 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 or yes 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 yes g	Тіпери оссирання								
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 Zalinger Residential Street Addres 183 Meadows End Rd . Principal Occupation Manager 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: Executive Legislative Legislative Legislative Date Received Aggregate Contributions Aggregate Contributions MI Contribution ID # Contri	Is contributor a principal of a state contractor or prospective state contractor?				Amou	nt of Contribution			
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # 01092014A	Yes No	0							
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # 01092014A	Evacutiva Lagislativa			x No					
If yes, list Event # 01092014A	T4: (3.6 14.134 — M4.16 (3.6	Date	Received	Aggregate Contributions					
If yes, list Event # 01092014A No	Tunidiaising event risted in Section 31?								
Last Name Zalinger Robert City Monroe CT 06488 Principal Occupation Manager Seal coating Inc Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of sovernment the contract is with: Is this contribution associated with a fundraising event listed in Section J1? MI Contribution ID # Robert MI Contribution ID # 0099 State Zip Code Nonroe Seal coating Inc Seal coating Inc Is contributor a lobbyist, spouse, or dependent child of a lobbyist? yes sovernment the contract is with: Date Received Aggregate Contributions \$100.00	U No I ☐ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	01/0	09/2014	\$100.00		\$100.00			
Residential Street Address Residential Street Ad	injunition of the contract of								
Residential Street Address 183 Meadows End Rd . Principal Occupation Manager Seal coating Inc Seal coating Inc 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\$	Last Name	First			MI	Contribution ID #			
Principal Occupation Manager Seal coating Inc 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 Seal coating Inc Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist? Is contributor a lobbyist? Is contributor a lobbyist? In pate Received Aggregate Contributions Amount of Contribution Amount of Contribution Amount of Contribution Aggregate Contributions \$\frac{1}{2} \text{No} \text{ No}			Robert						
Principal Occupation Manager Seal coating Inc 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 Seal coating Inc Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist? Is contributor a lobbyist? Is contributor a lobbyist? In yes Is contributor a lobbyist? In yes I		City				_			
Manager 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 Seal coating Inc		<u> </u>			СТ	06488			
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 Cash No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? X No Amount of Contribution Yes Amount of Contribution Aggregate Contributions \$\frac{1}{2} \text{No} \text{No} \$\frac{1} \text{No} \text{No} \$\frac{1}{2} \text{No} \text{No} \$									
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? Ves X No				obbyjet enouse or	Amou	nt of Contribution			
government the contract is with: Is this contribution associated with a fundraising event listed in Section J1? No Cash Received Date Received Aggregate Contributions Aggregate Contributions \$\text{\$\text{Ves}\$} \text{\$\text{\$\text{No}\$}\$} \text{\$\text{\$\text{Ves}\$}\$} \text{\$\text{\$\text{\$\text{Ves}\$}\$} \$\text{\$\tex	Yes X No	о		Vac	Aiiiou	in of Contitoution			
Is this contribution associated with a fundraising event listed in Section J1? X Yes	Evacutiva I acidativa			x _{No}					
fundraising event listed in Section J1? X Yes Cash No Cash V Personal Check 01/09/2014 \$100.00	government the contract is with:	Date	Received						
$\bigcup_{N_0} \bigcap_{n=1}^{N_0} \bigcap_{n=1$	fundraising event listed in Section J1?			30 0					
	If yes, list Event # 01092014A	01/0	09/2014	\$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)									
Lauretti Governor 2014			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Defilippo		Joseph			0101				
Residential Street Address	City			State	Zip Code				
19 Elizabeth St .		Shelton		CT	06484				
Principal Occupation		Name of Employ	er						
		Retire	ed						
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						
X Percend Check									
□ No □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	01/0	09/2014	\$100.00		\$100.00				
If yes, list Event # 01092014A									
Last Name	First			MI	Contribution ID #				
Coyle		Susan			0102				
Residential Street Address	City			State	Zip Code				
8 Hilltop Rd .		Shelton		СТ	06484				
Principal Occupation		Name of Employ	er						
Realtor		Real E	Estate Two						
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	of a lobbyist?						
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?									
No Cash Personal Check	01/	09/2014	\$100.00		\$100.00				
If yes, list Event # 01092014A	01/(39/2014	\$100.00		φ100.00				
Last Name	First			MI	Contribution ID #				
coyle	1 1150	Frank			0103				
Residential Street Address	City	Truin		State	Zip Code				
8 Hilltop	City	Shelton		CT	06484				
Principal Occupation		Name of Employ	or	Ci	00404				
Timelpai occupation		N/A	Ci						
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:	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/	09/2014	\$100.00		¢100.00				
If yes, list Event # 01092014A	01/0	09/2014	\$100.00		\$100.00				
LOV	TC' -			1.0	C (1 (ID#				
Last Name	First	6 11:		MI	Contribution ID #				
Hughes		Cynthia			0104				
Residential Street Address	City			State	Zip Code				
119 Toddy Hill Rd .		Sandy Hook		СТ	06482				
Principal Occupation		Name of Employ							
Microinjectionist			rd Hughes Med. Inst.						
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 child (or a robbyist?						
government the contract is with:			x _{No}						
Is this contribution associated with a	Date	Received	Aggregate Contributions						
Tunidiaising event instead in Section 31:									
If yes, list Event # 01092014A No Money Order Cash Pelsonial Check	01/0	09/2014	\$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) Lauretti Governor 2014			TYPE OF REPORT April 10 Filing - Original				
Educati Governor 2011							
B. Itemized Contributions from	n Ind	lividuals					
Last Name	First			MI	Contribution ID #		
Worobel		Andrew			0105		
Residential Street Address	City			State	Zip Code		
119 Toddy Hill Rd .		Sandy Hook		СТ	06482		
Principal Occupation		Name of Employ	er				
		Retire	ed				
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 fundraicing event listed in Section 112	Date	Received	Aggregate Contributions				
Tuildiasing event issed in Section 31?							
If yes, list Event # 01092014A No Money Order Credit/Debit Card	01/0	09/2014	\$100.00		\$100.00		
				l			
Last Name	First			MI	Contribution ID #		
Rodnick		David			0106		
Residential Street Address	City			State	Zip Code		
455 Yellow Brick Rd .	L	Orange		СТ	06477		
Principal Occupation		Name of Employ	er				
Sales		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 Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions				
Tundraising event listed in Section 31?							
If yes, list Event # 01092014A No Money Order Credit/Debit Card	01/0	09/2014	\$50.00		\$50.00		
				<u> </u>			
Last Name	First			MI	Contribution ID #		
Demko		Richard		L	0107		
Residential Street Address	City			State	Zip Code		
31 Smith St .		Seymour		СТ	06483		
Principal Occupation		Name of Employ	er				
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 (of a followist:				
government the contract is with:			x _{No}				
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions				
Tundialising event listed in Section 71?							
If yes, list Event # 01092014A Cash Credit/Debit Card	01/0	09/2014	\$50.00		\$50.00		
Last Name	First			MI	Contribution ID #		
Miner		Aleta		Α	0108		
Residential Street Address	City			State	Zip Code		
35 Beacon Hill Ter		Shelton		СТ	06484		
Principal Occupation		Name of Employ	er				
Office Manager							
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 fundaminary and listed in Section 112.	Date	Received	Aggregate Contributions				
Tunidiaising event instead in Section 31:	l						
If yes, list Event # 01092014A No Money Order Credit/Debit Card	01/0	09/2014	\$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				
Lauretti Governor 2014			April 10 Filing - Original				
B. Itemized Contributions from	n Ind	lividuals					
Last Name	First			MI	Contribution ID #		
Walsh		Ann		С	0109		
Residential Street Address	City			State	Zip Code		
12 Dolly Dr .		Beacon Falls		CT	06403		
Principal Occupation		Name of Employ	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 roodyrst?				
government the contract is with: Is this contribution associated with a Method of contribution: Method of contribution:	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				
If yes, list Event # 01092014A	01/	09/2014	\$50.00		\$50.00		
Last Name	First			MI	Contribution ID #		
Bednarsky	FIISt	Daniel		E	0110		
Residential Street Address	City	Daniel		State	Zip Code		
19 Governors Hill Rd .	City	Oxford		CT	06478		
Principal Occupation		Name of Employ	er				
П		city o	f Shelton				
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 fundraising event listed in Section J1? X Yes Method of contribution:	Date	Received	Aggregate Contributions				
If yes, list Event # 01092014A	01/	09/2014	\$50.00		\$50.00		
Last Name	First			MI	Contribution ID #		
Noga	1 1150	William		1111	0112		
Residential Street Address	City			State	Zip Code		
20 Twinbrook Dr .		Shelton		СТ	06484		
Principal Occupation		Name of Employ					
		Retire					
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				
s this contribution associated with a fundraising event listed in Section J1? X Yes Method of contribution: (Cash Personal Check Personal C							
If yes, list Event # 01092014A	01/	09/2014	\$50.00		\$50.00		
Last Name	First			MI	Contribution ID #		
Noga		Nanacy		Α	0115		
Residential Street Address	City			State	Zip Code		
20 Twinbrook Dr .		Shelton		СТ	06484		
Principal Occupation		Name of Employ	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	x No				
government the contract is with:	Data	Received	Aggregate Contributions				
fundraising event listed in Section J1?	Date		. 1981 Same Continuations				
No Cash X Personal Check	01/	09/2014	\$50.00		\$50.00		
If yes, list Event # 01092014A							

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	- (TYPE OF REPORT					
Lauretti Governor 2014			April 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Balsys		Rimas			0116			
Residential Street Address	City			State	Zip Code			
33 Pheonix Ave .		Naugatuck		СТ	06770			
Principal Occupation		Name of Employ	er					
Asst Engineer		City o	f Shelton					
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	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	01/	09/2014	\$75.00		\$75.00			
If yes, list Event # 01092014A	01/	09/2014	\$73.00		\$75.00			
Last Name	First			MI	Contribution ID #			
Orazietti		Sharon			0118			
Residential Street Address	City			State	Zip Code			
81 Williams St .		Shelton		СТ	06484			
Principal Occupation		Name of Employ	er					
		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					
Cash X Personal Check	٠.,	00/2014	+400.00		+100.00			
If yes, list Event # 01092014A	01/	09/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Ballaro	11130	Kathleen		A	0119			
Residential Street Address	City			State	Zip Code			
26 Ballaro		Shelton		СТ	06484			
Principal Occupation		Name of Employ	er					
Tutor								
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	01/	00/2014	±100.00		±100.00			
If yes, list Event # 01092014A	01/	09/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Higgins	11150	Jennifer		D	0120			
Residential Street Address	City			State	Zip Code			
78 Riverside Dr .		Fairfield		СТ	06824			
Principal Occupation		Name of Employ	er					
Manager		Unite	d Health Group					
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 fobbyist?					
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					
Tanidansing event instead in Section 31:		00/2011			+100.00			
If yes, list Event # 01092014A	U1/	09/2014	\$100.00		\$100.00			

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I, MONETARY RECEIPTS (Section A-I)										
	5 (5 (ection A-1)	TAME OF DEPONT							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT							
Lauretti Governor 2014			April 10 Filing - Original							
B. Itemized Contributions from	B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #					
Marcucio		Carl			0121					
Residential Street Address	City			State	Zip Code					
118 Blueberry Ln		Shelton		СТ	06484					
Principal Occupation		Name of Employ	er							
owner		Mailce	enter Services							
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 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							
Is this contribution associated with a fundraising event listed in Section J1?										
No Cash X Personal Check	01/0	09/2014	\$100.00		\$100.00					
If yes, list Event # 01092014A	,		,							
Last Name	First			MI	Contribution ID #					
Scott		John T			0122					
Residential Street Address	City	3011111		State	Zip Code					
71 Atwater Ave .	City	Dorby		CT	06418					
Principal Occupation		Name of Employ	or .	CI	00418					
Trincipal Occupation		self	CI.							
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	Amou	nt of Contribution					
If yes, indicate which branch or branches of Executive Legislative		•	x _{No}							
government the contract is with:	Б.	D : 1								
Is this contribution associated with a fundraising event listed in Section J1? X Yes Method of contribution:	Date	Received	Aggregate Contributions							
Cash X Personal Check										
If yes, list Event # 01092014A No Money Order Credit/Debit Card	01/0	09/2014	\$100.00		\$100.00					
<u> </u>				1						
Last Name	First			MI	Contribution ID #					
Miller		Tara		А	0123					
Residential Street Address	City			State	Zip Code					
18 Swan Ave .		Seymour		СТ	06483					
Principal Occupation		Name of Employ	er							
HR Director		McKes	sson							
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	a loodyist:							
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 # 01092014A Cash Cash Personal Check No Money Order Credit/Debit Card	01/0	09/2014	\$100.00		\$100.00					
32032021										
Last Name	First			MI	Contribution ID #					
Domorod		Margaret		Α	0124					
Residential Street Address	City			State	Zip Code					
114 Maltby Pl		Shelton		СТ	06484					
Principal Occupation		Name of Employ	er							
Town Clerk		City o	f Shelton							
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or So Johnwigt? Yes	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 Method of contribution:	Date	Received	Aggregate Contributions]						
Tunidiaising event listed in Section 31?	l									
If yes, list Event # 01092014A	01/0	09/2014	\$100.00		\$100.00					
1. jes, not by one in the creative bell Cald										

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I, MONETARY RECEIPTS (Section A-I)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	- (TYPE OF REPORT				
Lauretti Governor 2014			April 10 Filing - Original				
B. Itemized Contributions from	n Inc	lividuals					
Last Name	First			MI	Contribution ID #		
Cawthra		Dean			0125		
Residential Street Address	City			State	Zip Code		
376 Shelton Ave .		Shelton		СТ	06484		
Principal Occupation		Name of Employ	er				
Parks Dept		City o	f Shelton				
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: Is this contribution associated with a Method of contribution: Method of contribution:	D-4-	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	01/	09/2014	\$100.00		\$100.00		
If yes, list Event # 01092014A	01/	03/2014	Ψ100.00		4100.00		
Last Name	First			MI	Contribution ID #		
Cawthra		Neil			0126		
Residential Street Address	City			State	Zip Code		
339 Shelton Ave .		Shelton		СТ	06484		
Principal Occupation		Name of Employ	er				
Engineer		Sikors	sky	_			
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	<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				
No Cash X Personal Check	01/	00/2014	¢50.00		¢E0.00		
If yes, list Event # 01092014A	01/	09/2014	\$50.00		\$50.00		
Last Name	First			MI	Contribution ID #		
Palmucci		Lucille		а	0127		
Residential Street Address	City			State	Zip Code		
4 Arbor Ter		Ansonia		СТ	06401		
Principal Occupation		Name of Employ	er	=	-		
		Retire	ed				
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 (or a robbyist:				
government the contract is with: Executive Legislative		p : 1	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/	09/2014	\$25.00		\$25.00		
If yes, list Event # 01092014A	01/	03/2014	\$25.00		¥23.00		
Last Name	First			MI	Contribution ID #		
Palmucci		Joseph		М	0128		
Residential Street Address	City			State	Zip Code		
4 Arbor Ter		Ansonia		СТ	06401		
Principal Occupation		Name of Employ	er	•	•		
		Retire	ed				
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 fobbyist?				
government the contract is with: Executive Legislative	Г.	D : 1	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/	09/2014	\$25.00		\$25.00		
If yes, list Event # 01092014A	51/	07/2017	φ23.00		Ψ23.00		

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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		
Lauretti Governor 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Palmucci		Joseph		J	0129
Residential Street Address	City			State	Zip Code
30 Nichols Rd .	L	Shelton		СТ	06484
Principal Occupation		Name of Employ			
Finc. Advisor			ell & Reed	·	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	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	1	
Tunidialising event listed in Section 31:					
If yes, list Event # 01092014A No Cash Credit/Debit Card	01/0	09/2014	\$50.00		\$50.00
				l	
Last Name	First	Dahash		MI	Contribution ID #
Hinman Residential Street Address	City	Robert		N State	0130 Zip Code
247 Grove St .	City	Shelton		CT	06484
Principal Occupation		Name of Employ	er	<u> </u>	1 00 10 1
		Retire	ed		
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	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		20/2011	450.00		.50.00
If yes, list Event # 01092014A No Money Order Credit/Debit Card	01/0	09/2014	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Hinman		Elaine			0131
Residential Street Address	City			State	Zip Code
247 Grove St		Shelton		СТ	06484
Principal Occupation		Name of Employ	er	-	•
		Retire			
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	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent enna e	· —		
government the contract is with:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Duic	Received	riggiogate contributions		
No Cash X Personal Check	01/0	09/2014	\$50.00		\$50.00
If yes, list Event# 01092014A					
Last Name	First			MI	Contribution ID #
Parkins		Jessica			0132
Residential Street Address	City			State	Zip Code
13 Sanford Dr	<u> </u>	Shelton		СТ	06484
Principal Occupation		Name of Employ	^{er} ner - Thompson		
Marking Is contributor a principal of a state contractor or prospective state contractor?			-literiat conservation	Amoi	unt of Contribution
Yes X N	0	dependent child of	Vac	Amot	J. Commonion
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	
Tundraising event listed in Section 31?					
If yes, list Event # 01092014A	01/0	09/2014	\$50.00		\$50.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Lauretti Governor 2014 B. Itemized Contributions from Individuals Last Name Sullivan Residential Street Address 58 Longmeadow Rd . Principal Occupation Purchasing Agent Is contributor a principal of a state contractor or prospective state contractor? Yes X No State City of Shelton City of Shelton City of Shelton City of Shelton State Ode844 Principal Occupation Street Address Oity of Shelton State Ode84 First Amount of Contribution of Contribution associated with a fundraising event listed in Section J1? No Method of contribution: TYPE OF REPORT April 10 Filling - Original MII Contribution ID # City of Shelton City of Shelton State Ode84 Types of Employer City of Shelton State Ode84 City of Shelton State Ode84 Types of Employer City of Shelton State Ode84 Types of Employer City of Shelton State Ode84 Types of Employer City of Shelton State Ode84 Types of Employer City of Shelton State Ode84 Types of Employer City of Shelton State Ode84 Types of Employer City of Shelton State Ode84 Types of Employer City of Shelton State Ode84 Types of Employer City of Shelton State Ode84 Types of Employer City of Shelton State Ode84 Types of Employer City of Shelton City of Shelton State Ode84 Types of Employer Aggregate Contribution of Contribution of Laboratory of Contributions Amount of Contribution of Contributions Aggregate Contributions Types of Employer Aggregate Contributions Type of Types of Type of City of Shelton Type of Employer Aggregate Contributions Type of City of Shelton Type of Employer Aggregate Contributions Type of City of Shelton Type of Employer Aggregate Contributions Type of City of Shelton Type of Employer Type of Employ
B. Itemized Contributions from Individuals Last Name Sullivan Residential Street Address Sb Longmeadow Rd . Principal Occupation Purchasing Agent Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of covernment the contract is with: Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # 01092014A B. Itemized Contributions from Individuals First Eugene City Shelton Name of Employer City of Shelton Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Amount of Contribution Apgregate Contributions \$50.00\$
Last Name Sullivan Residential Street Address City Shelton Shelton First Eugene O133 Residential Street Address Shelton City of Shelton City of Shelton Shelton 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: Stock of Shelton Is this contribution associated with a fundraising event listed in Section J1? No MI Contribution ID# O133 Name of Employer City of Shelton Is contributor a lobbyist, spouse, or dependent child of a lobbyist? X No Amount of Contribution Aggregate Contributions \$ No \$ No
Residential Street Address Residential Street Address Shelton Trincipal Occupation Purchasing Agent 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 # 01092014A O1092014A O1092014A O1092014A O1092014A O1092014A O1092014A State O1092014A State O1092014A State O1092014A O1092014A State O1092014A Stat
Residential Street Address 58 Longmeadow Rd . City Shelton Name of Employer Purchasing Agent 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 # 01092014A Method of contribution: City Shelton City of Shelton Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist? Is contributor a lobbyist? Amount of Contribution dependent child of a lobbyist? Amount of Contribution Spouse, or dependent child of a lobbyist? Amount of Contribution Spouse, or dependent child of a lobbyist? Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Cash Method of contribution: Cash Money Order Credit/Debit Card O1/09/2014 \$50.00
Shelton Principal Occupation Purchasing Agent 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 # 01092014A O1092014A O1092014A O1092014A O10920
Principal Occupation Purchasing Agent 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 # 01092014A Name of Employer City of Shelton Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist? Is contribution alobbyist? Is contribution alobbyist? In yes Amount of Contribution Aggregate Contributions State Contributions Amount of Contribution dependent child of a lobbyist? In yes, last Event # 01092014A Aggregate Contributions State Contributions Amount of Contribution dependent child of a lobbyist? In yes, last Event # 01092014A Aggregate Contributions State Contributions State Contributions State Contributions Amount of Contribution dependent child of a lobbyist? In yes, last Event # 01092014A Aggregate Contributions State Contributions
Purchasing Agent 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 Cash Money Order Credit/Debit Card City of Shelton Amount of Contribution allobbyist, spouse, or dependent child of a lobbyist? Yes Amount of Contribution Amount of Contribution Aggregate Contributions \$\begin{array}{c} \text{Amount of Contribution} \text{Ves} \\ \text{In July 199/2014} \\ \text{Amount 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? If yes, list Event # 01092014A O1092014A O1092014A O1/09/2014 O1/09/2014 S50.00 Yes X No dependent child of a lobbyist? X No X No Date Received Aggregate Contributions O1/09/2014 S50.00 S50.00 S50.00 O1/09/2014
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 # 01092014A Date Received Aggregate Contributions
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # 01092014A Method of contribution: Date Received Aggregate Contributions
fundraising event listed in Section J1? If yes, list Event # 01092014A O1092014A
If yes, list Event # 01092014A No Money Order Credit/Debit Card 01/09/2014 \$50.00 \$50.00
Last Name First MI Contribution ID #
Disorbo Leo 0134
Residential Street Address City State Zip Code
7 Benanto Dr . Derby CT 06418
Principal Occupation Name of Employer
Santin America
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
Cash Personal Check 01/09/2014 \$50.00 \$50.00
If yes, list Event # 01092014A
Last Name First MI Contribution ID #
Lesko Robert 0135
Residential Street Address City State Zip Code
1 Lexington Ct Huntington CT 06484
Principal Occupation Name of Employer Insurance Self
Yes X No dependent child of a lobbyist? Yes
If yes, indicate which branch or branches of government the contract is with: Executive Legislative
Is this contribution associated with a
Tuildiasing event instea in section 31:
If yes, list Event # 01092014A No No Noney Order Credit/Debit Card 01/09/2014 \$50.00 \$50.00
Last Name First MI Contribution ID #
Cormier James 0136
Cormier James 0136
CormierJames0136Residential Street AddressCityStateZip Code
Cormier Residential Street Address
Cormier Residential Street Address 354 Summerhill Gdns Principal Occupation Principal Occupation Shelton Shelton To 06484 Name of Employer 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
Cormier Residential Street Address Residential Street Address 354 Summerhill Gdns Principal Occupation Principal Occupation If yes, indicate which branch or branches of government the contract is with: State Zip Code
Cormier Residential Street Address City State Zip Code Shelton CT 06484 Principal Occupation Principal Occupation Shelton Name of Employer 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? Yes Amount of Contribution

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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		
Lauretti Governor 2014			April 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Jones		Francis			0137
Residential Street Address	City			State	Zip Code
199 River Rd .		Shelton		СТ	06484
Principal Occupation		Name of Employ	er		
		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:	Doto	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
No Cash X Personal Check	01/	09/2014	\$100.00		\$100.00
If yes, list Event # 01092014A	01/	35/2014	Ψ100.00		φ100.00
Last Name	First			MI	Contribution ID #
Cahill		Gary			0139
Residential Street Address	City	<u> </u>		State	Zip Code
29 Hubbell Ln		Shelton		СТ	06484
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 lobbyist?		
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 listed in Section 31?					
If yes, list Event # 01092014A	01/0	09/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Murphy	O.	Patrick		R	0140
Residential Street Address	City	Na		State	Zip Code
274 Sunrise Hill Rd . Principal Occupation		Norwalk Name of Employ	or	СТ	06851
типера оссирания			University		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution
Yes X 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 X Yes Method of contribution:	Date	Received	Aggregate Contributions		
tundraising event listed in Section 31?					
If yes, list Event # 01092014A	01/0	09/2014	\$100.00		\$100.00
in yes, list Event # 01092014A					
Last Name	First			MI	Contribution ID #
Herrick, Jr		Ronald			0141
Residential Street Address	City			State	Zip Code
2 Briarwood Dr .		Seymour		СТ	06483
Principal Occupation		Name of Employ			
Parks		· ·	f Shelton		
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		zependent ennu (x No		
government the contract is with:	D-4	Dagaiyad			
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/	09/2014	\$100.00		\$100.00
If yes, list Event # 01092014A Money Order Credit/Debit Card	Ι ΄΄'	05/2017	Ψ100.00	1	T-30.00

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I. MONETARY RECEIPT	S (Se	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Lauretti Governor 2014			TYPE OF REPORT April 10 Filing - Original		
Lauretti Governor 2014			7 tprii 10 1 iiiiig - Griginai		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Nocerino		Judy		-	0142
Residential Street Address	City	14/		State	Zip Code
14 Davis Rd . Principal Occupation		Woodbridge Name of Employ	or	СТ	06626
типстра Оссаранон		Self	CI		
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:	Data	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
No Cash X Personal Check	01/0	09/2014	\$100.00		\$100.00
If yes, list Event # 01092014A					
Last Name	First			MI	Contribution ID #
Cameron		Joan		Е	0143
Residential Street Address	City	Chalbara		State	Zip Code
307 Meadowridge Rd . Principal Occupation		Shelton Name of Employ	er	СТ	06484
Timepul occupation		Retire			
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	if 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		
Cash X Personal Check	01/	20/2014	±100.00		±100.00
If yes, list Event # 01092014A No Money Order Credit/Debit Card	01/0	09/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Burns		Patricia		а	0144
Residential Street Address	City			State	Zip Code
21 Melba St .		Milford		СТ	06460
Principal Occupation		Name of Employ	er		
Sales			y Plus		
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 government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
tundralsing event listed in Section 71?					
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	01/0	09/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Cameron	THSt	Allan		W	0145
Residential Street Address	City			State	Zip Code
307 Meadowridge Rd		Shelton		СТ	06484
Principal Occupation		Name of Employ	er		
Finance D			on Brd. of Ed		
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		_openaent ennu (x No		
government the contract is with:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes, list Event # 01092014A	01/0	09/2014	\$100.00		\$100.00

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L MONETARY RECEIPT	S (Se	ection A-D			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	(,	TYPE OF REPORT		
Lauretti Governor 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Bargas		Chris			0146
Residential Street Address	City			State	Zip Code
19 Old Dairy Ln	L	Trumbull		СТ	06611
Principal Occupation		Name of Employ Retire			
Is contributor a principal of a state contractor or prospective state contractor?			11.14	Amor	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 fundamining event listed in Section 112	Date	Received	Aggregate Contributions		
Tunidialising event listed in Section 31:					
If yes, list Event # 01092014A No Money Order Credit/Debit Card	01/0	09/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Corris	1 1130	Donald		R	0147
Residential Street Address	City	Donaid		State	Zip Code
138 Rocky Rest Rd .		Shelton		СТ	06484
Principal Occupation	•	Name of Employ	er		•
		Retire	ed		
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 Yes	Amou	unt 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	01/0	09/2014	\$100.00		\$100.00
If yes, list Event # 01092014A			,		
Last Name	First			MI	Contribution ID #
Mancini		Libero			0148
Residential Street Address	City			State	Zip Code
48 Bateswood Rd .	<u> </u>	Waterbury		СТ	06706
Principal Occupation CPA		Name of Employ			
			obbyist, spouse, or	Amor	ant of Contribution
Yes A 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		
Tunidialising event listed in Section 31?					
If yes, list Event # 01092014A No Money Order Credit/Debit Card	01/0	09/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Gaffney III		William		0	0149
Residential Street Address	City			State	Zip Code
57 Hawthorne Dr .		Monroe		СТ	06468
Principal Occupation		Name of Employ	er		
Assessor		· ·	of Shelton		
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	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		- "	x _{No}		
government the contract is with:	Date	Received	Aggregate Contributions	<u> </u>	
fundraising event listed in Section J1?					
If yes, list Event # 01092014A No Cash X Personal Check Money Order Credit/Debit Card	01/0	09/2014	\$100.00		\$100.00

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I MONETADY DECEIDT	C (C.	4° A T)			
I. MONETARY RECEIPT	5 (5 (ection A-1)	TYPE OF REPORT		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Lauretti Governor 2014			TYPE OF REPORT April 10 Filing - Original		
			7 April 10 T lilling Chightan		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Korolyshun		Robert			0152
Residential Street Address	City			State	Zip Code
123 Maltby St		Shelton		СТ	06484
Principal Occupation		Name of Employ	er		
		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 fundamining event listed in Section 112	Date	Received	Aggregate Contributions		
X Parsonal Check					
□ No □ □ □ □	01/	09/2014	\$100.00		\$100.00
If yes, list Event # 01092014A					
Last Name	First			MI	Contribution ID #
Pettas		Joan			0153
Residential Street Address	City			State	Zip Code
100 Parrott Dr # 1502		Shelton		СТ	06484
Principal Occupation		Name of Employ	er	<u> </u>	
· I. · · · · · · · · · ·			e Nast		
Is contributor a principal of a state contractor or prospective state contractor?			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	111104	in or commonion
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
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		
Cash X Personal Check			4400.00		
If yes, list Event # 01092014A No Money Order Credit/Debit Card	01/	09/2014	\$100.00		\$100.00
•				l	
Last Name	First			MI	Contribution ID #
Pettas		Perry			0155
Residential Street Address	City			State	Zip Code
100 Parrott Dr # 1502		Shelton		СТ	06484
Principal Occupation		Name of Employ	er		
Owner		-	/ Diner		
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 Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
tundralsing event listed in Section 31?					
If yes, list Event # 01092014A Cash Credit/Debit Card	01/	09/2014	\$100.00		\$100.00
in yes, list Event # 01092014A					
Last Name	First			MI	Contribution ID #
Kokenos		James			0154
Residential Street Address	City			State	Zip Code
46 Treehand Rd .		Shelton		СТ	06484
Principal Occupation		Name of Employ	er		
owner			Diner		
		,	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}		
government the contract is with:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?					
No Cash X Personal Check	01/	09/2014	\$100.00		\$100.00
If yes, list Event # 01092014A	"	00/2017	φ100.00	1	¥100.00

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L MONETARY RECEIPT	S (Se	ection A-D			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT		
Lauretti Governor 2014			April 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Francino-Quinn		John			0159
Residential Street Address	City			State	Zip Code
24 Sanford Dr .		Shelton		СТ	06484
Principal Occupation sales		Name of Employ Uniliv			
			11 1 ·	Amou	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes 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 X Voc Method of contribution:	Date	Received	Aggregate Contributions		
Tunidialising event listed in Section 31?					
If yes, list Event # 01092014A No San Service Cash Personal Check No Money Order Credit/Debit Card	01/0	09/2014	\$80.00		\$80.00
L AV	г			L	Louis B"
Last Name Blake	First	Kevin		MI	Contribution ID # 0160
Residential Street Address	City	Keviii		State	Zip Code
19 Birchwood Dr .		Ansonia		СТ	06401
Principal Occupation		Name of Employ	er		
Sect		St. Ju	de Church		
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		
No Cash X Personal Check	01/	20/2014	* F0.00		#F0.00
If yes, list Event # 01092014A	01/0	09/2014	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Papa		John Charles			0161
Residential Street Address	City			State	Zip Code
358 West St		Ridgefield		СТ	06877
Principal Occupation		Name of Employ	er		
		Stude			
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		
fundraising event listed in Section J1?			86 18		
No Cash X Personal Check	01/0	09/2014	\$100.00		\$100.00
If yes, list Event # 01092014A					
Last Name	First			MI	Contribution ID #
Rich		Robert			0162
Residential Street Address	City			State	Zip Code
9 N Benham Rd .		Seymour		СТ	06483
Principal Occupation RE Developer		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 Method of contribution:	Date	Received	Aggregate Contributions	1	
Tunidialising event listed in Section 31:					
If yes, list Event # 01092014A No Money Order Credit/Debit Card	01/0	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		
Lauretti Governor 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Schumacher		Kevin			0163
Residential Street Address	City			State	Zip Code
784 River Rd .	<u> </u>	Shelton		СТ	06484
Principal Occupation		Name of Employ			
Sales			scenter		unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	0	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 Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
Tunidiasing event listed in Section 31:					
If yes, list Event # Cash Credit/Debit Card	01/0	09/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Sousa		Matthew			0164
Residential Street Address	City			State	Zip Code
95 Herbert St	<u> </u>	Milford		СТ	06461
Principal Occupation GM		Name of Employ	er scenter		
		·	obbyjet enouge or	Amou	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	о	dependent child of	Vac	111104	and of Commodulon
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 Respond Check					
X No The second circumstance in the second circu	01/0	09/2014	\$100.00		\$100.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Sinclair		Nan			0165
Residential Street Address	City			State	Zip Code
1004 Reef Rd .	<u> </u>	Fairfield		СТ	06824
Principal Occupation		Name of Employ	er		
n/a		N/A	obbyist spays or	Amou	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	о	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? Yes Yes Cash Representation:					
If yes, list Event # Cash X Personal Check Cash X Personal Check Money Order Credit/Debit Card	01/0	09/2014	\$100.00		\$100.00
if yes, list Event #					
Last Name	First			MI	Contribution ID #
Phillips		Alan			0166
Residential Street Address	City	14/ t t		State	Zip Code
123 Morningside Dr .	<u> </u>	Westport Name of Employ	on.	СТ	06880
Principal Occupation Owner			s Center		
			obbyict chance or	Amou	unt of Contribution
Yes X No	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 Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
Tundraising event listed in Section 31?					
If yes, list Event # Cash Credit/Debit Card	01/0	09/2014	\$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 REPO April 10 Filing - Original	RT		
Lauretti Governor 2014			7 prii 10 r iiirig "Originidi"			
B. Itemized Contributions from	n Ind	lividuals				
Last Name	First				MI	Contribution ID #
Phillips		Barbara				0167
Residential Street Address	City				State	Zip Code
123 Morningside Principal Occupation		Westport		!	СТ	06880
PT PTINCIPAL OCCUPATION		Name of Employ Jewish	r n Family Services			
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	f 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/	09/2014	\$100.00			\$100.00
If yes, list Event #	01/	09/2014	\$100.00			\$100.00
Last Name	First				MI	Contribution ID #
Camerato		Donald				0171
Residential Street Address	City				State	Zip Code
310 Patton Dr .		Cheshire			CT	06410
Principal Occupation		Name of Employ				
CPA			ten & Anastasio			
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?	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?						
X No Zash Personal Check	01/	10/2014	\$50.00			\$50.00
If yes, list Event #						
Last Name	First				MI	Contribution ID #
Camerato		Mellissa				0172
Residential Street Address	City				State	Zip Code
310 Patton Dr .		Cheshire			СТ	06410
Principal Occupation		Name of Employe				
Payroll Is contributor a primainal of a state contractor or prospective state contractor?			f Shelton obbyist, spouse, or		Amou	nt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child o		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 Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions			
Tunidasing event instead in Section 31:						
If yes, list Event # Cash Personal Check Value Value Cash Personal Check	01/	10/2014	\$50.00			\$50.00
Last Name	First				MI	Contribution ID #
Rizzi Jr.	riist	Eugene			IVII	0189
Residential Street Address	City	Lugene		\dashv	State	Zip Code
114 Maple Ave .		Shelton			СТ	06484
Principal Occupation		Name of Employe	er			
		Retire	d			
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 emid (No		
government the contract is with:	Det	Pagaiyad		No		
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions			
x No Zash Personal Check	01/	10/2014	\$5.00			\$5.00
If yes_list Event # Money Order Credit/Debit Card	l í					

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L MONETARY RECEIPT	S (Se	ection A-D			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	~ (~		TYPE OF REPORT		
Lauretti Governor 2014			April 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Burke		Allyson			0195
Residential Street Address	City			State	Zip Code
32 Moss Ave .		Seymour		СТ	06483
Principal Occupation		Name of Employ	er		
Teacher		Fairfie	eld PS		
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:	Doto	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X No Cash X Personal Check	01/	10/2014	\$50.00		\$50.00
If yes, list Event #	01/	10/2014	\$50.00		450.00
Last Name	First			MI	Contribution ID #
Hamme		Tara			0196
Residential Street Address	City			State	Zip Code
79 Timberlane Dr .		Shelton		СТ	06484
Principal Occupation		Name of Employ	er		•
Office Admin		VTD			
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: 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 # Cash Cash Personal Check Money Order Credit/Debit Card	01/	10/2014	\$100.00		\$100.00
T. AV	F: .			\ <i>a</i>	Louis B"
Last Name Olivo	First	Anthony		MI	Contribution ID # 0417
Residential Street Address	City	Anthony		State	Zip Code
185 Canal St , Unt 4055	City	Shelton		CT	06484
Principal Occupation		Name of Employ	er	<u>.</u>	1 00.0.
		N/A			
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 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/	10/2014	\$100.00		\$100.00
T. O.	F: .			\n_	
Last Name Bellis	First	Stephen		MI R	Contribution ID #
Residential Street Address	City	эсерпеп		State	Zip Code
121 Lane St	City	Shelton		CT	06484
Principal Occupation		Name of Employ	er	<u> </u>	1 00.01
Attorney			rino Law Firm		
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	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	01/	10/2014	\$100.00		\$100.00

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Name For Community For C	L MONETARY RECEIPT	S (Se	ection A-D			
Lac Name		(,	TYPE OF REPORT		
Cook	Lauretti Governor 2014			April 10 Filing - Original		
Cook	B. Itemized Contributions from	m Ind	lividuals			
Second-ball Stoce Address	Last Name	First			MI	Contribution ID #
Name of Energy Sheltron She	Cook		Kimbereley		Α	1376
Name of Employee Server		City			State	•
Description of a state contractor or prospective state contractor?		<u> </u>			СТ	06484
Is contributor a principal of a state contractor or prospective state contractor? Yes No						
If yes, indicate which branch or branches of contributions occurried with the contribution is with. Is this contribution associated with a find-aising event listed in Section J1? Last Name Cook, Jr. Residential Street Address 25 Kings Hwy Principal Occupation Is somethibutor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of coverment the contract is with. Is this contributor a principal of a state contractor or prospective state contractor? Annual Street Address Security Cach Money Order Procedul Ceeding Street Address Security Cach Money Order Annual Occupation Name of Employer Retired Aggregate Contributions Annual Occupation Name of Employer Retired Annual Occupation Annual Occu				abbreigt anguag or	Amou	unt of Contribution
Executive	Yes X No	0		3/		
### Decontributor a principal of a state contractor or prospective since the stocistic six with. Last Name	Evacutiva Lagislativa			x _{No}		
Last Name	Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
Last Name Cook, Jr. Residential Street Address Southibutor a principal of a state contractor or prospective state contractor? If yes, indicate which branche of adupting event listed in Section J1? If yes, list Event # Shelton First Victor City Shelton City Shelton City Shelton City Shelton City Shelton City Annuar of Employer Annuar of Contribution a lobby ist. Spouse, or dependent child of a lobby ist. Spouse or dependent ch	Tundiasing even insection 51:					
Cook, Jr. Packed and a Street Address City	If yes, list Event # Money Order Credit/Debit Card	01/	11/2014	\$100.00		\$100.00
Cook, Jr. Packed and a Street Address City Shelton Shelton City Shelton City	Last Nama	Liret			MI	Contribution ID #
Residential Street Address		FIISt	Victor			
Principal Occupation Name of Employer Retired Scontributor a principal of a state contractor or prospective state contractor? Yes X No legislative Scontributor a principal of a state contractor or prospective state contractor? Yes X No legislative Scontributor a principal of a state contractor or prospective state contractor? Yes X No legislative Scontribution associated with a fundraising event listed in Section J1? Yes Method of contribution: Cash X Personal Check Credit/Debit Card O1/11/2014 \$100.00 \$	<u> </u>	City	VICTO			
Is contributor a principal of a state contractor or prospective state contractor? Secontributor a principal of a state contractor or prospective state contractor? Yes No Secontributor a principal of a state contractor or prospective state Legislative Yes No Secontributor a sociated which branch or branches of Security Legislative Legislative No Security Security No Second No S	25 Kings Hwy	,	Shelton		СТ	06484
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	Principal Occupation		Name of Employ	er		•
Yes If yes, indicate which branch or branches of government the contract is with: Executive Legislative Legislative Date Received Aggregate Contributions State Stat			Retire	ed		
If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with a finurdraising event listed in Section J1? If yes, list Event # Legislative Date Received Aggregate Contributions Aggregate Contributions Method of contribution: Date Received O1/11/2014 \$100.00 \$100.00	Is contributor a principal of a state contractor or prospective state contractor?	0		Vac	Amou	ınt of Contribution
Severiment with a sociated with a fundraising event listed in Section J1? If yes, list Event # Last Name Gaughran Residential Street Address 40 Woodland Park Principal Occupation Principal Occupation 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? Yes Method of contribution: Yes No Name of Employer	If yes, indicate which branch or branches of		dependent child o	of a foodyist?		
fundraising event listed in Section J1? If yes, list Event # \$100.00 \$100.00 Last Name Gaughran Residential Street Address 40 Woodland Park Principal Occupation First City Rame of Employer Retired Shelton To dof484 Amount of Contribution Shelton Is contributor a principal of a state contractor or prospective state contractor? Shelton She	government the contract is with:					
Last Name Gaughran Residential Street Address 40 Woodland Park Principal Occupation If yes, indicate which branch or branches of government the contract is with: Is contribution a principal of a state contractor or prospective state contractor? Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # Last Name Last Name Last Name Ves Method of contribution Credit/Debit Card Date Received Aggregate Contributions State Contribution State Credit/Debit Card Date Received Aggregate Contributions State Contribution State Credit/Debit Card Date Received Aggregate Contributions State Contribution State Credit/Debit Card Date Received State Contributions State Contribution State Contribution State Contribution State Contribution State Contribution State Contribution Credit/Debit Card State Contributions State Contribution State Contribution Credit/Debit Card Credit/Debit Card Credit/Debit Card Contributions State Contribution State Contribution Contribution State Contribution Contribution Contribution Credit/Debit Card Credit/Debit Card Contribution Credit/Debit Card Contribution Credit/Debit Card Contribution Contributio	Vac	Date	Received	Aggregate Contributions		
Last Name Gaughran Residential Street Address 40 Woodland Park Fincipal Occupation 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 # I	X No Cash X Personal Check	01/	11/2014	\$100.00		\$100.00
Arthur Principal Occupation Residential Street Address 40 Woodland Park Principal Occupation Shelton Name of Employ= Retired 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, kilis Event # Aggregate Contributions First MI Contribution ID #		01/	11,2011	Ψ100.00		4100.00
Residential Street Address 40 Woodland Park Principal Occupation Shelton Name of Employer Retired Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # Method of Contribution: Cash X Personal Check Money Order Credit/Debit Card Credit/Debit Card First MI Contribution ID #	Last Name	First			MI	Contribution ID #
A0 Woodland Park Principal Occupation Shelton Name of Employ Retired Is contributor a principal of a state contractor or prospective state contractor?	Gaughran		Arthur		Р	0175
Principal Occupation Name of Employer Retired Retired	Residential Street Address	City			State	Zip Code
Is contributor a principal of a state contractor or prospective state contractor? Yes X No		<u> </u>			CT	06484
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 Is contribution associated with a fundraising event listed in Section J1? Yes X No Cash X Personal Check Money Order Credit/Debit Card Credit/Debit Card First MI Contribution ID #	Principal Occupation					
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 Last Name Legislative Date Received Aggregate Contributions \$\text{\$100.00}\$ \$\text{\$100.00}\$ \$\text{\$100.00}\$ \$\text{\$100.00}\$	Is contributor a principal of a ctata contractor or prospective ctata contractor?				Amou	unt of Contribution
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # Legislative	Yes X No	0			Amou	ant of Contribution
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # Last Name Method of contribution: Date Received Aggregate Contributions	Evacutiva			x _{No}		
Last Name	Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
Last Name D1/11/2014 \$100.00 \$100.00	Tunidraising event listed in Section 31?					
	X No State	01/	11/2014	\$100.00		\$100.00
	Ladding	Einst			M	Contribution ID #
Darmasiii Coorge 0170		FIISt	George		IVII	
Residential Street Address City State Zip Code		City	George		State	
55 Jardin Cir Shelton CT 06484			Shelton			-
Principal Occupation Name of Employer	Principal Occupation	•	Name of Employ	er		•
Retired			Retire	ed		
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?	0		Vac	Amou	ant of Contribution
If yes, indicate which branch or branches of	The second secon		acpendent child (· · · · · · · · · · · · · · · · · · ·		
government are contracted with a Method of contribution. Detail acquired with a Appropriate Contributions.	Is this contribution associated with a Mathed of contribution.	Date	Received			
fundraising event listed in Section J1?	fundraising event listed in Section J1?	Date				
If yes, list Event #	X No T	01/	11/2014	\$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	Т	
Lauretti Governor 2014			April 10 Filling - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Stokes		Wayne			0177
Residential Street Address	City			State	Zip Code
93 Calhoun Ave .		Trumbull		СТ	06611
Principal Occupation		Name of Employ	er		
		N/A	11.14	.	
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	ount of Contribution
If yes, indicate which branch or branches of government the contract is with:		1		No	
In this contribution associated with a Mothed of contribution:	Date	Received	Aggregate Contributions	_	
fundraising event listed in Section J1? Yes The arms contribution associated with a fundraising event listed in Section J1? Yes The arms contribution associated with a fundraising event listed in Section J1?					
If yes, list Event # Cash X Personal Check Money Order	01/	11/2014	\$100.00		\$100.00
				_	
Last Name	First			MI	Contribution ID #
Cooper	a:	Briana		a	0178
Residential Street Address	City	Cl. II		State	Zip Code
214 Division Principal Occupation	<u> </u>	Shelton Name of Employ		СТ	06484
MV Agent		State			
			obbyjet enouse or	Ame	ount of Contribution
is contributor a principal of a state contractor or prospective state contractor? Yes No	О	dependent child of		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? Yes Cash Personal Check					
X No Total City Control City City Control City City Control City City City City City City City City	01/	11/2014	\$100.00		\$100.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Gaynor		Edward			0179
Residential Street Address	City			State	Zip Code
65 Park St		Shelton		СТ	06484
Principal Occupation		Name of Employ			
Sales			& Bailey		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	obbyist, spouse, or f 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		
Tunidasing event instead in Section 31:					
If yes, list Event # Cash X Personal Check Cash X Personal Check Money Order Credit/Debit Card	01/	11/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Brown	First	Bradley		IVII	0180
Residential Street Address	City	Diddicy		State	Zip Code
36 Lakeview Ave .	,	Shelton		СТ	06484
Principal Occupation		Name of Employ	er		
Custodian		City o	f Shelton		
Is contributor a principal of a state contractor or prospective state contractor?	o		obbyist, spouse, or	Yes Ame	ount of Contribution
If yes, indicate which branch or branches of		dependent child of	i 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		
x No Cash X Personal Check	01.	11/2014	#100.00		¢100.00
If yes_list Event # No Money Order Credit/Debit Card	I 01/	11/2014	\$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		
Lauretti Governor 2014			April 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Laing		Anita			0181
Residential Street Address	City			State	Zip Code
744 County Route 35		Potsdam		NY	13676
Principal Occupation		Name of Employ	er		•
		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution
is contributor a principal of a state contractor or prospective state contractor? Yes 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	Date	Received	Aggregate Contributions	1	
Tundraising event listed in Section 31?					
X No Cash X Personal Check	01/	11/2014	\$100.00		\$100.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Laing		Clifford			0182
Residential Street Address	City			State	Zip Code
744 County Route 35		Potsdam		NY	13676
Principal Occupation		Name of Employ	or	INI	13070
Timopal occupation		Retire			
Is contributor a principal of a state contractor or prospective state contractor?			abbyist spanse or	Amou	ınt of Contribution
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Vac		
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with: In 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	01/	11/2014	¢100.00		¢100.00
If yes, list Event # Money Order Credit/Debit Card	01/	11/2014	\$100.00		\$100.00
LadNama	Firmt			LM	Ct-ib-ti ID#
Last Name	First			MI	Contribution ID #
Wells		Arlene		F	0173
Residential Street Address	City	GL 1:		State	Zip Code
34 Blueberry Ln		Shelton		СТ	06484
Principal Occupation		Name of Employ			
		Retire			
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	int of Contribution
If yes, indicate which branch or branches of		dependent enna (·		
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		
Tandarasing event insect in Section 71:					
If yes, list Event # Cash Credit/Debit Card	01/	11/2014	\$100.00		\$100.00
					<u> </u>
Last Name	First			MI	Contribution ID #
Wells		Royal		В	0174
Residential Street Address	City			State	Zip Code
34 Blueberry Ln		Shelton		СТ	06484
Principal Occupation		Name of Employ	er		
		Retire	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	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 J1?					
If yes, list Event # Cash X Personal Check Money Order	01/	11/2014	\$100.00		\$100.00
1. jes, list ryolity Order La Credit/Debit Cald					

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Lauretti Governor 2014			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Watson		Paul			0168				
Residential Street Address	City			State	Zip Code				
16 Valley View Rd .		Trumbull		СТ	06611				
Principal Occupation		Name of Employ	er						
Engineer		Sikors	sky						
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:	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 X Personal Check	01/	11/2014	¢100.00		¢100.00				
If yes, list Event # Money Order Credit/Debit Card	01/.	11/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Watson	First	Donna		IVII	0169				
Residential Street Address	City	Domia		State	Zip Code				
16 Valley View Rd .	City	Trumbull		CT	06611				
Principal Occupation	Ь	Name of Employ	er	Ci	00011				
Clerk			scenter						
		•	11 1	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	о	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?									
X No Cash X Personal Check	01/:	11/2014	\$100.00		\$100.00				
If yes, list Event #					· 				
Last Name	First			MI	Contribution ID #				
Ribas		Alicia			0187				
Residential Street Address	City			State	Zip Code				
22 Kings Hwy		Shelton		СТ	06484				
Principal Occupation	•	Name of Employ	er		•				
Pharmst		Stami	ford Hospital						
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 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						
Tundraising event listed in Section 31?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/	12/2014	\$50.00		\$50.00				
Last Name Zamba	First	David		MI	Contribution ID #				
Residential Street Address	City	Daviu		State	0190 Zip Code				
16 Soundview Dr .	City	Shelton		CT	06484				
Principal Occupation	L	Name of Employ	er	Ci	00404				
Creative Director		Prose							
			-1.1	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 Mathed of contribution.	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? Yes Yes Cash Personal Check									
X No	01/	12/2014	\$100.00		\$100.00				

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Lauretti Governor 2014			April 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
LoStocco		Ralph		J	0188			
Residential Street Address	City			State	Zip Code			
26 Greystone		Shelton		СТ	06484			
Principal Occupation		Name of Employ	er					
Admin		St Vir		•				
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		acpendent enna	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/:	13/2014	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Pandolfi		Antonietta			0200			
Residential Street Address	City			State	Zip Code			
86 Clearbrook		Springfield		MA	01118			
Principal Occupation		Name of Employ	er					
		Retire		•				
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		acpendent enna c						
government the contract is with: Is this contribution associated with a Method of contribution:	Dete	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions					
X No Cash X Personal Check	01/	13/2014	\$100.00		\$100.00			
If yes, list Event #	01/	15/2014	Ψ100.00		Ψ100.00			
Last Name	First			MI	Contribution ID #			
Schsfenderg		Charles			0193			
Residential Street Address	City			State	Zip Code			
765 Long Hill Ave		Shelton		СТ	06484			
Principal Occupation		Name of Employ	er	-	•			
Manager		South	side Auto					
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 roodyrst?					
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 No Cash X Personal Check	01/	13/2014	\$100.00		\$100.00			
If yes, list Event #	01/.	13/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Monahan		Fred			0194			
Residential Street Address	City			State	Zip Code			
83 Sawmill City Rd		Shelton		СТ	06484			
Principal Occupation		Name of Employ	er		•			
Farmer		Stone	Gardens Farm					
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		aspendent child (x No					
government the contract is with: Legislative Legislative Mathed of contribution:	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	017	13/2014	\$100.00		\$100.00			
If yes, list Event #	I "'	13/2017	φ100.00	I	Ψ±00.00			

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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)								
Lauretti Governor 2014 April 10 Filing - Original								
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Sommaruga		Mark		J	0206			
Residential Street Address	City			State	Zip Code			
21 Harris Rd .		Avon		СТ	06001			
Principal Occupation Name of Employer Attorney Pullman & Compley								
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	at 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 No Cash No No No No Noney Order Credit/Debit Card	01/	13/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Belden	First	Bertha		M	0251			
Residential Street Address	City	Dertifia		State	Zip Code			
14 Keron Dr .		Shelton		СТ	06484			
Principal Occupation	•	Name of Employ	er	!	!			
		N/A						
Is contributor a principal of a state contractor or prospective state contractor?	n		obbyist, spouse, or Yes	Amou	int 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	01/	13/2014	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Perillo Jr		Joseph			0192			
Residential Street Address	City			State	Zip Code			
7 Plaskon Drive Ext		Shelton		СТ	06484			
Principal Occupation		Name of Employ	er					
Sales		WalMa		1				
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 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					
X No Cash X Personal Check	01/	13/2014	\$50.00		\$50.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Santa		Janet		N	0186			
Residential Street Address	City			State	Zip Code			
462 Fisher Ct		Shelton		СТ	06484			
Principal Occupation		Name of Employ Retire						
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:		S-p	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	01/	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) Lauretti Governor 2014 April 10 Filing - Original								
Lauretti Governoi 2014								
B. Itemized Contributions from	n Ind	lividuals			-			
Last Name	First			MI	Contribution ID #			
DeFilippo		Irene			0223			
Residential Street Address	City	Chaltan		State	Zip Code			
19 Elizabeth St Principal Occupation		Shelton Name of Employ	er	СТ	06484			
Tindpai Occupation		N/A	Ci					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	unt of Contribution			
If we sindicate 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 Rersonal Check		/20	4400.00					
If yes, list Event # 01142014A No Money Order Credit/Debit Card	01/	14/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Hurliman		Joel		W	0239			
Residential Street Address	City			State	Zip Code			
145 Canal St Unit 201		Shelton		СТ	06484			
Principal Occupation		Name of Employ	er	-	•			
Chief		Shelto	on PD					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	int 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:	Data	Received	Aggregate Contributions	-				
is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions					
No Cash X Personal Check	01/	14/2014	\$50.00		\$50.00			
If yes, list Event # 01142014A			75555	ļ				
Last Name	First			MI	Contribution ID #			
Perillo		Jason			0246			
Residential Street Address	City			State	Zip Code			
454 Coram Ave .		Shelton		СТ	06484			
Principal Occupation		Name of Employ						
Legislator		State		1 Amor	int of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes)	dependent child of	37	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 fundricing agent listed in Section 112	Date	Received	Aggregate Contributions	1				
Tunidraising event insection 31:								
If yes, list Event # 01142014A Cash Cash Personal Check No Money Order Credit/Debit Card	01/	14/2014	\$50.00		\$50.00			
					I			
Last Name	First	5		MI	Contribution ID #			
Debicella Residential Street Address	City	Daniel		C	0226 Zip Code			
1 Lazybrook Rd .	City	Shelton		CT	06484			
Principal Occupation		Name of Employ	er	1	00.01			
		N/A						
Is contributor a principal of a state contractor or prospective state contractor?	`		obbyist, spouse, or Yes	Amou	nt of Contribution			
If we indicate which branch or branches of	,	dependent child of	of a foodyfst?					
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		14/2014	4100.00		¢100.00			
If yes, list Event # 01142014A No Money Order Credit/Debit Card	01/	14/2014	\$100.00	I	\$100.00			

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Lauretti Governor 2014			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
McCreery		Edward III		Р	0219				
Residential Street Address	City			State	Zip Code				
14 Arden Ln	L	Shelton		СТ	06484				
Principal Occupation		Name of Employ							
Attorney			an & Comley						
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 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 # 01142014A No Money Order Credit/Debit Card	01/	14/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Kudej Residential Street Address	City	Stanley		J	0224 Zip Code				
43 Plaskon Dr .	City	Shelton		State CT	06484				
Principal Occupation	<u> </u>	Name of Employ	er	CI	00464				
Timepa eccapation		Retire							
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						
Tundraising event listed in Section 31:									
If yes, list Event # 01142014A No Money Order Credit/Debit Card	01/	14/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Patafio		John			0197				
Residential Street Address	City			State	Zip Code				
2 Wilson Ct		Beacon Falls		СТ	06403				
Principal Occupation		Name of Employ	er	-	•				
Dispatcher		VTD							
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	unt 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 Method of contribution:	Data	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
X No Cash X Personal Check	01/:	14/2014	\$100.00		\$100.00				
If yes, list Event #			•						
Last Name	First			MI	Contribution ID #				
Sura		Richard			0198				
Residential Street Address	City			State	Zip Code				
12 Catlin Pl	Ļ.,	Shelton		СТ	06484				
Principal Occupation Mechanic		Name of Employ VTD	er						
			obbyist, spouse, or	Amou	unt of Contribution				
Yes X No	0	dependent child of	Vac	2 111100					
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with a Mathed of contribution.	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? Yes Yes Cash Personal Check									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/	14/2014	\$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)					
Lauretti Governor 2014					
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Farrell		Lynne			0227
Residential Street Address	City			State	Zip Code
25 Buddington Park		Shelton		СТ	06484
Principal Occupation Attorney		Name of Employ	_{er} r, Leslie		
			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			
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 Cash Personal Check	l				
If yes, list Event # 01142014A No Money Order Credit/Debit Card	01/	14/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Demko	1 1130	Richard		L	0241
Residential Street Address	City			State	Zip Code
31 Smith St		Seymour		СТ	06483
Principal Occupation	•	Name of Employ	er		
Surgical Tech		St Vir	cents Med Center	_	
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 Executive Legislative		dependent chird (x No		
government the contract is with:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?			1-88-18-10		
No Cash X Personal Check	01/	14/2014	\$50.00		\$50.00
If yes, list Event # 01142014A					
Last Name	First			MI	Contribution ID #
Fitzgerald		Allegra			0247
Residential Street Address	City	Q1 11		State	Zip Code
18 Garden Ter	<u> </u>	Shelton Name of Employ	on.	СТ	06484
Principal Occupation Teacher		Shelto			
			-	Amou	ant of Contribution
Yes 🔼 No	0	dependent child of	3/		
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 # 01142014A	01/	14/2014	\$50.00		\$50.00
I and Name	Einst			 \n	Contribution ID #
Last Name DeFilippo	First	Gary		MI	Contribution ID # 0235
Residential Street Address	City	Oury		State	Zip Code
43 Perch Rd .		Shelton		СТ	06484
Principal Occupation		Name of Employ	er		1
LEG Aide		State	of CT		
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 loodyist?		
government the contract is with:	D. r	Dagaire-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/	14/2014	\$100.00		\$100.00
If yes_list Event # 01142014A Money Order Credit/Debit Card	1			ı	

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT					
Lauretti Governor 2014			April 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Hurliman		Annette			0238			
Residential Street Address	City			State	Zip Code			
102 Lane St	<u> </u>	Shelton		СТ	06484			
Principal Occupation		Name of Employ						
Is contributor a principal of a state contractor or prospective state contractor?		Retire		Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child	Vac	111104	in or commount			
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 # 01142014A No Money Order Credit/Debit Card	01/	14/2014	\$25.00		\$25.00			
L W	F: .				G (3 (ID)			
Last Name Welch	First	John		MI H	Contribution ID # 0218			
Residential Street Address	City	JOHN		State	Zip Code			
528 Antelope Trl		Shelton		СТ	06484			
Principal Occupation		Name of Employ	er					
		Retire	ed					
Is contributor a principal of a state contractor or prospective state contractor?	n		lobbyist, 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: Legislative Legislative			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/	14/2014	\$100.00		\$100.00			
If yes, list Event # 01142014A	01/	17/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Demarco		Thomas		Α	0216			
Residential Street Address	City			State	Zip Code			
15 Arrowhead Ln		Shelton		СТ	06484			
Principal Occupation		Name of Employ						
Highway		-	of Shelton	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child	Vac	Amou	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 fundamining event listed in Section 112. X Yes Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? Yes X Cash Personal Check								
If yes, list Event # 01142014A No Money Order Credit/Debit Card	01/	14/2014	\$100.00		\$100.00			
					<u> </u>			
Last Name	First			MI	Contribution ID #			
Ballaro Residential Street Address	City	Joseph		L	0214 Zip Code			
26 Ballaro Dr .	City	Shelton		CT	06484			
Principal Occupation		Name of Employ	rer	C1	00101			
Building Official			of Sheltion					
Is contributor a principal of a state contractor or prospective state contractor?	2		lobbyist, 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 J1? Method of contribution: Yes	Date	Received	Aggregate Contributions					
No No Personal Check	01/	14/2014	450.00		\$50.00			
If yes, list Event # 01142014A Money Order Credit/Debit Card	01/	17/2014	\$50.00		φ50.00			

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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						
Lauretti Governor 2014			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Wasikowsky	1 1130	Jeffrey		M	0215				
Residential Street Address	City	Jenrey		State	Zip Code				
98 Northrop Rd .	City	Woodbridge		CT	06525				
Principal Occupation		Woodbridge	25	CI	00323				
		Name of Employ Self	ei						
Attorney			-11i	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}						
	Date	Received	Aggregate Contributions						
s this contribution associated with a fundraising event listed in Section J1?									
No X Cash Personal Check	01/:	14/2014	\$50.00		\$50.00				
If yes, list Event # 01142014A	,	,							
Last Name	First			MI	Contribution ID #				
Zahornasky		Gary		Α	0217				
Residential Street Address	City	- Cu. y		State	Zip Code				
3 Congress Ave .		Shelton		СТ	06484				
Principal Occupation		Name of Employ	er	C.	00101				
Construction		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						
fundraising event listed in Section J1?			1.00.10.10.10.10.10.10.10.10.10.10.10.10						
No Cash Personal Check	01/	14/2014	\$50.00		\$50.00				
If yes, list Event # 01142014A	01/	11/2011	\$30.00		Ψ30.00				
Last Name	First			MI	Contribution ID #				
Tomko Sylvester		Nancy			0220				
Residential Street Address	City	,		State	Zip Code				
22 Horizon Ct .		Monroe		СТ	06468				
Principal Occupation		Name of Employ	er						
training/recruiting			itt, Sussman						
			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 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 X Personal Check	01/:	14/2014	\$100.00		\$100.00				
If yes, list Event # 01142014A			·						
Last Name	First			MI	Contribution ID #				
Yolish		Kathleen			0221				
Residential Street Address	City			State	Zip Code				
1 Waverly Rd .	ĺ	Shelton		СТ	06484				
Principal Occupation		Name of Employ	er						
		Retire							
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						
Tundraising event listed in Section 31:									
If yes, list Event # 01142014A No Money Order Credit/Debit Card	01/	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									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Lauretti Governor 2014	April 10 Filing - Original								
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Beardsley		David		S	0222				
Residential Street Address	City			State	Zip Code				
41 School St .	<u> </u>	Shelton		СТ	06484				
Principal Occupation Name of Employer Farming Self									
			obbyist, spouse, or	Amou	ınt of Contribution				
Yes X N	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 X Voc Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? Cash Personal Check									
If yes, list Event # 01142014A No Money Order Credit/Debit Card	01/	14/2014	\$100.00		\$100.00				
	Б: /			L	Louis Bu				
Last Name Salemme	First	Louis		MI M	Contribution ID # 0225				
Residential Street Address	City	Louis		State	Zip Code				
19 Peach Tree Ln	City	Shelton		CT	06484				
Principal Occupation		Name of Employ	er						
property manager		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		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						
No Cash X Personal Check	01/	14/2014	\$100.00		\$100.00				
If yes, list Event # 01142014A	01/	14/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Araujo		Robert			0228				
Residential Street Address	City			State	Zip Code				
138 Walnut Tree Hill Rd .		Shelton		СТ	06484				
Principal Occupation		Name of Employ							
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 Executive Legislative		1	x _{No}						
government the contract is with	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
No In case a resident	01/	14/2014	\$100.00		\$100.00				
If yes, list Event # 01142014A									
Last Name	First			MI	Contribution ID #				
Luther		Diane			0229				
Residential Street Address	City	CI II		State	Zip Code				
43 Spruce Hill Rd . Principal Occupation	<u> </u>	Shelton Name of Employ	or	СТ	06484				
Exec. Sect			on BofEd						
			abbreigt anguag or	Amou	ınt 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					
Tunidaising event listed in Section 31?									
If yes, list Event # 01142014A No Anney Order Credit/Debit Card	01/	14/2014	\$100.00		\$100.00				

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L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Lauretti Governor 2014			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Luther		Anthony			0230				
Residential Street Address	City			State	Zip Code				
43 Spruce Hill Rd .	<u> </u>	Shelton		СТ	06484				
Principal Occupation		Name of Employ	er						
Financial 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 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						
Tundraising event instead in Section 31:									
If yes, list Event # 01142014A No Money Order Credit/Debit Card	01/	14/2014	\$100.00		\$100.00				
L AV	F: .				Louis B"				
Last Name Polydys	First	John		MI T	Contribution ID # 0231				
Residential Street Address	City	JOHN		State	Zip Code				
33 Hiann Ct	,	Bethany		СТ	06524				
Principal Occupation		Name of Employ	er						
consultant		Total	Cloud Connections						
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 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 X Personal Check	01/	14/2014	#100.00		±100.00				
If yes, list Event # 01142014A No Money Order Credit/Debit Card	01/.	14/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Miko Jr.		William		S	0232				
Residential Street Address	City			State	Zip Code				
7 Brae Loch Way		Shelton		СТ	06484				
Principal Occupation		Name of Employ	er						
construction			t Construction						
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	ł					
fundraising event listed in Section J1?									
No Cash X Personal Check	01/	14/2014	\$100.00		\$100.00				
If yes, list Event # 01142014A				<u></u>					
Last Name	First			MI	Contribution ID #				
Miko		Judith		М	0233				
Residential Street Address	City	2 1 1:		State	Zip Code				
7 Brae Loch Way Principal Occupation	<u> </u>	Shelton Name of Employ	or.	СТ	06484				
Realtor			x Right Choice						
			-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 # 01142014A No Money Order Credit/Debit Card	01/	14/2014	\$100.00		\$100.00				

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I, MONETARY RECEIPTS (Section A-I)									
	<u>s (s</u> i	ection A-1)	TVDE OF DEDORT						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Lauretti Governor 2014 April 10 Filing - Original									
Lauretti Governor 2014			April 10 1 lilling - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
White Jr.		James		Р	0234				
Residential Street Address	City			State	Zip Code				
4 Scotch Pine Dr		Shelton		CT	06484				
Principal Occupation		Name of Employ	er						
Attorney		Pullm	an & Comley						
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	5	dependent child of	of a lobbyist?						
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									
If yes, list Event # 01142014A No Money Order Credit/Debit Card	01/	14/2014	\$100.00		\$100.00				
in yes, list event # 01142014A									
Last Name	First			MI	Contribution ID #				
Welch		Lois		Α	0236				
Residential Street Address	City			State	Zip Code				
525 Antelope Trl		Shelton		СТ	06484				
Principal Occupation		Name of Employ	er						
		N/A							
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	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	Date	Received	Aggregate Contributions						
tundraising event listed in Section 31?									
U No □ □ ··········	01/	14/2014	\$100.00		\$100.00				
If yes, list Event # 01142014A									
Last Name	First			MI	Contribution ID #				
Dymerski		Mark			0237				
Residential Street Address	City			State	Zip Code				
4 Longfellow Rd .		Shelton		СТ	06484				
Principal Occupation	•	Name of Employ	er	•					
		Self							
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	*						
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 fisted in Section 31?									
No No	01/	14/2014	\$100.00		\$100.00				
If yes, list Event # 01142014A									
Last Name	First			MI	Contribution ID #				
Del Re III		Michael			0240				
Residential Street Address	City			State	Zip Code				
19 Meadow Woods Rd .		Seymour		СТ	06483				
Principal Occupation		Name of Employ	er						
Employee Bene			cial Network						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt 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: Executive Legislative			x _{No}						
government the contract is with:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?			-						
No Cash X Personal Check	01/	14/2014	\$50.00		\$50.00				
If yes, list Event # 01142014A	I '	-		1	•				

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Lauretti Governor 2014 April 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Paecht		William		E	0242				
Residential Street Address	City			State	Zip Code				
20 Belleview Trl .		Seymour		СТ	06483				
Principal Occupation		Name of Employ							
Is contributor a principal of a state contractor or prospective state contractor?		Seym	11 1 ·	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	Alliot	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						
Tundraising event instead in Section 31:									
If yes, list Event # 01142014A No Money Order Credit/Debit Card	01/	14/2014	\$50.00		\$50.00				
	l								
Last Name	First			MI	Contribution ID #				
Stachowicz Residential Street Address	City	Maureen		State	0243 Zip Code				
1 Wildflower Dr .	City	Oxford		CT	06478				
Principal Occupation		Name of Employ	er	CI	1 00470				
Paralegal			awski Law Firm						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No		Is contributor a l	obbyist, spouse, or	Amou	unt 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 fundraising event listed in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
Cash Personal Check									
If yes, list Event # 01142014A No Money Order Credit/Debit Card	01/	14/2014	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
Stachowicz	1 1150	George			0245				
Residential Street Address	City			State	Zip Code				
1 Wildflower Dr .		Oxford		СТ	06478				
Principal Occupation		Name of Employ	er	=	•				
Highway Dept		Shelto	-						
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:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
No Cash X Personal Check	01/:	14/2014	\$50.00		\$50.00				
If yes, list Event # 01142014A									
Last Name	First			MI	Contribution ID #				
Beardsley		Christy			0244				
Residential Street Address	City			State	Zip Code				
89 Pearmain Rd .		Shelton		СТ	06484				
Principal Occupation		Name of Employ							
Admin Asst Is contributor a principal of a state contractor or prospective state contractor?			n & costal consult obbyist, spouse, or	Amou	unt of Contribution				
Yes X No)	dependent child of	Vac	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 fundamining event listed in Section 112.	Date	Received	Aggregate Contributions						
Tunidialising event listed in Section 31:									
If yes, list Event # 01142014A No Some Vorder Credit/Debit Card	01/	14/2014	\$50.00		\$50.00				

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L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	(,	TYPE OF REPORT						
Lauretti Governor 2014			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Nappi		Kenneth			0248				
Residential Street Address	City			State	Zip Code				
42 Peach Rd .	L	Shelton		СТ	06484				
Principal Occupation		Name of Employ							
Manager Is contributor a principal of a state contractor or prospective state contractor?		State	44 1 4	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	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 fundraising event listed in Section 112	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? Cash Personal Check									
If yes, list Event # 01142014A No Money Order Credit/Debit Card	01/	14/2014	\$50.00		\$50.00				
Last Name	First	•		MI	Contribution ID #				
Jaques Residential Street Address	City	Sean		State	0385 Zip Code				
335 Newark Ave .	City	Union		NJ	17083				
Principal Occupation	<u> </u>	Name of Employ	er	145	1 17 003				
Producer		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				
If yes, indicate which branch or branches of	3	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		/	440.00						
If yes, list Event # Money Order X Credit/Debit Card	01/.	14/2014	\$10.00		\$10.00				
Last Name	First			MI	Contribution ID #				
Shigo		Alexis		М	0324				
Residential Street Address	City			State	Zip Code				
18 Laurel Glen Dr .		Shelton		СТ	06484				
Principal Occupation		Name of Employ	er						
sales			omputing						
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		F	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 Money Order Credit/Debit Card	01/	14/2014	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Geissler		James		F	0362				
Residential Street Address	City	Chalbara		State	Zip Code				
71 Wheeler St . Principal Occupation		Shelton Name of Employ	or	СТ	06484				
Community worker			on BOE						
			.1.1	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 Method of contribution:	Date	Received	Aggregate Contributions						
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/	15/2014	\$50.00		\$50.00				

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I MONETADY DECEMBER (6 - 42 A D								
I. MONETARY RECEIPT	S (S	ection A-I)	1					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Lauretti Governor 2014			April 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals	•					
Last Name	First			MI	Contribution ID #			
Mulrooney		John			0386			
Residential Street Address	City			State	Zip Code			
299 W Shepard Ave .		Hamden		СТ	06514			
Principal Occupation		Name of Employ	er					
Real Estate								
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}					
	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? Method of contribution: Yes								
X No Cash Personal Check	01/:	15/2014	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card	,		,					
Last Name	First			MI	Contribution ID #			
Crane		Glenn			0199			
Residential Street Address	City	Gierini		State	Zip Code			
40 Burnt Hill Rd	City	Earmington		CT	06032			
Principal Occupation		Farmington Name of Employ	on.	CI	00032			
			CI					
stylist		self	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					
x c n c								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/	15/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Sheehy		Kathleen		m	0202			
Residential Street Address	City			State	Zip Code			
16 Bayberry Ln		Shelton		CT	06484			
Principal Occupation		Name of Employ	er					
Principal		Shelto	on BOE					
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								
× No	01/:	16/2014	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Sheehy, Jr.		Donald		В	0203			
Residential Street Address	City			State	Zip Code			
16 Bayberry Ln	ĺ	Shelton		СТ	06484			
Principal Occupation		Name of Employ	er					
Real Estate		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}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Date		op-space contributions					
X No Cash X Personal Check	017	16/2014	\$100.00		¢100 00			
If yes, list Event # Money Order Credit/Debit Card	I 01/.	10/2014	\$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						
Lauretti Governor 2014			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Crowther		Martha			0359				
Residential Street Address	City			State	Zip Code				
173 Huntington		Shelton		СТ	06484				
Principal Occupation		Name of Employ							
		Retire							
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						
In this contribution associated with a Mothed of contribution:	Date	Received	Aggregate Contributions	1					
fundraising event listed in Section J1? Yes The arms contribution associated with a fundraising event listed in Section J1? Yes The arms contribution associated with a fundraising event listed in Section J1?									
If yes, list Event # Cash X Personal Check Money Order	01/	16/2014	\$50.00		\$50.00				
	L								
Last Name	First	G: 1		MI	Contribution ID #				
Schumacher	C'i	Cindy		Gr. i	0364				
Residential Street Address	City	Chananahumi		State	Zip Code 01545				
5 Flint Meadow Ln Principal Occupation		Shrewsbury Name of Employ	or	MA	01545				
Nurse		U Mas							
			abbriet anauga ar	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						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1					
fundraising event listed in Section J1?									
X No Total City Control City City Control City City Control City City City City City City City City	01/	16/2014	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Fuller		Terry			0323				
Residential Street Address	City			State	Zip Code				
510 E Main St Unit 228	<u> </u>	Stratford		СТ	06614				
Principal Occupation		Name of Employ							
Sales		Pepsid							
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 government the contract is with: Executive Legislative			x No						
Is this contribution associated with a	Date	Received	Aggregate Contributions	1					
Tunidasing event instead in Section 31:									
If yes, list Event # Cash Credit/Debit Card	01/	16/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Eick	First	Robert		IVII	0387				
Residential Street Address	City	ROBERT		State	Zip Code				
262 Harbor Dr	City	Stamford		CT	06902				
Principal Occupation		Name of Employ	er	<u> </u>	00302				
Finance			Capitol						
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	or a roodyist?						
government the contract is with:			X No	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		17/2011	1400.00		±100.00				
If yes list Event # No Money Order X Credit/Debit Card	01/	17/2014	\$100.00		\$100.00				

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I MONETA DV DE CEIDTO (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)									
Lauretti Governor 2014			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Najpauer Jr.		Frank			0213				
Residential Street Address	City			State	Zip Code				
421 Navajo Loop		Shelton		СТ	06484				
Principal Occupation		Name of Employ	er						
Manager			Windows/Doors						
			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 Executive Legislative		•	x _{No}						
government the contract is with:	D /	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 # Cash Personal Check Money Order Credit/Debit Card	01/	17/2014	\$100.00		\$100.00				
J.,									
Last Name	First			MI	Contribution ID #				
Bruner		Jeff			0314				
Residential Street Address	City			State	Zip Code				
22 Powder Mill Ln		Trumbull		СТ	06611				
Principal Occupation		Name of Employ	er						
President		Iroqu							
				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 of a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of			<u></u>						
government the contract is with:			x _{No}						
Is this contribution associated with a Yes Yes	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
X No T	01/	17/2014	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
DiPaulo		Daryl			0249				
Residential Street Address	City			State	Zip Code				
412 Hilltop	City	Orango		CT	06477				
		Orange		CI	00477				
Principal Occupation		Name of Employ							
Electrician			Electric						
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 we sindicate which branch or branches of		dependent cinia (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						
Tandarasing event insect in Section 31:									
X No	01/	17/2014	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Kwochka		William			0250				
	City	wiiiiaiii		Ct-t-					
Residential Street Address	City	CI II		State	Zip Code				
245 Summerfield Gdns		Shelton		СТ	06484				
Principal Occupation		Name of Employ							
		Retire		•					
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						
fundraising event listed in Section J1?									
x No Cash Personal Check	01/	17/2014	\$100.00		\$100.00				
If yes, list Event # Money Order Credit/Debit Card	51,	,	420000	l	,				

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L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT								
Lauretti Governor 2014			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Spataro		Joseph			1355				
Residential Street Address	City			State	Zip Code				
375 Waverly Rd .		Shelton		СТ	06484				
Principal Occupation		Name of Employ	er						
Le contributer e unincipal ef e state contractor ou presencative state contractor?		N/A	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	Voc	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 fundraising event listed in Section 112	Date	Received	Aggregate Contributions						
Tulidatising event insect in Section 31:									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/	17/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Gannon		Robert			0388				
Residential Street Address	City	Cl. II		State	Zip Code				
6 Serene Dr	<u> </u>	Shelton Name of Employ	on.	СТ	06484				
Principal Occupation		Retire							
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:			x No						
Is this contribution associated with a fundaming or contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions						
initialising event instead in Section 71:									
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	01/	18/2014	\$100.00		\$100.00				
	<u> </u>				•				
Last Name	First			MI	Contribution ID #				
Edmunds		Keri			0675				
Residential Street Address 6 Gristmill Ln	City	West Kinasta		State RI	Zip Code 02892				
Principal Occupation	<u> </u>	West Kingsto		KI	02892				
ттера оссаранов		N/A	Ci						
Is contributor a principal of a state contractor or prospective state contractor?		•	obbyist, spouse, or	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 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/	18/2014	\$50.00		\$50.00				
[la di Bu				
Last Name Skowronski	First	Robin		MI	Contribution ID # 0389				
Residential Street Address	City	KUDIII		State	Zip Code				
10 Sharon Dr .	City	Shelton		CT	06484				
Principal Occupation		Name of Employ	er		1				
Admin			f Shelton						
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	-	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						
		20/2011			+400.00				
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	01/	20/2014	\$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									
Lauretti Governor 2014			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Dalling		Richard			0399				
Residential Street Address	City			State	Zip Code				
22 Golden Hl		Trumbull		СТ	06611				
Principal Occupation		Name of Employ	er						
Owner		Riverl	pend estates						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	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	01/	20/2014	\$100.00		\$100.00				
If yes, list Event #	,								
Last Name	First			MI	Contribution ID #				
Romero		Shari			0331				
Residential Street Address	City	Shari		State	Zip Code				
44 Laurel Ridge Trl	City	Villingworth		CT	06419				
Principal Occupation		Killingworth Name of Employ	on.	Ci	00419				
CPA			esex Stone Products						
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: 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 # Cash Anney Order Credit/Debit Card	01/2	20/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Walker		David M			0361				
Residential Street Address	City			State	Zip Code				
37 Beacon St .		Bridgeport		СТ	06605				
Principal Occupation		Name of Employ	er						
		CPA							
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	int 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 fundamining quant listed in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
rundraising event listed in Section J1?									
X No	01/2	20/2014	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Jakob		Carol		L	0201				
Residential Street Address	City			State	Zip Code				
30 Rosedale Cir		Shelton		СТ	06484				
Principal Occupation		Name of Employ	er						
Nurse			ridge Health & Rehab						
			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?									
x No Cash x Personal Check	01/	20/2014	\$100.00		\$100.00				
If yes, list Event # Money Order Credit/Debit Card	I ~-'	_0/ _UI T	Ψ100.00		T-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					
Lauretti Governor 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Ernestine		Luise		Т	0204
Residential Street Address	City			State	Zip Code
27 Whipporwill Dr	L	Shelton		СТ	06484
Principal Occupation		Name of Employ	er		
		N/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	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 instead in Section 31?					
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/2	20/2014	\$100.00		\$100.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Temkin		Alan			0360
Residential Street Address	City			State	Zip Code
178 Ledge Dr .	Ь	Torrington		СТ	06790
Principal Occupation		Name of Employ			
President Is contributor a principal of a state contractor or prospective state contractor?		ATA R	11.14	Amou	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o	dependent child of	Vac	1 111100	an of controunon
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
In this contribution associated with a Mothed of contribution.	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1? Yes Yes Gash Resonal Check					
If yes, list Event # Cash No Credit/Debit Card	01/2	20/2014	\$100.00		\$100.00
If yes, list Event #	L				
Last Name	First			MI	Contribution ID #
Bingham		Ryan			0210
Residential Street Address	City	To make the m		State	Zip Code
360 Upper Valley Rd . Principal Occupation	<u>. </u>	Torrington Name of Employ	or .	СТ	06790
Govt. Affairs			r Bros		
			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 Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
tundraising event instead in Section 71:					
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	01/2	20/2014	\$100.00		\$100.00
				l	
Last Name	First			MI	Contribution ID #
Miller	C'i	Marianne		G	0205
Residential Street Address 57 Brownson Dr .	City	Shelton		State CT	Zip Code 06484
Principal Occupation	<u> </u>	Name of Employ	er	Ci	00464
Timepai occupanoi		Retire			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	ant of Contribution
	υ	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 fundraising event listed in Section J1? Yes Method of contribution: Yes	Date	Received	Aggregate Contributions		
Table 1 Table 2 Tabl					
If yes, list Event # Cash Cash Personal Check No Money Order Credit/Debit Card	01/2	20/2014	\$100.00		\$100.00

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I MONETA BY DECEMBER (C. P. A. D.									
L. MONETARY RECEIPT	S (S	ection A-I)	TYPE OF REPORT						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Lauretti Governor 2014			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Pepe		Pasquale		Α	0207				
Residential Street Address	City			State	Zip Code				
112 Spring Glenn		Shelton		СТ	06484				
Principal Occupation		Name of Employ	er						
		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?			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	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						
fundraising event listed in Section 31:									
X No Cash X Personal Check	01/2	21/2014	\$50.00		\$50.00				
If yes, list Event #					·				
Last Name	First			MI	Contribution ID #				
Gath		Sharon			0208				
Residential Street Address	City	Sharon		State	Zip Code				
255 Dorothy Dr .	City	Torrington		CT	06790				
		Torrington	O#	CI	00790				
Principal Occupation		Name of Employ							
Bookkeeper			lealty In						
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 e							
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	01/2	21/2014	\$100.00		\$100.00				
,									
Last Name	First			MI	Contribution ID #				
Brennan		Thomas		М	0437				
Residential Street Address	City			State	Zip Code				
970 Old Post Rd		Fairfield		CT	06824				
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				
)	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	01/2	21/2014	\$100.00		\$100.00				
If yes, list Event #		,			·				
Last Name	First			MI	Contribution ID #				
Mondi		Dominick		С	0400				
Residential Street Address	City	Dominick		State	Zip Code				
31 Applewood Dr	City	Shelton		CT	06484				
			OF	CI	00404				
Principal Occupation		Name of Employ Retire							
Is contributor a principal of a state contractor or prospective state contractor?			obbyict chause 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	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		22/204	440000		+100.00				
If yes, list Event # Money Order Credit/Debit Card	01/2	22/2014	\$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)									
Lauretti Governor 2014			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Lesko		Loretta			0328				
Residential Street Address	City			State	Zip Code				
1 Lexington Ct		Shelton		СТ	06484				
Principal Occupation		Name of Employ	er						
Tres		DiMat	teo Group						
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 risted in Section 31?									
X No Cash X Personal Check	01/2	22/2014	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
DiNardo		Salvatore		к	1214				
Residential Street Address	City			State	Zip Code				
323 North Ave .		Bridgeport		СТ	06606				
Principal Occupation		Name of Employ	er	<u> </u>					
owner		1 ,	DiNardo Enterprises						
			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	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:	Doto	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
X No Cash X Personal Check	01/	22/2014	±100.00		±100.00				
If yes, list Event # Money Order Credit/Debit Card	01/2	23/2014	\$100.00		\$100.00				
	-				a . 1				
Last Name	First			MI -	Contribution ID #				
Alterio		Ernest		E	0358				
Residential Street Address	City			State	Zip Code				
7 Byran Pl		Shelton		СТ	06484				
Principal Occupation		Name of Employ							
		Retire							
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 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 Credit/Debit Card	01/2	24/2014	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
Sylvia		William		J	0326				
Residential Street Address	City			State	Zip Code				
36 Silver Hill Rd .		Easton		СТ	06612				
Principal Occupation		Name of Employ	er						
President	_	New E	England Stair						
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: 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	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) TYPE OF REPORT								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Lauretti Governor 2014								
B. Itemized Contributions fro	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Graft		Nichole			0327			
Residential Street Address	City			State	Zip Code			
36 Silver Hill Rd .		Easton		СТ	06612			
Principal Occupation Fin manager		Name of Employ Elizab	eth Arden					
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	0	dependent child of	of a lobbyist?					
government the contract is with:			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/	25/2014	\$100.00		\$100.00			
If yes, list Event #	017.	23/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
D Atkins		Christine			0329			
Residential Street Address	City			State	Zip Code			
11 Bishop Dr .		Woodbridge		СТ	06525			
Principal Occupation		Name of Employ						
Professor — — —			tus Magnus College	I	ort 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 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 X Cash Personal Check								
No	01/	25/2014	\$100.00		\$100.00			
If yes, list Event #					-			
Last Name	First			MI	Contribution ID #			
Esposito		John		F	0439			
Residential Street Address	City	Chalkan		State	Zip Code			
5 Lexington Ct Principal Occupation	<u> </u>	Shelton Name of Employ	or	СТ	06484			
Globel Sourcing Leader		GE Co						
Is contributor a principal of a state contractor or prospective state contractor? Yes X N			obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution			
Yes 🔼 N	0	dependent child of	n 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 Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
Tunidasing event issed in Section 71:	١							
If yes, list Event # Cash Credit/Debit Card	01/	25/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Bobela	1 1130	Deborah			0300			
Residential Street Address	City			State	Zip Code			
414 Wheeler Rd		Monroe		СТ	06468			
Principal Occupation		Name of Employ	er	-	•			
Reception		DiMat	teo Group					
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	int of Contribution			
If yes, indicate which branch or branches of		acpendent clind (x No					
government the contract is with:	Data	Received	Aggregate Contributions	1				
fundraising event listed in Section J1?	Date		1.5810Bate Contitoutions					
If yes, list Event # 01252014C	01/	25/2014	\$50.00		\$50.00			

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Lauretti Governor 2014			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Caruso		Lucy			0301				
Residential Street Address	City			State	Zip Code				
361 Fairwood Rd .	<u> </u>	Bethany		СТ	06524				
Principal Occupation		Name of Employ							
Is contributor a principal of a state contractor or prospective state contractor?		Retire	11 :	Amor	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	Vac	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 X Voc Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
If yes, list Event # 01252014C No Money Order Credit/Debit Card	01/	25/2014	\$100.00		\$100.00				
	L			I					
Last Name	First	Maria		MI	Contribution ID #				
Rodriques Residential Street Address	City	Maria		A State	0302 Zip Code				
21 Ashwood Rd .	City	Milford		CT	06460				
Principal Occupation		Name of Employ	er						
Account Managerq		DiMat	teo Group						
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 lobbyist?						
government the contract is with:			x No						
Is this contribution associated with a fundraising event listed in Section J1? X Yes	Date	Received	Aggregate Contributions						
No Cash X Personal Check	01/	25/2014	\$50.00		\$50.00				
If yes, list Event # 01252014C	01/.	23/2014	\$30.00		\$30.00 				
Last Name	First			MI	Contribution ID #				
DiMatteo		Adeline			0303				
Residential Street Address	City			State	Zip Code				
404 Canoe Brk		Huntington		СТ	06484				
Principal Occupation		Name of Employ							
		Retire							
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 # 01252014C No Cash X Personal Check Money Order Credit/Debit Card	01/	25/2014	\$100.00		\$100.00				
in you, isk to water of the control									
Last Name	First			MI	Contribution ID #				
Esposito P. C. C. C. A. M.	C'i	Rosemarie		Gr. r	0304				
Residential Street Address 5 Lexington Ct	City	Shelton		State CT	Zip Code 06484				
Principal Occupation		Name of Employ	er	Ci	00404				
Insurance/Tax			teo Insurance						
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	υ	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? X Yes Method of contribution:	Date	Received	Aggregate Contributions						
Tunidialising event listed in Section 31?		25/204	4400.00		+100.00				
If yes, list Event # 01252014C No Anney 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) Lauretti Governor 2014 April 10 Filing - Original								
			1 4					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Libby		Christine			0305			
Residential Street Address	City	A:-		State	Zip Code			
149 N State St . Principal Occupation		Ansonia Name of Employ	or	СТ	06401			
Comm. Line Asst		DiMat						
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:	Doto	Received		-				
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
No Cash X Personal Check	01/2	25/2014	\$50.00		\$50.00			
If yes, list Event # 01252014C								
Last Name	First			MI	Contribution ID #			
White	o:	Lisa		- C	0306			
Residential Street Address	City	Drospost		State	Zip Code 06712			
45 Talmadge Hill Rd . Principal Occupation	ļ	Prospect Name of Employ	er	СТ	00712			
HC		Optur						
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)	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	01/	25/2014	\$100.00		\$100.00			
If yes, list Event # 01252014C	01/	23/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
White		William			0307			
Residential Street Address	City			State	Zip Code			
45 Talmadge Hill Rd		Prospect		СТ	06712			
Principal Occupation		Name of Employ	er					
Construction		APC	obbyist, spouse, or	1 Amai	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of		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				
tundraising event risted in Section 31:								
If yes, list Event # 01252014C Cash Credit/Debit Card	01/2	25/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Antonellis	1 1150	Theodore			0308			
Residential Street Address	City			State	Zip Code			
433 Bethmour Rd .		Bethany		СТ	06524			
Principal Occupation		Name of Employ	er		-			
Chemist			ne 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? 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?								
If yes list Event # 01252014C No X Cash Personal Check No Money Order Credit/Debit Card	01/2	25/2014	\$100.00		\$100.00			

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L MONETARY RECEIPT	ΓS (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					
Lauretti Governor 2014			April 10 Filing - Original		
B. Itemized Contributions fro	om Ind	lividuals			
Last Name	First			MI	Contribution ID #
Effren		Sandra			0309
Residential Street Address	City			State	Zip Code
1857 Newfield Ave		Stamford		СТ	06903
Principal Occupation		Name of Employ	er	-	
RE Development		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? Yes	Amou	ant 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?			1.00.10		
No Cash X Personal Check	01/2	25/2014	\$100.00		\$100.00
If yes, list Event # 01252014C			·		
Last Name	First			MI	Contribution ID #
Cusano		Dan			0311
Residential Street Address	City			State	Zip Code
185 Beacon Rd .	Ш,	Bethany		СТ	06524
Principal Occupation		Name of Employ	er		
Owner			rn ECO		
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	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		F	x _{No}		
government the contract is with	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Bute	received	riggiogate contributions		
No Cash Personal Check	01/2	25/2014	\$100.00		\$100.00
If yes, list Event # 01252014C		-, -	,		
Last Name	First			MI	Contribution ID #
Lombardo		Gerald		Α	0312
Residential Street Address	City			State	Zip Code
324 Pheasant Gln	Щ,	Shelton		СТ	06484
Principal Occupation		Name of Employ			
Parks & Rec			of FFLd		
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	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		F	x _{No}		
government the contract is with:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?			1.00.10		
No Cash X Personal Check	01/2	25/2014	\$100.00		\$100.00
If yes, list Event # 01252014C					
Last Name	First			MI	Contribution ID #
Hughes		Peter			0313
Residential Street Address	City			State	Zip Code
251 Chauncen Rd	┸	Middletown		СТ	
Principal Occupation		Name of Employ			
Planner			of Marlbourgh		
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	No	dependent child of	obbyist, spouse, or of a lobbyist?	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?			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					

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Lauretti Governor 2014			April 10 Filing - Original					
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Guleryuz		Maryo			0318			
Residential Street Address	City			State	Zip Code			
1374 Huntington Tpke		Trumbull		СТ	06611			
Principal Occupation		Name of Employ						
hDresser Is contributor a principal of a state contractor or prospective state contractor?		Salon	11.14	Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	dependent child of	Vac	Aillou	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 listed in Section 31?								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/	25/2014	\$100.00		\$100.00			
				l				
Last Name	First	lannifau		MI	Contribution ID #			
Chawich Residential Street Address	City	Jennifer		State	0319 Zip Code			
1374 Huntington Tpke	City	Trumbull		CT	06611			
Principal Occupation		Name of Employ	er					
		Unem	ployed					
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? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X Cash Personal Check	01/	25/2014	±100.00		±100.00			
If yes, list Event # Money Order Credit/Debit Card	01/.	25/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
DiMatteo		Jessica			0320			
Residential Street Address	City			State	Zip Code			
23 Coachmen Ln		Bethany		СТ	06524			
Principal Occupation		Name of Employ	er					
		Stude						
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? X Yes Method of contribution: X Cash Personal Check								
│	01/	25/2014	\$35.00		\$35.00			
If yes, list Event # 01252014C								
Last Name	First			MI	Contribution ID #			
Miller, Jr		Edward			0261			
Residential Street Address	City	Chalkan		State	Zip Code			
57 Brownson Dr . Principal Occupation		Shelton Name of Employ	or	СТ	06484			
Agent			filler Ins					
			.1.1	Amou	unt 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 Method of contribution:	Date	Received	Aggregate Contributions					
X personal Chesh								
If yes, list Event # 01252014C No Money Order Credit/Debit Card	01/	25/2014	\$100.00	1	\$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						
Lauretti Governor 2014			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
DiMatto		John			0295				
Residential Street Address	City	5.41		State	Zip Code				
23 Coachman Ln		Bethany Name of Employ		СТ	06524				
Principal Occupation Fin Advisor		1 ,	teo Group						
			obbyist, spouse, or	Amou	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 fundraising event listed in Section 112	Date	Received	Aggregate Contributions						
Cash Personal Check	l								
If yes, list Event # 01252014C No Money Order Credit/Debit Card	01/	25/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
DiMatto	Tiist	Anthony		IVII	0296				
Residential Street Address	City	7 thenony		State	Zip Code				
23 Coachman Ln		Bethany		СТ	06524				
Principal Occupation	•	Name of Employ	er		•				
		Stude	nt						
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							
government the contract is with: Legislative Legislative	Dete	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/	25/2014	\$100.00		\$100.00				
If yes, list Event # 01252014C	01/		Ψ100.00						
Last Name	First			MI	Contribution ID #				
Dimatteo		Kim			0297				
Residential Street Address	City			State	Zip Code				
23 Coachman Ln	<u> </u>	Bethany		СТ	06524				
Principal Occupation		Name of Employ							
Advisor Is contributor a principal of a state contractor or prospective state contractor?			teo Corp obbyist, spouse, or	Amor	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	dependent child of		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 fundamining event listed in Section 112.	Date	Received	Aggregate Contributions	1					
Tunidialising event listed in Section 31:									
If yes, list Event # 01252014C No Money Order Credit/Debit Card	01/	25/2014	\$100.00		\$100.00				
Last Name	First	Michael		MI	Contribution ID #				
DiMatteo Residential Street Address	City	Michael		State	0321 Zip Code				
23 Coachman Ln	City	Bethany		CT	06524				
Principal Occupation		Name of Employ	er						
		N/A							
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amov	unt of Contribution				
If yes, indicate which branch or branches of	-	dependent child of	or a robbyist?						
government the contract is with: Executive Legislative	_	D	x _{No}						
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
No Zash Personal Check	01/	25/2014	\$35.00		\$35.00				
If yes, list Event # 01252014C Money Order Credit/Debit Card	I 01/	-3/2017	φυυ.00		422.00				

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I, MONETARY RECEIPTS (Section A-I)									
	5 (5 0	ection A-1)	TWINE OF DEPONT						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Lauretti Governor 2014 April 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Palmquist		Janette			0298				
Residential Street Address	City			State	Zip Code				
4 Castle St		Seymour		СТ	06483				
Principal Occupation		Name of Employ	er						
Insurance		DiMat	teo Insurance						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	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	Voc						
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the conduct is with.	Date	Received	Aggregate Contributions	•					
fundraising event listed in Section J1?									
No Cash X Personal Check	01/	25/2014	\$100.00		\$100.00				
If yes, list Event # 01252014C	01/.	23, 2011	Ψ100.00		4100.00				
Last Name	First			MI	Contribution ID #				
Lesko	11130	Robert		IVII	0299				
Residential Street Address	City	Robert		State	Zip Code				
	City	Ch albana			1				
1 Lexington Ct		Shelton		СТ	06484				
Principal Occupation		Name of Employ							
Salesman			teo Group						
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	int 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 fundraining event listed in Section 112.	Date	Received	Aggregate Contributions						
X Personal Check									
If yes, list Event # 01252014C No Money Order Credit/Debit Card	01/	25/2014	\$50.00		\$50.00				
<u> </u>									
Last Name	First			MI	Contribution ID #				
Fudala		Karen			0252				
Residential Street Address	City			State	Zip Code				
1146 Johnson Rd .		Woodbridge		СТ	06525				
Principal Occupation		Name of Employ	er	-	-				
Teacher		Fairfie	eld Public School						
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 Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section 31?									
X No Cash X Personal Check	01/	25/2014	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Fudah		John			0310				
Residential Street Address	City	30		State	Zip Code				
1146 Johnson Rd .	City	Woodbridge		CT	06525				
Principal Occupation		Name of Employ	or	<u> </u>	00323				
R&D Engineer		ALEN							
			obbyigt groups or	Amor	unt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	Aiiiou	int of Contribution				
If yes, indicate which branch or branches of Executive Legislative		- "	x _{No}						
government the contract is with:	Б.	D i d		ŀ					
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
		25/2011			+400.00				
If yes, list Event # 01252014C	01/	25/2014	\$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 Lauretti Governor 2014 April 10 Filing - Original						
Lauretti Governoi 2014						
B. Itemized Contributions from	n Ind	lividuals				
Last Name	First			MI	Contribution ID #	
Caponi		Eileen		<u> </u>	0254	
Residential Street Address	City	GL II		State	Zip Code	
22 Driftwood Ln Principal Occupation		Shelton Name of Employe	or.	СТ	06484	
Tindpai Occupation		Retire				
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ant of Contribution	
If we sindicate which branch or branches of)	dependent child of	if 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	01/	DE /2014	¢25.00		¢25.00	
If yes, list Event # 01252014C	01/.	25/2014	\$25.00		\$25.00	
Last Name	First			MI	Contribution ID #	
Tilki		Steven			0255	
Residential Street Address	City			State	Zip Code	
5 Goffin Ct		Oxford		СТ	06478	
Principal Occupation		Name of Employe	er			
Teacher			our Brd. 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	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?			1-88-18-1			
No Cash X Personal Check	01/	25/2014	\$100.00		\$100.00	
If yes, list Event # 01252014C						
Last Name	First			MI	Contribution ID #	
Sheehy		Christin			0256	
Residential Street Address	City			State	Zip Code	
5 Goffin Ct		Oxford		СТ	06478	
Principal Occupation Ocup Theapist		Name of Employe	red Therapy			
·				Amou	ant of Contribution	
Yes 🔼 No)	dependent child of	f a lobbyist?	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		
Tunidraising event instead in Section 31:						
If yes, list Event # 01252014C	01/	25/2014	\$100.00		\$100.00	
Lad Norma	First			MI	Contribution ID #	
Last Name Vartelas	FIISt	Theodore		IVII	Contribution ID # 0257	
Residential Street Address	City	THEOGOTE		State	Zip Code	
11 Rollin Rd		Woodbridge		СТ	06525	
Principal Occupation		Name of Employe	er		•	
Agent		NY Lif	e Ins			
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 o	if a lobbyist?			
government the contract is with:	D-4	Dagaiyad		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	01/	25/2014	\$100.00		\$100.00	
If yes list Event # 01252014C Money Order Credit/Debit Card				i		

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Lauretti Governor 2014 April 10 Filing - Original								
			T printer ming					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Alessio Vartelas		Pam			0258			
Residential Street Address	City			State	Zip Code			
77 Lasky Dr . Principal Occupation	1	Beacon Falls Name of Employe	or.	СТ	06403			
Teacher		Regio						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ant of Contribution			
If we sindicate which branch or branches of	'	dependent child of	f 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	01/	25/2014	\$50.00		\$50.00			
If yes, list Event # 01252014C	01/2	23/2014	\$ 50.00		\$30.00			
Last Name	First			MI	Contribution ID #			
Vartelas		Jonathan			0260			
Residential Street Address	City			State	Zip Code			
11 Rollin Rd .		Woodbridge		СТ	06525			
Principal Occupation		Name of Employe						
Director			nternational					
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 fa 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	-				
st this contribution associated with a fundraising event listed in Section J1? X Yes Method of contribution: X Yes X Personal Check								
No Processing control	01/2	25/2014	\$50.00		\$50.00			
If yes, list Event # 01252014C					-			
Last Name	First			MI	Contribution ID #			
Diluneo		Mark			0262			
Residential Street Address	City	Nt £ d		State	Zip Code			
516 Totoket Principal Occupation	I	Northford Name of Employe	or	СТ	06478			
Тіперагоссирації			Electric					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or f a lobbyist? Yes	Amou	nt of Contribution			
Yes A No	'	dependent child of	i u lobbylst:					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with a fundaciona quent listed in Section 112	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? No Cash Responsal Check	0.4.15	25 (2014	4400.00					
If yes, list Event # 01252014C No Money Order Credit/Debit Card	01/2	25/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Anmetovic	1 1100	Rabija			0263			
Residential Street Address	City			State	Zip Code			
447 Hillandale Blvd		Torrington		СТ	06790			
Principal Occupation		Name of Employ	er	-	•			
Agent		State	Farm Ins					
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? Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of		acpendent child 0	x No					
government the contract is with:	Date	Received	Aggregate Contributions	1				
fundraising event listed in Section J1?	Date							
If yes, list Event # 01252014C	01/2	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)									
Lauretti Governor 2014			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Reilly Vartelas		Robyn			0259				
Residential Street Address	City			State	Zip Code				
50 Anthony Ct	L	Bethany		СТ	06524				
Principal Occupation		Name of Employ NY Lif							
Agent Is contributor a principal of a state contractor or prospective state contractor?			11 1 ·	Amou	unt of Contribution				
Yes X No	0	dependent child of	Vac	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 # 01252014C No Money Order Credit/Debit Card	01/2	25/2014	\$100.00		\$100.00				
L AV	F: .			L	Louis B"				
Last Name Klarides	First	Themis		MI	Contribution ID # 0253				
Residential Street Address	City	THEITIS		State	Zip Code				
23 East Ct		Derby		СТ	06418				
Principal Occupation		Name of Employ	er						
Attorney		Coher	n & Wolf						
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 X Personal Check	01/	25/2014	#100.00		±100.00				
If yes, list Event # 01252014C No Money Order Credit/Debit Card	01/.	25/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Quist		Betsy		Α	1380				
Residential Street Address	City			State	Zip Code				
62 Pease Rd .		Woodbridge		СТ	06525				
Principal Occupation		Name of Employ	er						
Tax Assessor			of Woodbridge						
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		•	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 Regresonal Check									
No The case of the	01/2	25/2014	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Sous		Ramon			0277				
Residential Street Address	City	Chalbara		State	Zip Code				
10 Quail Ct Principal Occupation		Shelton Name of Employ	or	СТ	06484				
ттера оссаранов		Attorr							
Is contributor a principal of a state contractor or prospective state contractor?			-1.1	Amou	unt 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 Method of contribution:	Date	Received	Aggregate Contributions						
Tundraising event instead in Section 31:									
If yes, list Event # 01262014A No Money Order Credit/Debit Card	01/2	26/2014	\$100.00		\$100.00				

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L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Lauretti Governor 2014			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Sous		Patricia			0278				
Residential Street Address	City			State	Zip Code				
10 Quail Ct	<u> </u>	Shelton		СТ	06484				
Principal Occupation		Name of Employ Self	er						
Is contributor a principal of a state contractor or prospective state contractor?			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							
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: Yes	Date	Received	Aggregate Contributions						
No Cash Personal Check	01/	26/2014	¢100.00		¢100.00				
If yes, list Event # 01262014A	01/.	26/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Treat		Carol			0276				
Residential Street Address	City			State	Zip Code				
524 A Chapokele Ln		Stratford		СТ	06614				
Principal Occupation		Name of Employ	er	•	•				
		Retire							
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 ennu (
government the contract is with:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
No Cash X Personal Check	01/	26/2014	\$100.00		\$100.00				
If yes, list Event # 01262014A		-, -	,						
Last Name	First			MI	Contribution ID #				
McGorty		Noreen			0289				
Residential Street Address	City			State	Zip Code				
30 Wigwam Dr .		Shelton		СТ	06484				
Principal Occupation		Name of Employ							
Finance Is contributor a principal of a state contractor or prospective state contractor?			e Pvt Investro obbyist, spouse, or	A max	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	dependent child of		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 fundamining event listed in Section 112.	Date	Received	Aggregate Contributions						
Tunidialising event listed in Section 31:									
If yes, list Event # 01262014A No Money Order Credit/Debit Card	01/	26/2014	\$100.00		\$100.00				
				L					
Last Name Hurliman	First	Annette		MI	Contribution ID # 0290				
Residential Street Address	City	Aimette		State	Zip Code				
102 Lane St .	City	Shelton		CT	06484				
Principal Occupation		Name of Employ	er						
		Retire	ed						
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	or a robbyist?						
government the contract is with: Executive Legislative	_	D	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/	26/2014	\$50.00		\$50.00				
If yes, list Event # 01262014A Money Order Credit/Debit Card	I 01/.	20/2014	νυυσεφ	1	φυυ.υυ				

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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) Lauretti Governor 2014								
Lauretti Governor 2014			April 10 Filing - Original					
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Madar		Charlotte			0273			
Residential Street Address	City	GI 11		State	Zip Code			
182 Beardsley Rd . Principal Occupation	<u> </u>	Shelton Name of Employ	ON .	СТ	06484			
Principal Occupation		Name of Employ Retire						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ınt of Contribution			
Yes X No	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 fundamining agent listed in Section 112	Date	Received	Aggregate Contributions					
Cash Personal Check								
If yes, list Event # 01262014A No Money Order Credit/Debit Card	01/	26/2014	\$25.00		\$25.00			
Last Name	First			MI	Contribution ID #			
Parkins	First	Jessica		IVII	0264			
Residential Street Address	City	Je551ea		State	Zip Code			
13 Sanford Dr .		Shelton		СТ	06484			
Principal Occupation		Name of Employ	er	•	•			
Marketing		Fletch	er-Thompson					
Is contributor a principal of a state contractor or prospective state contractor?	D		obbyist, spouse, or Yes	Amou	ınt of Contribution			
If yes, indicate which branch or branches of		dependent child of	x No					
government the contract is with:	Date	Received	Aggregate Contributions	-				
fundraising event listed in Section J1?	Dute	Received	riggiogate contributions					
No Cash X Personal Check	01/	26/2014	\$50.00		\$50.00			
If yes, list Event # 01262014A								
Last Name	First			MI	Contribution ID #			
OMalloy		Timothy			0265			
Residential Street Address	City			State	Zip Code			
26 High Ridge Rd .	<u> </u>	Shelton		СТ	06484			
Principal Occupation		Name of Employ						
Buyer Is contributor a principal of a state contractor or prospective state contractor?			on Group 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	V	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 fundringing agent listed in Section 112.	Date	Received	Aggregate Contributions	1				
Tunidraising event instead in Section 31:								
If yes, list Event # 01262014A Cash Cash Personal Check One of the content of	01/	26/2014	\$75.00		\$75.00			
	F: .			1.0	C C C D "			
Last Name Belchak	First	Stephen		MI	Contribution ID # 0266			
Residential Street Address	City	эсерпеп		State	Zip Code			
144 Morningside Ct	,	Shelton		CT	06484			
Principal Occupation		Name of Employ	er		!			
Fin Manager		Daym	on Worldwide					
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	ant of Contribution			
If yes, indicate which branch or branches of		аеренаен спиа с	x No					
government the contract is with:	D. /	Bassive-1		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	01/	26/2014	\$100.00		\$100.00			
If yes list Event # 01262014A Money Order Credit/Debit Card	ı -, .	•	,	1				

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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) Lauretti Governor 2014								
			April 10 Filing - Original					
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Zomzinsky		Chester		Α	0267			
Residential Street Address	City	F-:-6:-14		State	Zip Code			
105 Royal Ave Principal Occupation	L	Fairfield Name of Employe	or.	СТ	06484			
Tindpai Occupation		Retire						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ınt of Contribution			
	0	dependent child of	if 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]				
Cash Personal Check								
If yes, list Event # 01262014A No Money Order Credit/Debit Card	01/	26/2014	\$75.00		\$75.00			
Last Name	First			MI	Contribution ID #			
Pace Jr	First	Lawrence		F	0268			
Residential Street Address	City	Lawrence		State	Zip Code			
655 Reservoir Ave		Bridgeport		СТ	06606			
Principal Occupation		Name of Employ	er	-	•			
Contractor		ASL C	ontracting					
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	i a lobbyist?					
government the contract is with: Executive Legislative	L	D 1 1	X No	4				
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	01/	26/2014	\$100.00		\$100.00			
If yes, list Event # 01262014A	01/	20,2011	\$100.00	<u></u>	4100.00			
Last Name	First			MI	Contribution ID #			
Corrado		Yvonne			0269			
Residential Street Address	City			State	Zip Code			
79 Cooper Rd		West Haven		СТ	06516			
Principal Occupation		Name of Employ						
Admin Assist		WH B		 				
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	unt 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 fundricing over listed in Scotlon 112. X Yes Method of contribution:	Date	Received	Aggregate Contributions	1				
Tunidraising event instead in Section 31:								
If yes, list Event # 01262014A	01/	26/2014	\$100.00		\$100.00			
If yes, his Event # 01202014A				<u> </u>				
Last Name	First			MI	Contribution ID #			
Llewellyn	a:	Evans		-	0270			
Residential Street Address 11 Ash Ln	City	Couthbury		State CT	Zip Code 06488			
Principal Occupation		Southbury Name of Employe	er	1 61	00400			
Timerpal Occupation		N/A	•					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ant of Contribution			
If we indicate which branch or branches of	D	dependent child of	•					
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					
Tunidasing event instead in Section 31:								
If yes list Event # 01262014A	01/	26/2014	\$100.00	1	\$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 Lauretti Governor 2014 April 10 Filing - Original					
Lauretti Governor 2014			7 pin 10 rining Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Chen		Bi Lian			0271
Residential Street Address	City	Q1 11		State	Zip Code
100 Parrott Dr .	L	Shelton		СТ	06484
Principal Occupation Owner		Name of Employ Red L			
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	3	
fundraising event listed in Section J1?	Date	received	riggiogate Contributions		
If yes, list Event # X No X Cash Personal Check Money Order Credit/Debit Card	01/2	26/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Wang	1 1150	Larry			0272
Residential Street Address	City			State	Zip Code
100 Parrott Dr .		Shelton		СТ	06484
Principal Occupation		Name of Employ	er		•
Owner		Red L	otus		
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	x N	o	
Is this contribution associated with a Section III Yes Method of contribution:	Date	Received	Aggregate Contributions	_	
fundraising event listed in Section J1? X No Personal Check	01/:	26/2014	\$100.00		\$100.00
If yes, list Event #			7		
Last Name	First			MI	Contribution ID #
Balamaci		Cris		S	0274
Residential Street Address	City			State	Zip Code
15 Cottage Ct		Shelton		СТ	06484
Principal Occupation		Name of Employ	^{er} chester Medical		
VP/PA Is contributor a principal of a state contractor or prospective state contractor?				Amo	unt of Contribution
Yes A No)	dependent child of	of a lobbyist?	es	ant 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 # 01262014A	01/	26/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Kochiss	11130	Alexander		WII	0275
Residential Street Address	City			State	Zip Code
396 Oldfield Rd .		Fairfield		СТ	06824
Principal Occupation		Name of Employ	er		•
Project Manager		СОВ			
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: Executive Legislative			x N	0	
Is this contribution associated with a fundaming awart listed in Section 112.	Date	Received	Aggregate Contributions	7	
Tundraising event risted in Section 31?					
If yes list Event # 01262014A No Cash Credit/Debit Card	01/2	26/2014	\$50.00		\$50.00

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Lauretti Governor 2014			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Licitra		John			0279				
Residential Street Address	City			State	Zip Code				
1062 Wells Pl		Stratford		СТ	06615				
Principal Occupation		Name of Employ N/A	er						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	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 fundraising event listed in Section 112	Date	Received	Aggregate Contributions						
Cash Personal Check	l								
If yes, list Event # 01262014A No Money Order Credit/Debit Card	01/	26/2014	\$75.00		\$75.00				
Last Name	First			MI	Contribution ID #				
Hefbauer	Tiist	Michael		IVII	0280				
Residential Street Address	City			State	Zip Code				
31 Meghan Ln		Shelton		СТ	06484				
Principal Occupation		Name of Employ	er		•				
Officer		CT DE	SPP	-					
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		dependent ennu (
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 Cash X Personal Check	01/	26/2014	\$100.00		\$100.00				
If yes, list Event # 01262014A		-, -	,						
Last Name	First			MI	Contribution ID #				
Kaoud		Abraham			0281				
Residential Street Address	City			State	Zip Code				
31 Grove Hill Rd .	<u> </u>	Woodbridge		СТ	06525				
Principal Occupation		Name of Employ	er						
Salesman 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		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 # 01262014A	01/	26/2014	\$100.00		\$100.00				
I and Name	Einst				Contribution ID#				
Last Name Kaoud	First	Aida		MI	Contribution ID # 0282				
Residential Street Address	City	Alda		State	Zip Code				
31 Grove Hill Rd .		Woodbridge		СТ	06525				
Principal Occupation	•	Name of Employ	er		•				
		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	a lobbyist?						
government the contract is with: Legislative Legislative Mathed of contribution:	D-4	Dagaired							
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/	26/2014	\$100.00		\$100.00				
If yes, list Event # 01262014A	l í		·	I					

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Lauretti Governor 2014 April 10 Filing - Original								
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Callahan		Francis		Е	0283			
Residential Street Address	City			State	Zip Code			
85 Nutmeg Rd .	<u> </u>	Bridgeport		СТ	06610			
Principal Occupation Property Manager		Name of Employ	er Real Estate					
			11 1 ·	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 fundamining event listed in Section 112	Date	Received	Aggregate Contributions					
Tunidialising event listed in Section 31:								
If yes, list Event # 01262014A No Money Order Credit/Debit Card	01/	26/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Salzer	FIISt	Dennis		IVII	0284			
Residential Street Address	City	Dennis		State	Zip Code			
418 Long Hill Ave .		Shelton		СТ	06484			
Principal Occupation	•	Name of Employ	er		•			
		Retire	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	unt of Contribution			
If yes, indicate which branch or branches of		dependent child (
government the contract is with: Legislative Legislative	Dete	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/	26/2014	\$50.00		\$50.00			
If yes, list Event # 01262014A	01/	20, 201 .	φ30.00					
Last Name	First			MI	Contribution ID #			
Gannon		Diane			0285			
Residential Street Address	City			State	Zip Code			
21 Shelview Dr S	<u> </u>	Shelton		СТ	06484			
Principal Occupation		Name of Employ						
Senior Center Is contributed a principal of a state contractor or promoctive state contractor?			f Shelton obbyist, spouse, or	Amor	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	dependent child of		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 fundamining event listed in Section 112.	Date	Received	Aggregate Contributions					
Tunidialising event listed in Section 31:								
If yes, list Event # 01262014A No Money Order Credit/Debit Card	01/	26/2014	\$50.00		\$50.00			
	L .			l				
Last Name	First	William		MI	Contribution ID #			
Gannon Residential Street Address	City	vviiiiaiii		State	0286 Zip Code			
21 Shelview Dr	City	Shelton		CT	06484			
Principal Occupation		Name of Employ	er	!				
Sales		USES	I					
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	Б.	D : 1	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/	26/2014	\$50.00		\$50.00			
If yes, list Event # 01262014A	I 51/		Ψ50.00	l	450.00			

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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						
Lauretti Governor 2014			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
		ii viuuuis		MI	Contribution ID #				
Last Name Garofalo	First	Paul		MI	Contribution ID # 0287				
Residential Street Address	City			State	Zip Code				
24 Webb Ter		Ansonia		СТ	06401				
Principal Occupation		Name of Employ	er	-	•				
WPCA		Bridge	eport	_					
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 fundamining event listed in Section 112	Date	Received	Aggregate Contributions						
X Cosh Parsonal Check									
If yes, list Event # 01262014A No Money Order Credit/Debit Card	01/2	26/2014	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
Garofalo	FIISt	Donna		IVII	0288				
Residential Street Address	City	Domia		State	Zip Code				
24 Webb Ter	City	Ansonia		CT	06401				
Principal Occupation		Name of Employ	or .	Ci	00401				
Pharm Cert Tech			ncent Med Centerq						
			obbyist snouse or	Amou	ınt 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 event listed in Section 112	Date	Received	Aggregate Contributions						
rundraising event fisted in Section 31?									
If yes, list Event # 01262014A	01/2	26/2014	\$50.00		\$50.00				
	г				C C C D				
Last Name Chazal	First	Elie		MI	Contribution ID # 0291				
Residential Street Address	City			State	Zip Code				
464 Howe Ave		Shelton		СТ	06484				
Principal Occupation		Name of Employ	er		!				
		Self e	mployed						
Is contributor a principal of a state contractor or prospective state contractor?			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 fundaciona quent listed in Section 112	Date	Received	Aggregate Contributions						
Tunidasing event listed in Section 31:									
If yes, list Event # 01262014A No Anney Order Credit/Debit Card	01/2	26/2014	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
Caruso	THSC	Nicholas		1411	0293				
Residential Street Address	City	TVICITOIGS		State	Zip Code				
526 Main St	City	Branford		CT	06405				
Principal Occupation		Name of Employ	er						
			pring Consultant						
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 ciniu (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	Received	Aggregate Contributions						
No Cash X Personal Check	01/	26/2014	\$100.00		\$100.00				
If yes, list Event # 01262014A	۱ ٽ ^ت ''	,	Ψ100.00	I	T = 00.00				

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Lauretti Governor 2014			April 10 Filing - Original					
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Caruso		Christina			0294			
Residential Street Address	City			State	Zip Code			
526 Main St Apt A	L	Branford		СТ	06405			
Principal Occupation		Name of Employ N/A	er					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ant of Contribution			
Yes X No	D	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 # 01262014A No Money Order Credit/Debit Card	01/2	26/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Hiller	1 1150	Patricia		В	0292			
Residential Street Address	City			State	Zip Code			
3745 Burr St		Fairfield		СТ	06824			
Principal Occupation		Name of Employ	er		-			
		Retire						
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 e						
government the contract is with:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions					
No Cash X Personal Check	01/2	26/2014	\$100.00		\$100.00			
If yes, list Event # 01262014A			•					
Last Name	First			MI	Contribution ID #			
Casertano		Jean			0681			
Residential Street Address	City			State	Zip Code			
57 Oak Ave	<u> </u>	Shelton		СТ	06484			
Principal Occupation Driver		Name of Employ	er orkes Florist					
			obbyist snouse or	Amor	unt of Contribution			
Yes 🔼 No	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 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	01/2	26/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Ades	1 1150	Alan			0383			
Residential Street Address	City			State	Zip Code			
19 Hesthcote Rd		Scarsdale		NY	10583			
Principal Occupation		Name of Employ	er	•	-			
Real Estate Exc			/ Realty					
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		. p	x No					
Is this contribution associated with a Mathod of contribution.	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?			55 -5					
X No	01/2	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 April 10 Filing - Original					
Lauretti Governor 2014			April 10 Tilling - Original					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Ades		Robert		<u> </u>	0384			
Residential Street Address	City			State	Zip Code			
31 Old Stone Hill Rd	L	Pound Ridge		NY	10576			
Principal Occupation Executive Real Estate		Name of Employer Rugby	r Realty					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le	obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent enna o	x _{No}					
In 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 Credit/Debit Card	01/2	27/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Bosch	1 1150	Judy		""	0390			
Residential Street Address	City	Juay		State	Zip Code			
6071 Main St		Trumbull		СТ	06611			
Principal Occupation		Name of Employ	er	-	•			
		Retire	ed					
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	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	01/2	27/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Burke		Ryan			0315			
Residential Street Address	City			State	Zip Code			
67 Beecher Ave .		Shelton		СТ	06484			
Principal Occupation		Name of Employe						
Law			ecticut					
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	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	01/2	27/2014	\$100.00		\$100.00			
-					I			
Last Name Greco Sr.	First	Vincent		MI	Contribution ID #			
Residential Street Address	City	Vincent		State	0316 Zip Code			
187 Shagbark Dr .	City	Derby		CT	06418			
Principal Occupation		Name of Employe	er	1				
		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	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 Yes Respond Check								
If yes list Event # Cash X Personal Check Cash X Personal Check Credit/Debit Card	01/2	28/2014	\$100.00		\$100.00			

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Lauretti Governor 2014			April 10 Filing - Original					
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Pagliaro, Jr.		Joseph		Α	0317			
Residential Street Address	City			State	Zip Code			
390 River Rd .		Shelton		СТ	06484			
Principal Occupation		Name of Employ	er	-				
Director		River	view Funeral					
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-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 X Personal Check	01/	28/2014	\$100.00		\$100.00			
If yes, list Event # Money Order	01/.	28/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Carbone	11130	Bing		J	0322			
Residential Street Address	City	Dirig		State	Zip Code			
5 High Meadow Rd .	City	Shelton		CT	06484			
Principal Occupation		Name of Employ	er	<u> </u>	1 00 10 1			
Prsident			rn Plastics					
			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 Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
X No Cash X Personal Check	01/	28/2014	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
D Addario		Daniel			0375			
Residential Street Address	City			State	Zip Code			
50 Wedgewood Rd Unit D		Stratford		СТ	06614			
Principal Occupation		Name of Employ	er					
Auto		Mario	D'Addario Buick					
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	or a robbyist?					
government the contract is with: Executive			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		20/2011			1100.00			
If yes, list Event # No Money Order Credit/Debit Card	01/.	28/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Williams	1 1130	Alina		1411	0355			
Residential Street Address	City	Aiiiu		State	Zip Code			
195 Bridgeport Ave	City	Shelton		CT	06484			
Principal Occupation		Name of Employ	er		,			
			p Wickie Healthcare					
Is contributor a principal of a state contractor or prospective state contractor?	2	Is contributor a l	obbyist, spouse, or	Amou	unt 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 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/	28/2014	\$50.00		\$50.00			

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Lauretti Governor 2014			April 10 Filing - Original					
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Perry		Frank			0357			
Residential Street Address	City			State	Zip Code			
195 Bridgeport Ave		Shelton		СТ	06484			
Principal Occupation		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:			x _{No}					
Is this contribution associated with a Section 112 Yes 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/	28/2014	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Edelwich	FIISt	Jerry		IVII	0350			
Residential Street Address	City	30117		State	Zip Code			
29 Old Johnson Ln		Middletown		СТ	06450			
Principal Occupation	•	Name of Employ	er		•			
psychiatrist		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: Executive Legislative		n : 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 X Personal Check	01/	29/2014	\$100.00		\$100.00			
If yes, list Event #	01/	25/2011	\$100.00		4100.00			
Last Name	First			MI	Contribution ID #			
Furnari		Joseph		L	0333			
Residential Street Address	City			State	Zip Code			
67 Hillston Rd .		Trumbull		CT	06611			
Principal Occupation		Name of Employ	er					
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		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 Personal Check Money Order Credit/Debit Card	01/	29/2014	\$100.00		\$100.00			
I av	F: /			\ r_	C C C D			
Last Name DiLaprio	First	Barbara		MI A	Contribution ID # 0334			
Residential Street Address	City	Darbara		State	Zip Code			
5 Mansfield Grove Rd .		East Haven		СТ	06512			
Principal Occupation		Name of Employ	er		•			
Office Manager		Trash	MAster					
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 Mathed of contribution:	D-4	Dagaired						
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	01/	29/2014	\$100.00		\$100.00			
If yes, list Event #	Ι΄.		·	Ī				

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L MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	- (TYPE OF REPORT					
Lauretti Governor 2014			April 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Scalesse		Carol			0335			
Residential Street Address	City			State	Zip Code			
123 Angela Dr .		East Haven		СТ	06512			
Principal Occupation		Name of Employ	er	•	•			
Dispatcher		Trash	Master					
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 X Personal Check	01/	29/2014	\$100.00		\$100.00			
If yes, list Event # Money Order	01/.	29/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Acri	1 1100	Ann			0336			
Residential Street Address	City			State	Zip Code			
100 Burr St		New Haven		СТ	06510			
Principal Occupation	•	Name of Employ	er					
Bookkeeper		Trash	Master					
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 Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
Tunidraising event instead in Section 71:								
If yes, list Event # Cash Credit/Debit Card	01/	29/2014	\$100.00		\$100.00			
				L				
Last Name	First	Dalah		MI	Contribution ID #			
DiCaprio Jr Residential Street Address	City	Ralph		State	0337 Zip Code			
385 Coe Ave Unit 3	City	East Haven		CT	06512			
Principal Occupation		Name of Employ	er	Ci	00312			
Supervisor			Master					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	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 Society 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
Tundraising event risted in Section 31?								
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	01/	29/2014	\$100.00		\$100.00			
	L							
Last Name	First	14		MI	Contribution ID #			
DiCaprio Residential Street Address	City	Karen		Ct-t-	0338			
1112 Westwood Rd .	City	Hamden		State CT	Zip Code 06518			
Principal Occupation		Name of Employ	er	Ci	00510			
Book Keeper			waste Inc					
			.1.1	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					
Talliand and special in Section 31:								
If yes, list Event # Cash Credit/Debit Card	01/	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 April 10 Filing - Original					
Lauretti Governor 2014 April 10 Filing - Original								
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
DiCaprio		Barbara		J	0339			
Residential Street Address	City			State	Zip Code			
229 Branford Rd Unit 309		North Branfo		СТ	06471			
Principal Occupation Sales		Name of Employ	er Master					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or For labbridge Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent child o	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 X Personal Check Money Order Credit/Debit Card	01/	29/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Nitsch		Marisa			0340			
Residential Street Address	City			State	Zip Code			
11 Lee Rd		Prospect		СТ	06712			
Principal Occupation		Name of Employe	er	-	-			
		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:		асренает сппа о	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 Cash X Personal Check	01/	29/2014	\$100.00		\$100.00			
If yes, list Event #			7					
Last Name	First			MI	Contribution ID #			
DiCaprio		Ralph			0341			
Residential Street Address	City			State	Zip Code			
5 Mansfield Grv		East Haven		СТ	06512			
Principal Occupation		Name of Employer Self	er					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ant of Contribution			
Yes A 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	Date	Received	Aggregate Contributions					
Tunidasing event instead in Section 31:								
If yes, list Event # Cash Credit/Debit Card	01/	29/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
DeVeglia		Cynthia			0342			
Residential Street Address	City			State	Zip Code			
310 Russo Dr		Hamden		СТ	06518			
Principal Occupation		Name of Employe						
Manager Is contributor a principal of a state contractor or prospective state contractor?			waster Inc obbyist, spouse, or	Amou	unt of Contribution			
is contributor a principal of a state contractor or prospective state contractor?)	dependent child o	Va	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 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 Cash Ca	01/	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						
Lauretti Governor 2014			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Kudej		Vivian		S	0442				
Residential Street Address	City			State	Zip Code				
105 Prospect Ave		Shelton		СТ	06484				
Principal Occupation	•	Name of Employ	er						
		N/A							
Is contributor a principal of a state contractor or prospective state contractor?	_		obbyist, spouse, or Yes	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 Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
Tunidassing event instead in Section 31:									
If yes, list Event # Cash Personal Check Value Cash Personal Check Personal Check Credit/Debit Card Credit/Debit	01/	29/2014	\$25.00		\$25.00				
in yes, list Event #									
Last Name	First			MI	Contribution ID #				
Kudej Sr		David		J	0445				
Residential Street Address	City			State	Zip Code				
105 Prospect Ave	L	Shelton		СТ	06484				
Principal Occupation		Name of Employ	er						
Sheetmetal Foreman			Enterprises	-					
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 labbyist? 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 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/	29/2014	\$25.00		\$25.00				
L AV	F: .				G (3) B #				
Last Name	First			MI	Contribution ID #				
Matto Residential Street Address	City	Salvatore		State	0351				
41 Fanny St	City	Shelton		CT	Zip Code 06484				
Principal Occupation	<u> </u>	Name of Employ	or	Ci	00404				
Timepai occupation		N/A	Ci						
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 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						
fundraising event listed in Section J1?									
X No Cash X Personal Check	01/	29/2014	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Patrignelli		Robert		J	0698				
Residential Street Address	City			State	Zip Code				
478 Lalley Blvd		Fairfield		CT	06824				
Principal Occupation		Name of Employ	er						
Dermatology		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						
tundraising event risted in Section 31?									
If yes, list Event # Cash Credit/Debit Card	01/	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 April 10 Filing - Original					
Lauretti Governor 2014			April 10 Tilling - Original					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Ciccone		Nicholas			0343			
Residential Street Address	City			State	Zip Code			
3 Lantern Hill Rd .		Trumbull		СТ	06611			
Principal Occupation Teacher		Name of Employ Bpt. E	er Brd. 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 Executive Legislative		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?			36 -8					
If yes, list Event # Cash X Personal Check Money Order Credit/Debit Card	01/	30/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Zikis	11130	Theresa		WII	0330			
Residential Street Address	City			State	Zip Code			
12 E Gate Ln		Hamden		СТ	06514			
Principal Occupation		Name of Employ	er	•	•			
Admin Assistant		Middle	esex Stone					
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 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	01/	30/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Bashar		Debbie			0352			
Residential Street Address	City			State	Zip Code			
195 Bridgeport Ave		Shelton		СТ	06484			
Principal Occupation		Name of Employ	er					
Plant Admin		Equip						
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	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 Yes Yes	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? X No	01/	30/2014	\$50.00		\$50.00			
				1				
Last Name	First	Funnit		MI	Contribution ID #			
Perry Residential Street Address	City	Frank		State	0354 Zip Code			
195 Bridgeport Ave .	City	Shelton		CT	06484			
Principal Occupation		Name of Employ	er	1				
		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?	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	1				
tundraising event listed in Section 31?								
If yes list Event # Cash Credit/Debit Card	01/	30/2014	\$50.00		\$50.00			

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L MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	(,	TYPE OF REPORT					
Lauretti Governor 2014			April 10 Filing - Original					
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Picarazzi		Michael			0371			
Residential Street Address	City			State	Zip Code			
160 Gilman St .	<u> </u>	Bridgeport		СТ	06605			
Principal Occupation		Name of Employ						
Construction			& Sons Construction					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	о	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 Method of contribution:	Date	Received	Aggregate Contributions	1				
fundraising event listed in Section J1? Yes Cash Personal Check								
X No	01/3	30/2014	\$100.00		\$100.00			
in yes, list Event #								
Last Name	First			MI	Contribution ID #			
Picarazzi Jr		Guido			0372			
Residential Street Address	City	-		State	Zip Code			
17 Blackhawk Rd Principal Occupation	<u> </u>	Trumbull Name of Employ	or.	СТ	06611			
Construction			& Sons Construction					
			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	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				
fundraising event listed in Section J1? Yes Cash Personal Check								
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	01/3	30/2014	\$100.00		\$100.00			
	l			l				
Last Name	First			MI _	Contribution ID #			
Sym	o:	Thomas		E	1372			
Residential Street Address 17 Walnut Avenue Ext	City	Shelton		State CT	Zip Code 06484			
Principal Occupation	<u> </u>	Name of Employ	er	Ci	00404			
- Imerpar occupanion			of Shelton					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ant of Contribution			
Yes A 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 Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions	1				
Tundraising event listed in Section 31?								
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	01/3	30/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Zuccarini	1 1150	Dan			0369			
Residential Street Address	City			State	Zip Code			
22 Meadow Ridge Dr		Shelton		СТ	06484			
Principal Occupation	•	Name of Employ	er					
VP		Chart	er Oak Financial					
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	Is contributor a la dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		acpendent enila (x No					
government the contract is with: Legislative Legislative Mathed of contribution:	D-4	Dagaiyad						
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	01/	31/2014	\$100.00		\$100.00			
If yes, list Event #	I "-"	-, -017	Ψ100.00		7-30.00			

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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		
Lauretti Governor 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Zuccarini		Laura		Т	0370
Residential Street Address	City			State	Zip Code
22 Meadown Ridge Dr	L	Shelton		СТ	06484
Principal Occupation		Name of Employ	er		
		N/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 government the contract is with: Executive Legislative			x _{No}		
Takin mailudin mailudin — Makadafan di	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1? Yes Yes The contribution associated with a fundraising event listed in Section J1? Yes Yes Yes Resonal Check					
X No The case of t	01/3	31/2014	\$100.00		\$100.00
If yes, list Event#					
Last Name	First			MI	Contribution ID #
Skinner		Robert Shade	e		0356
Residential Street Address	City			State	Zip Code
152 Longhill Cross Rdq	L	Shelton		СТ	06484
Principal Occupation		Name of Employ	er		
construction 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 N	0	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? Yes X Cash Personal Check					
If yes, list Event #	01/3	31/2014	\$100.00		\$100.00
in yes, list Event #					
Last Name	First			MI	Contribution ID #
Servidio		Lisa			0353
Residential Street Address	City			State	Zip Code
152 Longhill Cross Rd .	<u> </u>	Shelton		СТ	06484
Principal Occupation		Name of Employ			
Designer Is contributor a principal of a state contractor or prospective state contractor?		-	Printing obbyist, spouse, or	Amou	ant of Contribution
is contributor a principal of a state contractor or prospective state contractor? Yes N	o	dependent child of		7 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 31:					
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/3	31/2014	\$100.00		\$100.00
I you, in 2 teams of the care					
Last Name	First			MI	Contribution ID #
Perrotti Jr		Frank			0332
Residential Street Address 305 Spruce Bank Rd .	City	Hamadan		State	Zip Code
Principal Occupation		Hamden Name of Employ	er	СТ	06518
Real Estate		Self	Ci		
			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	1	
Table 1 Table 2 Tabl					
If yes, list Event # Cash Cash Personal Check No Money Order Credit/Debit Card	01/3	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)			TYPE OF REPORT					
Lauretti Governor 2014			April 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Ricci		John		K	0346			
Residential Street Address	City			State	Zip Code			
2675 Park Ave .		Bridgeport		СТ	06604			
Principal Occupation		Name of Employ						
In contributors a minimal of a state contractor or precedents state contractor?		Retire	obbyjet energe or	1 1	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child o		Aillou	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 Yes Method of contribution:	Date	Received	Aggregate Contributions					
tundraising event listed in Section 31?								
If yes, list Event # Cash Credit/Debit Card	01/3	31/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Hinman	riist	Elaine		IVII	0347			
Residential Street Address	City	Liuine		State	Zip Code			
247 Grove St		Shelton		СТ	06484			
Principal Occupation		Name of Employ	er					
		Retire	d					
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:			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		24 /224 4	450.00		\			
If yes, list Event #	01/.	31/2014	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Hinman		Robert			0348			
Residential Street Address	City			State	Zip Code			
247 Grove St		Shelton		СТ	06484			
Principal Occupation		Name of Employ	er	-				
		Retire	d					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or If a lobbyist? Yes	Amou	nt of Contribution			
If was indicate which branch or branches of		dependent child of	i u 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 X Personal Check	01/	31/2014	\$50.00		\$50.00			
If yes, list Event #	01/.	31/2014	\$50.00		¥30.00			
Last Name	First			MI	Contribution ID #			
Lombardi		Tom			0345			
Residential Street Address	City			State	Zip Code			
41 Oak St		Southington		СТ	06489			
Principal Occupation		Name of Employ	er					
Accountant			r Plan Development Co					
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		sependent ennu e	x No					
government the contract is with:	Data	Received	Aggregate Contributions	-				
fundraising event listed in Section J1?	Date	received	Asgregate Contributions					
X No Cash X Personal Check	02/0	01/2014	\$100.00		\$100.00			
If yes list Event # Money Order Credit/Debit Card	I '	-		1	•			

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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		
Lauretti Governor 2014			7 April 10 Filling Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Nimons		William		С	0344
Residential Street Address	City			State	Zip Code
85 Pulaski Hwy Principal Occupation	<u> </u>	Ansonia		СТ	06401
Finance		Name of Employ City O	f Ansonia		
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	5	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?	Date	Received	Aggregate Contributions		
If yes, list Event # Cash X Personal Check Money Order	02/	01/2014	\$100.00		\$100.00
	L			I	Га и
Last Name	First	Chuistanhau		MI	Contribution ID #
Gallo Residential Street Address	City	Christopher		A State	0349 Zip Code
16 Centerville Dr .	City	Shelton		CT	06484
Principal Occupation		Name of Employ	er	<u> </u>	00101
СРА		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	o O	dependent child of	of a lobbyist?		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?					
If yes, list Event # X No X Cash Personal Check Money Order Credit/Debit Card	02/	01/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Moran		Adelaide			0367
Residential Street Address	City			State	Zip Code
60 Langworthy Ave		Stonington		СТ	06378
Principal Occupation		Name of Employ	er		
Teacher			yme BofEd		
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 government the contract is with: Executive Legislative			x No		
Is this contribution associated with a	Date	Received	Aggregate Contributions		
tundraising event risted in Section 31:					
If yes, list Event # Cash Credit/Debit Card	02/	03/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Ades		Maurice			0382
Residential Street Address	City			State	Zip Code
239 Central Park W Apt 2A		New York		NY	10024
Principal Occupation		Name of Employ			
Real Estate Exc Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	A	nt of Contribution
is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	dependent child of	Voc	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? Yes Yes Respond Check					
If yes list Event # Cash X Personal Check Cash X Personal Check Credit/Debit Card	02/	04/2014	\$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)					
Lauretti Governor 2014					
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Macary		Meaghan		Α	0411
Residential Street Address	City			State	Zip Code
30 Central Ave	L	Wolcott		СТ	06716
Principal Occupation Teacher		Name of Employ	^{er} f Waterbury		
				Amou	ant of Contribution
Yes X N	О	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 Yes Method of contribution:	Date	Received	Aggregate Contributions		
iundraising event listed in Section 31?					
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	02/	05/2014	\$100.00		\$100.00
					1
Last Name	First			MI	Contribution ID #
Kane Residential Street Address	City	Sean		P State	0377 Zip Code
71 Rangely Rd .	City	Trumbull		CT	06611
Principal Occupation		Name of Employ	er	Ci	00011
· I- · · · · · · · · ·		N/A			
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ant of Contribution
Yes X N 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 Yes Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1? X No	l				
If yes, list Event # Money Order Credit/Debit Card	02/	05/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Walsh	l list	Molly		M	0380
Residential Street Address	City			State	Zip Code
276 Boulder Hill Dr		Shelburne		VT	05482
Principal Occupation	-	Name of Employ	er	=	•
		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 enna (in a robbyrst:		
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/	05/2014	\$100.00		\$100.00
If yes, list Event #		,			
Last Name	First			MI	Contribution ID #
Walsh		Michael		Т	0381
Residential Street Address	City			State	Zip Code
276 Boulder Hill Rd		Shelburne		VT	05482
Principal Occupation		Name of Employ			
Insurance			ett Valine MacDonald	Amou	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}		
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	02/	05/2014	\$100.00		\$100.00

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Lauretti Governor 2014			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Moseley		Robert			0365				
Residential Street Address	City			State	Zip Code				
235 Huntington St .		Shelton		СТ	06484				
Principal Occupation		Name of Employ	er						
editor/journalist		Hears	t Publish						
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 roodyrst?						
government the contract is with:		D 1 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//	DE /2014	¢100.00		¢100.00				
If yes, list Event # Money Order Credit/Debit Card	02/0	05/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Barry II	1 1150	Frederick			0391				
Residential Street Address	City	110001101		State	Zip Code				
100 Marina Dr .	ĺ	Quincy		МА	02171				
Principal Occupation		Name of Employ	er	!					
Pres		Perm	Technology						
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	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						
initialising event instead in Section 71:									
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	02/0	05/2014	\$100.00		\$100.00				
T. AV	F: .				Louis B"				
Last Name Peterson	First	David		MI	Contribution ID # 0435				
Residential Street Address	City	Daviu		State	Zip Code				
13 Sailors Ln	City	Milford		CT	06460				
Principal Occupation		Name of Employ	er	<u> </u>	1 00.00				
HR Manager		Terex							
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 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	02/0	05/2014	\$50.00		\$50.00				
T. O.	F: .			 \	Louis B"				
Last Name Peterson	First	Mog		MI	Contribution ID # 0436				
Residential Street Address	City	Meg		State	Zip Code				
13 Sailors Ln	City	Milford		CT	06460				
Principal Occupation		Name of Employ	er	<u> </u>	1 00 .00				
Finance Dir			dwaters Inc						
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 roodyrst?						
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	02/0	05/2014	\$50.00		\$50.00				

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I MONETADY DECEMBER (6 - 42 A D									
I. MONETARY RECEIPT	S (S	ection A-I)	1						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT						
Lauretti Governor 2014			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Orkisz		Alicia			0392				
Residential Street Address	City			State	Zip Code				
4 Landmark Dr .		Bridgewater		СТ	06752				
Principal Occupation		Name of Employ	er						
Timepat occupation		stude							
Is contributor a principal of a state contractor or prospective state contractor?			abbrief analysis of	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	37	Aillou	iit of Collification				
If yes, indicate which branch or branches of									
government the contract is with:									
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	02/	06/2014	\$100.00		\$100.00				
in yes, list Event #									
Last Name	First			MI	Contribution ID #				
Orkisz		Thomas			0393				
Residential Street Address	City			State	Zip Code				
4 Landmark Dr .		Bridgewater		СТ	06752				
Principal Occupation		Name of Employ	on.	Ci	00732				
		1 7							
Executive			Plastics	1					
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 Yes Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
X No Cash Personal Check	02/	06/2014	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card			,						
Last Name	First			MI	Contribution ID #				
Orkisz	1 1130	Mae		1411	0394				
	O.	Mae		a					
Residential Street Address	City			State	Zip Code				
4 Landmark Dr .		Bridgewater		СТ	06752				
Principal Occupation		Name of Employ	er						
Engineer		Inline	Plastics						
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						
fundraising event listed in Section J1?									
X No Cash Personal Check	02/	06/2014	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card	,		,						
Last Name	First			MI	Contribution ID #				
Beckwith	First	F							
		E		q	0395				
Residential Street Address	City			State	Zip Code				
30 Brentley Dr .	L	Shelton		СТ	06484				
Principal Occupation		Name of Employ	er						
CEO		AEB							
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		cind	·						
government the contract is with:			x _{No}						
Is this contribution associated with a Yes Yes	Date	Received	Aggregate Contributions						
rundraising event listed in Section 31?									
If yes, list Event # Cash Credit/Debit Card	02/	06/2014	\$100.00		\$100.00				
1. jes, list ryolity Order La Credit/Debit Cald									

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I. MONETARY RECEIPTS (Section A-I)									
	2 (20	ection A-1)	TYPE OF DEPONT						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Lauretti Governor 2014			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Orkisz		Jeremy			0396				
Residential Street Address	City			State	Zip Code				
4 Landmark Dr		Bridgewater		СТ	06752				
Principal Occupation		Name of Employ	er						
		stude	nt						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	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}						
Is this contribution associated with a Grand History Head of Contribution: Yes Method of contribution:	Date	Received	Aggregate Contributions	1					
tundraising event listed in Section 31?									
X No Cash Personal Check	02/	06/2014	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card									
Last Name	First			MI	Contribution ID #				
Simmonetti		Nicholas			0419				
Residential Street Address	City			State	Zip Code				
6 Hayfield		Shelton		CT					
Principal Occupation		Name of Employ	or	<u> </u>					
Financial Advisor		1 7							
			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	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: Yes	Date	Received	Aggregate Contributions						
If yes, list Event # Cash Anney Order Credit/Debit Card	02/	06/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Bograd		Barbara			0421				
Residential Street Address	City			State	Zip Code				
18 Canterbury Rd .		Hamden		СТ	06514				
Principal Occupation		Name of Employ	er						
		Retire	ed						
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						
Is this contribution associated with a fundacing event listed in Section 112	Date	Received	Aggregate Contributions	1					
Tandarasing event insect in Section 31:									
× No F cash	02/	06/2014	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Bodis		Alfred		К	0422				
Residential Street Address	City			State	Zip Code				
27 Fieldstone Dr .		Shelton		СТ	06484				
Principal Occupation		Name of Employ	er		00.0.				
. L L.		Retire							
Is contributor a principal of a state contractor or prospective state contractor?			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	1					
fundraising event listed in Section J1?									
X No Cash X Personal Check	02/	06/2014	\$25.00		\$25.00				
If yes, list Event # Money Order Credit/Debit Card	52/	/ <u>-</u>	Ψ25.00						

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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						
Lauretti Governor 2014			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Wilson Jr		Cornelious			0418				
Residential Street Address	City			State	Zip Code				
48 Rock Ridge Rd		Shelton		СТ	06484				
Principal Occupation		Name of Employ	er						
Insuracne		1 ,	n Agency						
			obbyist, spouse, or	A.m.o.	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						
tundraising event risted in Section 31?									
No I =	02/0	06/2014	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Hutchinson IV		Ernest James	3		0366				
Residential Street Address	City			State	Zip Code				
322 Leavenworth Rd .	City	Shelton		CT	06484				
				CI	00404				
Principal Occupation		Name of Employ							
		-	f Shelton						
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 X Personal Check	02/0	06/2014	\$100.00		\$100.00				
If yes, list Event #	02,	00,201.	Ψ200.00						
Last Name	First			MI	Contribution ID #				
	FIISt								
Dowty		Jane		W	0368				
Residential Street Address	City			State	Zip Code				
129 E Village Rd .		Shelton		СТ	06484				
Principal Occupation		Name of Employ	er						
Admin		City o	f Shelton						
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	02/	06/2014	\$100.00		\$100.00				
If yes, list Event # Money Order Credit/Debit Card	02/	00/2014	Ψ100.00		Ψ100.00				
Last Name	First			MI	Contribution ID #				
Kelly		Charles		L	0378				
Residential Street Address	City			State	Zip Code				
30 Perch Rd .		Shelton		CT	06484				
Principal Occupation		Name of Employ	er						
		Retire	ed						
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 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						
					1400.05				
If yes, list Event # Cash Credit/Debit Card	02/0	06/2014	\$100.00		\$100.00				

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I. MONETARY RECEIPTS (Section A-I)									
	5 (5 6	ection A-1)	TYPE OF PEROPE						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Lauretti Governor 2014			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Frascatore		Michael		Α	0379				
Residential Street Address	City			State	Zip Code				
215 Ripton Rd .		Shelton		СТ	06484				
Principal Occupation		Name of Employ	er						
Real Estate		Codw	ell Banker						
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 instea in section 11:									
X No Cash X Personal Check	02/0	06/2014	\$100.00		\$100.00				
If yes, list Event #		•	·		·				
Last Name	First			MI	Contribution ID #				
Kane		Jennifer			0376				
Residential Street Address	City	Jennier		State	Zip Code				
	City	Trumbull		CT	06611				
71 Rangely Dr .		Name of Employ	or.	CI	00011				
Principal Occupation		1 7	er						
		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 Method of contribution: Yes	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? Cash Personal Check									
If yes, list Event # Cash Credit/Debit Card	02/0	06/2014	\$100.00		\$100.00				
,									
Last Name	First			MI	Contribution ID #				
Landy		Ken			0373				
Residential Street Address	City			State	Zip Code				
6 Deer Run Rd		Durham		CT	06422				
Principal Occupation		Name of Employ	er		-				
Consultant		Smith	Brothers Ins						
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}						
5 C 5 C 5 C 5 C 5 C 5 C 5 C 5 C 5 C 5 C	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
X No Cash X Personal Check	02/0	06/2014	\$100.00		\$100.00				
If yes, list Event #		•	·		·				
Last Name	First			MI	Contribution ID #				
Dyer		William		Н	0374				
Residential Street Address	City	viiiiaiii		State	Zip Code				
20 Beverly Ln	City	Shelton		CT	06484				
			on.	CI	00404				
Principal Occupation		Name of Employ Retire							
Is contributor a principal of a state contractor or prospective state contractor?			abbyigt groups 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	н от Сонатопноп				
If yes, indicate which branch or branches of			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						
If yes, list Event # Cash Credit/Debit Card	02/0	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						
Lauretti Governor 2014			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Kolokowski		Tara			0363				
Residential Street Address	City			State	Zip Code				
14 Farrel Dr .		Ansonia		СТ	06401				
Principal Occupation		Name of Employ	er						
Le contributer e unincipal ef e state contractor ou presencative state contractor?		N/A	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	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 fundraising event listed in Section 112	Date	Received	Aggregate Contributions	1					
Tulidatishing event instead in Section 31:									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	02/	07/2014	\$50.00		\$50.00				
				l	1				
Last Name	First			MI -	Contribution ID #				
Martin Residential Street Address	C'i	Daniel		P	0408 Zip Code				
	City	Shelton		State CT	21p Code 06484				
4 Squire Ln Principal Occupation	<u> </u>	Name of Employ	er	CI	00464				
Realtor			m Ravies						
			obbyist, spouse, or	Amou	ant 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 Method of contribution:	Date	Received	Aggregate Contributions						
Tunidialising event instead in Section 71:									
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	02/	07/2014	\$100.00		\$100.00				
I av	F: /			L	Louis B"				
Last Name Grasso	First	Sue		MI	Contribution ID # 0409				
Residential Street Address	City	Jue		State	Zip Code				
15 Beech Tree Hill Rd	City	Shelton		CT	06484				
Principal Occupation	!	Name of Employ	er						
		N/A							
Is contributor a principal of a state contractor or prospective state contractor? Yes No	n		obbyist, spouse, or Yes	Amou	unt 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? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash Personal Check	02/	07/2014	\$100.00		¢100.00				
If yes, list Event # Money Order Credit/Debit Card	02/	07/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
LoRusso Jr		Vincent		В	0420				
Residential Street Address	City			State	Zip Code				
285 Three Mile Hill Rd		Middlebury		СТ	06762				
Principal Occupation		Name of Employ	er						
Project Manager		AT&T							
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 Executive Legislative		pem emid (x No						
Is this contribution associated with a Mathod of contribution.	Data	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Date		1.58108ate Continuations						
X No Cash X Personal Check	02/	07/2014	\$100.00		\$100.00				
If yes, list Event # Money Order	l ′	*	,	I	•				

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Lauretti Governor 2014			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Miressi		Michael			0410				
Residential Street Address	City			State	Zip Code				
49 Wesley Dr		Shelton		СТ	06484				
Principal Occupation		Name of Employ	er						
Marketing			Wines						
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		aepenaem emia (x _{No}						
Is this contribution associated with a Mathed of contribution.	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
X No Cash X Personal Check	02/	07/2014	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Castaldo		Anthony		М	0406				
Residential Street Address	City			State	Zip Code				
115 Porters Hill Rd		Trumbull		СТ	06611				
Principal Occupation		Name of Employ	er						
Construction		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	ant of Contribution				
If yes, indicate which branch or branches of		dependent ennu (
government the contract is with: Executive	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/	07/2014	¢100.00		¢100.00				
If yes, list Event # Money Order Credit/Debit Card	02/	07/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Sedgwick		Martha			0424				
Residential Street Address	City			State	Zip Code				
185 Dawson Ave		West Haven		СТ	06516				
Principal Occupation	•	Name of Employ	er	•					
		N/A							
Is contributor a principal of a state contractor or prospective state contractor? Yes No	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:			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	02.4	07/2044	+400.00		+100.00				
If yes, list Event # No Money Order Credit/Debit Card	02/	07/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Bruder		Patricia			0397				
Residential Street Address	City			State	Zip Code				
46 Johnson Ave		Seymour		СТ	06483				
Principal Occupation		Name of Employ	er		•				
Police		City o	f Shelton						
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: Legislative Legislative Mathed of contribution:	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	02/	07/2014	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card	02/	0,,2017	φ100.00		¥100.00				

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I. MONETARY RECEIPTS (Section A-I)									
	2 (20	ection A-I)	I						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT						
Lauretti Governor 2014			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Rosenberg		Stuart			0398				
Residential Street Address	City			State	Zip Code				
14 Rockland Park		Branford		СТ	06405				
Principal Occupation		Name of Employ	er						
CPA		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}						
	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
X No Cash Personal Check	02/	07/2014	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card	,	,	7						
Last Name	First			MI	Contribution ID #				
Lesko	1 1100	Vincent			0405				
Residential Street Address	City	VIIICEIIC		State	Zip Code				
	City	Milford		1	-				
286 First Ave		1		СТ	06460				
Principal Occupation		Name of Employ	er						
		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 ennu (·						
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/	08/2014	\$100.00		\$100.00				
,									
Last Name	First			MI	Contribution ID #				
Falcigno III		Emund		w	0407				
Residential Street Address	City			State	Zip Code				
11 Fellsmans Farms Rd		Branford		СТ	06405				
Principal Occupation		Name of Employ	er	-	•				
Technician		AT &	Т						
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}						
5 C 5 C 5 C 5 C 5 C 5 C 5 C 5 C 5 C 5 C	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
X No Cash X Personal Check	02/	08/2014	\$100.00		\$100.00				
If yes, list Event #		,			·				
Last Name	First			MI	Contribution ID #				
Bueker		Cornelia		S	0412				
Residential Street Address	City	Corricia		State	Zip Code				
	City	Naples		FL	34114				
3979 Bishopwodd Ct W # 102 Principal Occupation		Naples Name of Employ	or.	' <u>-</u>	24114				
ттора оссиранов		Retire							
Is contributor a principal of a state contractor or proceeding state contractor?			abbyigt groups 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	н от Сонатопноп				
If yes, indicate which branch or branches of			x _{No}						
government the contract is with: Executive Legislative	- F	p : ,							
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/	08/2014	\$50.00		\$50.00				

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I MONETADY DECEMBER (C2 A D									
I. MONETARY RECEIPTS	S (Se	ection A-I)	1						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT						
Lauretti Governor 2014			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Bueker		Paul		D	0413				
Residential Street Address	City			State	Zip Code				
3979 Bishopwood Ct W # 102		Naples		FL	34114				
Principal Occupation		Name of Employ	er						
Financial		TRI C	orp						
Is contributor a principal of a state contractor or prospective state contractor?			obbyjet enouse 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 Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section 31?									
X No Cash X Personal Check	02/0	08/2014	\$50.00		\$50.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Callaghan		Patrick		J	0414				
Residential Street Address	City			State	Zip Code				
15 Whipporwill Dr .		Shelton		СТ	06484				
Principal Occupation		Name of Employ	er	<u> </u>					
· ····································		Retire							
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 Executive Legislative			x No						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Bute	recerved	1.15g.1.0gate containment						
x No Cash x Personal Check	02/	08/2014	\$100.00		\$100.00				
If yes, list Event #	02/0	36/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Nallainathan	FIISt	Canath		IVII	0416				
	City	Sanath		Ct-t-					
Residential Street Address	City	Chaltan		State	Zip Code				
59 Cayer Cir		Shelton		СТ	06484				
Principal Occupation		Name of Employ							
Ptysician			ologocal Specialty						
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 Executive Legislative		1	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						
X No Cash X Personal Check									
If yes, list Event # Money Order Credit/Debit Card	02/0	08/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Mirafiore		Bruno			0403				
Residential Street Address	City			State	Zip Code				
105 N Pasture Ln		Stratford		СТ	06614				
Principal Occupation		Name of Employ	er						
Builder		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 of a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		acpendent child (•						
government the contract is with:			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	02/0	09/2014	\$100.00		\$100.00				

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L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Lauretti Governor 2014			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Jones		Amy			0704				
Residential Street Address	City			State	Zip Code				
199 River Rd .		Shelton		СТ	06484				
Principal Occupation		Name of Employ	er						
Nurse									
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 fobbyist?						
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	02.4	00/2014	+400.00		+100.00				
If yes, list Event # No Money Order Credit/Debit Card	02/	09/2014	\$100.00		\$100.00				
Lad Name	First			L va	Contribution ID #				
Last Name Herrick	FIISt	lano		MI	Contribution ID #				
Residential Street Address	City	Jane		A State	Zip Code				
2 Briarwood Dr .	City	Seymour		CT	06483				
Principal Occupation		Name of Employ	er	Ci	00463				
ттера оссаранов		N/A	Ci						
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	Vac						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with a Mathed of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
X No Cash X Personal Check	02/	09/2014	\$100.00		\$100.00				
If yes, list Event #			,						
Last Name	First			MI	Contribution ID #				
DiPietro		Jim			0433				
Residential Street Address	City			State	Zip Code				
29 Roseview Ct		Trumbull		СТ	06611				
Principal Occupation		Name of Employ	er	-	•				
CFO		Bic G	roup						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	,		obbyist, spouse, or Yes	Amou	ant 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						
fundraising event listed in Section J1? Cash Personal Check									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	02/	09/2014	\$100.00		\$100.00				
				l	La .a . p.				
Last Name	First	Cuanani		MI J	Contribution ID #				
Powers Residential Street Address	City	Gregory		State	0429 Zip Code				
131 Lindbergh Ave	City	Needham		MA	02494				
Principal Occupation		Name of Employ	er	I IIIA	02434				
Sales			Street LLC						
			-literiat conservation	Amou	ant of Contribution				
Yes X No)	dependent child of							
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
government the contract is with.	Date	Received	Aggregate Contributions	1					
fundraising event listed in Section J1?									
X No Cash X Personal Check	02/	09/2014	\$100.00		\$100.00				
If yes, list Event #	1			I					

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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									
Lauretti Governor 2014 April 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Drozdz		Zbigniew			0680				
Residential Street Address	City			State	Zip Code				
17 Crestwood Rd .		Bethany		СТ	06524				
Principal Occupation		Name of Employ	er						
Owner		Adro	Liquor Store						
			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}						
	Date	Received	Aggregate Contributions						
s this contribution associated with a fundraising event listed in Section J1?									
X No Cash X Personal Check	02/	10/2014	\$50.00		\$50.00				
If yes, list Event #	02,	10,2011	430.00		450.00				
Last Name	First			MI	Contribution ID #				
Schaible	1 1150	Dorothy		E	0446				
Residential Street Address	City	Dorothy		State					
	City	Newley		1	Zip Code				
4665 Winged Foot Ct # 104		Naples		FL	34112				
Principal Occupation		Name of Employ	er						
		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	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 Yes	Date	Received	Aggregate Contributions						
tundraising event listed in Section J1?									
If yes, list Event # Cash Credit/Debit Card	02/	10/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Schaible		Kenneth		E	0448				
Residential Street Address	City			State	Zip Code				
4665 Winged Foot Ct # 104		Naples		FL	34112				
Principal Occupation		Name of Employ	er						
Developer		Key D	evelopment						
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 X Personal Check	02/:	10/2014	\$100.00		\$100.00				
If yes, list Event #		•			·				
Last Name	First			MI	Contribution ID #				
Gretsech		Richard		F	0449				
Residential Street Address	City	Richard		State	Zip Code				
76 Maple Tree Grv # 8	City	Stamford		CT	06906				
Principal Occupation	ا ا	Name of Employ	er	<u> </u>	00900				
RE Broker		Self	Ci.						
			obbyist, spouse, or	A	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						
		40/2011			+400.00				
If yes, list Event # Cash Credit/Debit Card	02/	10/2014	\$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									
Lauretti Governor 2014			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
DellaVolpe		Daniel		J	0404				
Residential Street Address	City			State	Zip Code				
95 Orland St .		Milford		СТ	06460				
Principal Occupation		Name of Employ	er						
sales		East I	Haven Building Suppl						
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						
fundraising event listed in Section 31:									
X No Cash X Personal Check	02/:	10/2014	\$100.00		\$100.00				
If yes, list Event #		•							
Last Name	First			MI	Contribution ID #				
Paoletti		John			0401				
Residential Street Address	City	301111		State	Zip Code				
306 Buddington	City	Shelton		CT	06484				
		Name of Employ	or .	CI	00464				
Principal Occupation			er						
		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? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of									
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? X Cash Personal Check									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	02/	10/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Foldy		Randall		W	0402				
Residential Street Address	City			State	Zip Code				
146 Main St		Derby		CT	06418				
Principal Occupation		Name of Employ	er						
Painting		Dansa	ara Enterprises						
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 Cash X Personal Check	02/:	10/2014	\$100.00		\$100.00				
If yes, list Event #		-			-				
Last Name	First			MI	Contribution ID #				
Delling		Mary Ann			0415				
Residential Street Address	City	1101771111		State	Zip Code				
22 Golden HI	City	Trumbull		CT	06611				
	_		ON.	Ci	00011				
Principal Occupation		Name of Employ Retire							
Is contributor a principal of a state contractor or prospective state contractor?			obbyict chause or	Aman	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	Amou	л от Сопитонноп				
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						
	l .								
If yes, list Event # Cash Credit/Debit Card	02/:	10/2014	\$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									
Lauretti Governor 2014			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Comboni		Edward			0432				
Residential Street Address	City			State	Zip Code				
820 Long Hill Ave		Shelton		СТ	06484				
Principal Occupation		Name of Employ	er						
Operator		Shelto	on WPCA						
			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	1					
s this contribution associated with a fundraising event listed in Section J1?									
X No Cash X Personal Check	02/	11/2014	\$100.00		\$100.00				
If yes, list Event #	,		4						
Last Name	First			MI	Contribution ID #				
Maione	1 1150	Carmelina			0678				
Residential Street Address	City	Carmenna		State	Zip Code				
250 Meadow St	City	Chaltan			06484				
	<u> </u>	Shelton		СТ	00484				
Principal Occupation		Name of Employ							
Owner			gliera Rest						
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/	11/2014	\$100.00		\$100.00				
,									
Last Name	First			MI	Contribution ID #				
Maione		Carmelo			0679				
Residential Street Address	City			State	Zip Code				
250 Meadow St		Shelton		СТ					
Principal Occupation		Name of Employ	er	-					
Owner		LaSco	ogliera Rest						
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/:	11/2014	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Ganim		Raymond			1215				
Residential Street Address	City	,		State	Zip Code				
15 Sherwood Dr .		Easton		CT	06612				
Principal Occupation		Name of Employ	er	L ~ .	30012				
Attorney		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	111100	commound				
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 X Personal Check	02.	11/2011	+100.00		±100.00				
If yes, list Event # Money Order Credit/Debit Card	02/3	11/2014	\$100.00		\$100.00				

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I. MONETARY RECEIPTS (Section A-I)									
	5 (5)	ection A-I)	TYPE OF REPORT						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Lauretti Governor 2014			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
DiMauro		Diane			0676				
Residential Street Address	City			State	Zip Code				
4161 US Hwy S Unit I2		Jupiter		FL	33477				
Principal Occupation		Name of Employ	er						
		Retire							
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? 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 Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section 31:									
X No Cash X Personal Check	02/	12/2014	\$100.00		\$100.00				
If yes, list Event #		•							
Last Name	First			MI	Contribution ID #				
Vaat		Howard		T	0682				
Residential Street Address	City	nowara		State	Zip Code				
31 King St	City	Naugatuck		CT	06770				
Principal Occupation		Naugatuck Name of Employ	on.	CI	00770				
Superintendent			Brennan						
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/	12/2014	\$100.00		\$100.00				
				<u> </u>					
Last Name	First			MI	Contribution ID #				
Giordano		Susan			0743				
Residential Street Address	City			State	Zip Code				
412 Roosevelt Dr .		Derby		CT	06418				
Principal Occupation		Name of Employ	er	-					
President		Eviror	nmental Management						
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	02/	12/2014	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Haywood		C Brett			0738				
Residential Street Address	City			State	Zip Code				
49 Auduban Ln		Shelton		СТ	06484				
Principal Occupation		Name of Employ	er	<u> </u>					
Owner			view Funeral Home						
			abbyist spanse or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes 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:	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 X Personal Check		12/2014	+100.00		±100.00				
If yes, list Event # Money Order Credit/Debit Card	02/	12/2014	\$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									
Lauretti Governor 2014 April 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Cooper		Brian		Α	0430				
Residential Street Address	City			State	Zip Code				
214 Division Ave		Shelton		СТ	06484				
Principal Occupation		Name of Employ	er						
MV Agent		1 ,	ecticut						
			obbyiet 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}						
	Date	Received	Aggregate Contributions						
s this contribution associated with a fundraising event listed in Section J1?									
X No Cash X Personal Check	02/	12/2014	\$100.00		\$100.00				
If yes, list Event #	,		Ţ						
Last Name	First			MI	Contribution ID #				
	1 1150	Christophor		C	0508				
Healey Residential Street Address	City	Christopher							
	City			State	Zip Code				
27 Dorchester Rd .	L	Wethersfield		СТ	06109				
Principal Occupation		Name of Employ							
Director			nit Financial						
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 fobbyist?						
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?									
Ŭ No l□	02/	12/2014	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card									
Last Name	First			MI	Contribution ID #				
Kosowsky		John Allen			0434				
Residential Street Address	City			State	Zip Code				
85 Willoughby Rd	ĺ	Shelton		СТ	06484				
Principal Occupation		Name of Employ	er						
CPA		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		711104	in or commonion				
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/	12/2014	±100.00		±100.00				
If yes, list Event # Money Order Credit/Debit Card	02/.	12/2014	\$100.00		\$100.00				
-									
Last Name	First			MI	Contribution ID #				
Dove		Marvin		K	0441				
Residential Street Address	City			State	Zip Code				
153 Tuckahoe Dr		Shelton		CT	06484				
Principal Occupation		Name of Employ	er						
		Retire	ed						
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						
rundraising event listed in Section 31?	1								
X No Cash X Personal Check	02/	12/2014	\$20.00		\$20.00				
If yes, list Event # Money Order	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						
Lauretti Governor 2014			April 10 Filling - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Krassu		Barbara			0646				
Residential Street Address	City			State	Zip Code				
61 Red Oak Cir		Shelton		СТ	06484				
Principal Occupation		Name of Employ							
		Retire							
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	nt 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/	13/2014	\$10.00		\$10.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Rizzi Jr		Eugene		<u> </u>	0647				
Residential Street Address	City	2 1 1:		State	Zip Code				
114 Maple Ave	<u> </u>	Shelton		СТ	06484				
Principal Occupation		Name of Employ Retire							
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 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	1					
fundraising event listed in Section J1?									
If yes, list Event # Cash Credit/Debit Card	02/	13/2014	\$10.00		\$10.00				
If yes, list Event #					_				
Last Name	First			MI	Contribution ID #				
Ghione		Peter		J	0438				
Residential Street Address	City			State	Zip Code				
20 Wesley Dr	<u> </u>	Shelton		СТ	06484				
Principal Occupation		Name of Employ	er						
Insurance		Self	obbyist, spouse, or	Amor	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	о	dependent child of		Amou	iit 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	1					
fundraising event listed in Section J1? Yes Yes Cash Responsible Check									
If yes, list Event # Cash X Personal Check Cash X Personal Check Money Order Credit/Debit Card	02/	13/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Kelly Pagidantial Street Address	City	Thomas		A	0431				
Residential Street Address 25 Old Coram Rd .	City	Shelton		State CT	Zip Code 06484				
Principal Occupation	<u> </u>	Name of Employ	er	1 (1	00404				
Consultant		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 was 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 Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
tundraising event listed in Section 31?									
If yes list Event # Cash Credit/Debit Card	02/	13/2014	\$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									
Lauretti Governor 2014			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Beardsley, Jr		S. Guy			0674				
Residential Street Address	City			State	Zip Code				
276 Leavanworth Rd .		Shelton		СТ	06484				
Principal Occupation		Name of Employ	er						
		Farme	er						
Is contributor a principal of a state contractor or prospective state contractor?			abbriet enauge 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 fisted in Section 31?									
X No Cash X Personal Check	02/:	13/2014	\$100.00		\$100.00				
If yes, list Event #		•			·				
Last Name	First			MI	Contribution ID #				
Pagano		Frank			1276				
Residential Street Address	City	Truik		State	Zip Code				
135 Long Hill Rd .	City	Shelton		CT	06484				
Principal Occupation		Name of Employ	ON.	CI	00404				
Tincipal Occupation			ci						
		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	02/:	13/2014	\$100.00	·	\$100.00				
				<u> </u>					
Last Name	First			MI	Contribution ID #				
Miller		William		М	0673				
Residential Street Address	City			State	Zip Code				
100 Parrott Dr Apt 707		Shelton		СТ	06484				
Principal Occupation		Name of Employ	er						
		Retire	ed .						
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	02/:	14/2014	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Doane		Elizabeth			0666				
Residential Street Address	City			State	Zip Code				
92 Mohegan Rd	City	Shelton		CT	06484				
Principal Occupation		Name of Employ	or	<u> </u>	00404				
Through Secupation		Retire							
Is contributor a principal of a state contractor or prospective state contractor?			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	1					
If yes, indicate which branch or branches of Executive Legislative			x _{No}	1					
Is this contribution associated with a Method of contribution:	Deta	Received	Aggregate Contributions	İ					
fundraising event listed in Section J1?	Date	received	Assiegate Contributions	İ					
X No Cash X Personal Check	02/	14/2014	#100 00	1	¢100.00				
If yes, list Event # Money Order Credit/Debit Card	02/3	14/2014	\$100.00	1	\$100.00				

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I. MONETARY RECEIPTS (Section A-I)									
	2 (20	ection A-I)	I TYPE OF PEROPE						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Lauretti Governor 2014 April 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Shortell		Jeffrey			0686				
Residential Street Address	City			State	Zip Code				
35 Barbara Dr		Shelton		СТ	06484				
Principal Occupation		Name of Employ	er						
WPCA Super			f Shelton						
			abbyist spanse or	Amou	ınt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X 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:	Date	Received	Aggregate Contributions	1					
fundraising event listed in Section J1?			1.00.10						
X No Cash X Personal Check	02/	14/2014	\$100.00		\$100.00				
If yes, list Event # Money Order Credit/Debit Card	02/	14/2014	\$100.00		\$100.00				
I and Name	Pit			LM	Contribution ID#				
Last Name	First			MI	Contribution ID #				
Laucella		Doreen			0695				
Residential Street Address	City			State	Zip Code				
568 Booth Hill Rd	<u> </u>	Shelton		СТ	06484				
Principal Occupation		Name of Employ	er						
Contractor		Self							
Is contributor a principal of a state contractor or prospective state contractor?	,		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: 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 #				
Asija		Satya (pal)			0706				
Residential Street Address	City	Sucyu (pui)		State	Zip Code				
7 Woonsocket Ave	City	Shelton		CT	06484				
				Ci	00484				
Principal Occupation		Name of Employ							
Attorney			al LLC						
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	int of Contribution				
If yes, indicate which branch or branches of		dependent ennu (•						
government the contract is with: Executive Legislative		L	x No						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
Table 1 and									
If yes, list Event # Cash Credit/Debit Card	02/:	14/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Glowa		John		Е	0427				
Residential Street Address	City			State	Zip Code				
8 Cedarwood Ln		Shelton		СТ	06484				
Principal Occupation		Name of Employ	er	•	•				
		Retire							
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 Executive Legislative			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1					
fundraising event listed in Section J1?	Date	10001700	. 1551 cBate Contributions						
X No Cash X Personal Check	024	14/2014	#100.00		¢100.00				
If yes, list Event # Money Order Credit/Debit Card	02/3	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) Lauretti Governor 2014			TYPE OF REPORT April 10 Filing - Original					
			Tipin to timing original					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Rehling		Michael		<u> </u>	0428			
Residential Street Address	City	Chalkan		State	Zip Code			
6 David Dr . Principal Occupation		Shelton Name of Employ	or	СТ	06484			
rindpa Occupation		Retire						
Is contributor a principal of a state contractor or prospective state contractor?			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 Yes Method of contribution:	Date	Received	Aggregate Contributions]				
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 #			
Colwell	riist	Richard		IVII	0425			
Residential Street Address	City	Tuchuru		State	Zip Code			
34 Spruce Hill Rd .		Shelton		СТ	06484			
Principal Occupation		Name of Employ	er	-	•			
Officer		Stami	ford PD					
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		D	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	02/	14/2014	\$100.00		\$100.00			
If yes, list Event #	02/	11,2011	4100.00		4100.00			
Last Name	First			MI	Contribution ID #			
Saja		Robert		J	0423			
Residential Street Address	City			State	Zip Code			
7 Winthrop Woods Rd		Shelton		СТ	06484			
Principal Occupation		Name of Employ						
		Retire						
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	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				
fundraising event listed in Section J1? Yes Yes Cash Personal Check								
If yes, list Event # Cash X Personal Check Cash X Personal Check Money Order Credit/Debit Card	02/	14/2014	\$100.00		\$100.00			
in yes, list Evene#								
Last Name	First			MI	Contribution ID #			
Tall	O.	William		A	0443			
Residential Street Address 628 Long Hill Ave	City	Shelton		State CT	Zip Code 06484			
Principal Occupation		Name of Employ	er	10	00404			
Timerpal occupation		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:			x _{No}	_				
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions]				
tundraising event listed in Section 31?								
If yes list Event # Cash Credit/Debit Card	02/	14/2014	\$100.00		\$100.00			

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I MONETA DV DECEIDTS (C L A. D.									
I. MONETARY RECEIPT	S (Se	ection A-I)	I						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Lauretti Governor 2014			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Janczewski		Stanley		F	0444				
Residential Street Address	City			State	Zip Code				
50 Bellbro Dr		Shelton		CT	06484				
Principal Occupation		Name of Employ	er						
		Retire	ed						
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	02/	14/2014	\$50.00		\$50.00				
in yes, list Evenit#									
Last Name	First			MI	Contribution ID #				
Burt		James			0509				
Residential Street Address	City			State	Zip Code				
15 Greystone		Shelton		СТ	06484				
Principal Occupation		Name of Employ	er						
		Retire	ed						
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 Yes Yes	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
If yes, list Event # Cash Credit/Debit Card	02/	14/2014	\$50.00		\$50.00				
ii yes, iist Event # Credit/Deoit Card									
Last Name	First			MI	Contribution ID #				
Alcaraz		Michael			0643				
Residential Street Address	City			State	Zip Code				
10 Lisa Dr		Shelton		CT	06484				
Principal Occupation		Name of Employ	er		-				
Sales		Fairfie	eld Pool						
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 awart listed in Section 112	Date	Received	Aggregate Contributions						
Table 1 and									
If yes, list Event # Cash Credit/Debit Card	02/	14/2014	\$50.00		\$50.00				
in yes, list Event #									
Last Name	First			MI	Contribution ID #				
Discenza		Samuel		L	0648				
Residential Street Address	City			State	Zip Code				
65 Jardin Cir		Shelton		CT	06484				
Principal Occupation		Name of Employ	er						
СРА		Disce	nza, Beck & Lee						
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		ucpenuent enna (of a foodyist?						
government the contract is with:			x _{No}						
Is this contribution associated with a Method of contribution: Yes Yes	Date	Received	Aggregate Contributions						
rundraising event listed in Section 31?									
If yes, list Event # Cash Credit/Debit Card	02/	14/2014	\$100.00		\$100.00				

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I. MONETARY RECEIPTS (Section A-I)									
	5 (50	ection A-I)	T						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Lauretti Governor 2014			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Discenza		Janet		М	0649				
Residential Street Address	City			State	Zip Code				
65 Jardin Cir		Shelton		СТ	06484				
Principal Occupation		Name of Employ	er						
		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	Voc						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Gradien H2 Yes Method of contribution:	Date	Received	Aggregate Contributions						
rundraising event risted 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 #				
Bastarache		Clarence			0650				
Residential Street Address	City	Cidi Ciicc		State	Zip Code				
3 Fox Hunt Rd .	City	Shelton		CT	06484				
Principal Occupation		Name of Employ	on.	CI	00464				
Tech Advisor			erus Operations						
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									
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 Anney Order Credit/Debit Card	02/	14/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Shevzov		Theodore			0644				
Residential Street Address	City			State	Zip Code				
23 Buck Hill Rd		Shelton		CT	06484				
Principal Occupation		Name of Employ	er						
		Retire	ed						
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	02/	14/2014	\$50.00		\$50.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Rohe		Albert		J	0645				
Residential Street Address	City	7.1.5 6.1 6		State	Zip Code				
19 Nicholdale Rd .	City	Shelton		CT	06484				
Principal Occupation		Name of Employ	or	Ci	00404				
		Retire							
Is contributor a principal of a state contractor or prospective state contractor?			abbyigt groups or	Amou	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor?)	dependent child	Vac	104					
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						
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
x No Cash x Personal Check	03/	14/2014	#20.00		¢20.00				
If yes, list Event # Money Order Credit/Debit Card	02/	14/2014	\$20.00		\$20.00				

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I. MONETARY RECEIPTS (Section A-I)									
	5 (50	ection A-I)	T						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT						
Lauretti Governor 2014			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Viglione		Louis		С	0640				
Residential Street Address	City			State	Zip Code				
23 Woodland Park	City	Shelton		CT	06484				
	<u> </u>			Ci	00404				
Principal Occupation		Name of Employ							
		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or	Amou	nt of Contribution				
	5	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 fisted in Section 31?									
X No Cash X Personal Check	02/	15/2014	\$25.00		\$25.00				
If yes, list Event #	,	,	1						
Last Name	First			MI	Contribution ID #				
	FIISt			IVII					
Young		Wayne			0655				
Residential Street Address	City			State	Zip Code				
10 Canfield Dr		Shelton		СТ	06484				
Principal Occupation		Name of Employ	er						
Teacher		Shelto	on Brd of Ed						
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 Executive Legislative			x _{No}						
government the contract is with: In this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Dute	Received	Aggregate Contributions						
Cash X Personal Check			4400.00		4400.00				
If yes, list Event # Money Order Credit/Debit Card	02/	15/2014	\$100.00		\$100.00				
	-								
Last Name	First			MI	Contribution ID #				
Koontz		Laura			0657				
Residential Street Address	City			State	Zip Code				
1 Fair View Ave		Shelton		СТ	06484				
Principal Occupation	•	Name of Employ	er						
Engineer		TSC							
-		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of							
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with:	Dete	D i 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 Credit/Debit Card	02/	15/2014	\$100.00		\$100.00				
state bein call	<u> </u>								
Last Name	First			MI	Contribution ID #				
Olin		ken			0426				
Residential Street Address	City			State	Zip Code				
6 Gene Dr		Shelton		СТ	06484				
Principal Occupation		Name of Employ	er						
		Retire							
Is contributor a principal of a state contractor or prospective state contractor?			abbyist spaysa ar	A	nt of Contribution				
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			·						
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	02/	15/2014	\$100.00		\$100.00				
1. jes, list ryolity Order La Credit/Debit Cald			1						

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	o (o i	ection A-1)	TYPE OF REPORT					
Lauretti Governor 2014			April 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First	ii viuuuis		MI	Contribution ID #			
	FIISt	Michael		D	0705			
Davidson Residential Street Address	City	Michael		State				
43 Soren Ln	City	Chaltan			Zip Code			
		Shelton		СТ	06484			
Principal Occupation		Name of Employ						
CFO			can Dryer Corp					
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 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? Method of contribution:	Date	Received	Aggregate Contributions					
Cash X Personal Check			4400.00					
If yes, list Event #	02/	15/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Hall Sr		George			0660			
Residential Street Address	City			State	Zip Code			
31 Tower Ln		Shelton		СТ	06484			
Principal Occupation		Name of Employ	er					
		Retire	ed					
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	02/	16/2014	\$100.00		\$100.00			
If yes, list Event #		,	, , , , , , , , , , , , , , , , , , ,					
Last Name	First			MI	Contribution ID #			
Della Volpe		James			0465			
Residential Street Address	City	Junes		State	Zip Code			
198 1/2 Prospect St	City	Ansonia		CT	06401			
Principal Occupation		Name of Employ	or	<u> </u>	00401			
Tincipal Occupation		Retire						
Is contributor a principal of a state contractor or prospective state contractor?				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	V	Alliou	nt of Contribution			
If yes, indicate which branch or branches of		1	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					
If yes, list Event # 02162014A	02/	16/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Dunford		Robert		j	0458			
Residential Street Address	City			State	Zip Code			
5 Brae Loch Way		Shelton		CT	06484			
Principal Occupation		Name of Employ	er					
		Trider	nt Funding					
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 fundamining event listed in Section 112	Date	Received	Aggregate Contributions					
tundraising event listed in Section 31?								
No Cash X Personal Check	02/	16/2014	\$100.00		\$100.00			
If yes, list Event # 02162014A	ı			Ī				

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I, MONETARY RECEIPTS (Section A-I)								
	5 (5t	ection A-1)	TYPE OF REPORT					
(The state of the								
Educati Governor 2011								
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Dunford		Ruth Ann			0459			
Residential Street Address	City			State	Zip Code			
5 Brae Loch Way		Shelton		СТ	06484			
Principal Occupation		Name of Employ	er					
		Kayse	er R 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	of a lobbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with a fundamining quent listed in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
X Parconal Check								
□ No □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	02/	16/2014	\$100.00		\$100.00			
If yes, list Event # 02162014A								
Last Name	First			MI	Contribution ID #			
Dziubina		Cheryl			0483			
Residential Street Address	City			State	Zip Code			
14 Snowberry Ln		Shelton		СТ	06484			
Principal Occupation		Name of Employ	er	!				
• •		Retire	ed					
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 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?	Bute	recerved	1.15g.regate continuations					
No Cash X Personal Check	02/	16/2014	\$100.00		\$100.00			
If yes, list Event # 02162014A	02/.	10/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Dziubina Dziubina	FIISt	Pierre		IVII	0484			
	City	Pierre		Ct-t-				
Residential Street Address	City	Chaltan		State	Zip Code			
14 Snowberry Ln		Shelton		СТ	06484			
Principal Occupation		Name of Employ						
		Retire						
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:	لــــا							
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
If yes, list Event # 02162014A	02/	16/2014	\$100.00		\$100.00			
				l				
Last Name	First			MI	Contribution ID #			
Falango		Keith		М	0461			
Residential Street Address	City			State	Zip Code			
11 Woodfield Dr		Shelton		СТ	06484			
Principal Occupation		Name of Employ	er					
Draftsman		Mung	olello & Assoc					
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 Yes Method of contribution:	Date	Received	Aggregate Contributions					
Tundraising event listed in Section 31:								
If yes, list Event # 02162014A No Money Order Credit/Debit Card	02/	16/2014	\$50.00		\$50.00			

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	<u>s (s</u> i	ection A-1)	TYPE OF REPORT					
Lauretti Governor 2014 April 10 Filing - Original								
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Pavone	riist	Toni		M	0462			
Residential Street Address	City	10111		State	Zip Code			
11 Woodfield Dr	City	Shelton		CT	06484			
		Name of Employ	on.	CI	00464			
Principal Occupation			ei					
In contribution with the first contribution of the contribution of		N/A	-11i	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}					
	Date	Received	Aggregate Contributions					
s this contribution associated with a fundraising event listed in Section J1?								
No Cash X Personal Check	02/	16/2014	\$50.00		\$50.00			
If yes, list Event # 02162014A								
Last Name	First			MI	Contribution ID #			
Grasso		Albert			0477			
Residential Street Address	City	7.1.5 C. C		State	Zip Code			
15 Beech Tree Hill Rd		Shelton		CT	06484			
Principal Occupation		Name of Employ	er	C.	00101			
Builder		1 7	ge Bldrs					
			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}					
government the contract is with:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?			1.00.10.10.10.10.10.10.10.10.10.10.10.10					
No Cash X Personal Check	02/	16/2014	\$50.00		\$50.00			
If yes, list Event # 02162014A	02/	10,2011	\$30.00		Ψ50.00			
Last Name	First			MI	Contribution ID #			
Thornton		Scott		С	0468			
Residential Street Address	City			State	Zip Code			
24 Cherry Gate Ln		Trumbull		СТ	06611			
Principal Occupation		Name of Employ	er					
Surgeon		NEMG						
-			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						
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 X Personal Check	02/	16/2014	\$100.00		\$100.00			
If yes, list Event # 02162014A								
Last Name	First			MI	Contribution ID #			
Reale		Matthew		С	0450			
Residential Street Address	City			State	Zip Code			
34 Brewster Pl		Trumbull		СТ	06611			
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 fundamining event listed in Section 112.	Date	Received	Aggregate Contributions					
Tundraising event listed in Section 31:								
If yes, list Event # 02162014A No Money Order Credit/Debit Card	02/	16/2014	\$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					
(*************************************								
Lauretti Governor 2014			April 10 1 lilling - Original					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Smith		Eve			0662			
Residential Street Address	City			State	Zip Code			
58 Wigwam Dr		Shelton		СТ	06484			
Principal Occupation		Name of Employ	er		•			
Paralegal		Fashj	ian & Falco					
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 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	02/	16/2014	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
DiMauro		Drew			0507			
Residential Street Address	City	DICW		State	Zip Code			
1 Broc Ter	City	Shelton		CT	Zip code			
Principal Occupation		Name of Employ	on.	Ci				
HVAC Tech			Coast Heat					
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	02/	16/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Hicks		Patrick			0440			
Residential Street Address	City			State	Zip Code			
58 Blueberry Ln		Shelton		СТ	06484			
Principal Occupation		Name of Employ	er					
Technologist		ASAE	Acquition					
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 General Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions	1				
Tundraising event insect in Section 71:								
X No T	02/	16/2014	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Blake		Karen		D	0451			
Residential Street Address	City			State	Zip Code			
19 Garland Ave		Ansonia		СТ	06401			
Principal Occupation		Name of Employ	er	·	1			
Secretary			de Church					
			abbyigt groups or	Amou	unt 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:	Doto	Received	Aggregate Contributions	ŀ				
is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions					
No Cash X Personal Check	03/	16/2014	#E0.00		¢E0.00			
If yes, list Event # 02162014A No Money Order Credit/Debit Card	02/	16/2014	\$50.00		\$50.00			

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	اد) د	ection A-1)	TYPE OF REPORT					
Lauretti Governor 2014			April 10 Filing - Original					
B. Itemized Contributions from Individuals								
	First	ii viuuuis		MI	Contribution ID #			
Last Name Simonetti	First	Joan		MI	0452			
Residential Street Address	City			State	Zip Code			
94 Boston Past Rd	,	Madison		CT	06443			
Principal Occupation		Name of Employ	er		•			
		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 fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
Cash X Personal Check	02/	16/2014	¢50.00		¢50.00			
If yes, list Event # 02162014A No Money Order Credit/Debit Card	02/	16/2014	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Simonetti	1 1150	Deb			0453			
Residential Street Address	City			State	Zip Code			
16 Dempsey Ct		Ansonia		СТ	06401			
Principal Occupation		Name of Employ	er					
		Marsh	nall Lane Manor					
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 fundaminary super listed in Section 112.	Date	Received	Aggregate Contributions					
Cash Personal Check								
If yes, list Event # 02162014A No Money Order Credit/Debit Card	02/	16/2014	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Fahey	FIISt	Shannon		M	0454			
Residential Street Address	City			State	Zip Code			
9 Boysenberry Ave		Shelton		СТ	06484			
Principal Occupation		Name of Employ	er		!			
		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 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					
If yes, list Event # 02162014A Cash Cash Personal Check No	02/	16/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Fahey	11130	John]]	0455			
Residential Street Address	City	30		State	Zip Code			
9 Boysenberry Ln		Shelton		СТ	06484			
Principal Occupation		Name of Employ	er		!			
CPA		Unite	d					
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		асренает сппа (x No					
government the contract is with: Executive Legislative Muthologous Properties and Properties a		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	02/	16/2014	\$100.00		\$100.00			
If yes, list Event # 02162014A	02/	10/2014	\$100.00		φ100.00			

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT							
Lauretti Governor 2014			April 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Van Stone		Paul		E	0456			
Residential Street Address	City			State	Zip Code			
488 Shelton Ave		Shelton		СТ	06484			
Principal Occupation		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 was 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? X Yes	Date	Received	Aggregate Contributions					
No Cash X Personal Check	02/	16/2014	\$100.00		\$100.00			
If yes, list Event # 02162014A	02/	10/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Van Stone		Sharon			0457			
Residential Street Address	City			State	Zip Code			
25 Meadow Lake Dr		Shelton		СТ	06484			
Principal Occupation		Name of Employ						
Medical Billing Is contributor a principal of a state contractor or prospective state contractor?			d Hospital obbyist, spouse, or	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 fundaming overnt listed in Section 112. X Yes Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? Yes Cash Yes Personal Check								
If yes, list Event # 02162014A No Money Order Credit/Debit Card	02/	16/2014	\$100.00		\$100.00			
				! !				
Last Name Menna	First	William		MI	Contribution ID # 0460			
Residential Street Address	City	vviiiiaiii		State	Zip Code			
198 1/2 Prospect	City	Ansonia		CT	06401			
Principal Occupation		Name of Employ	er	!				
		Retire	ed					
Is contributor a principal of a state contractor or prospective state contractor? Yes No	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: Is this contribution associated with a Method of contribution: Method of contribution:	Б.	D : 1						
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions					
No Cash X Personal Check	02/	16/2014	\$100.00		\$100.00			
If yes, list Event # 02162014A	· ·		•					
Last Name	First			MI	Contribution ID #			
Glover		Alta		S	0464			
Residential Street Address	City			State	Zip Code			
20 School St		Shelton		СТ	06484			
Principal Occupation Asst. Clerk		Name of Employ	on Probate					
			.1.1	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:			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 # 02162014A No Money Order Credit/Debit Card	02/	16/2014	\$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 April 10 Filing - Original								
Lauretti Governor 2014 April 10 Filing - Original								
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Glover		Gerald			0463			
Residential Street Address	City			State	Zip Code			
School St		Shelton		СТ	06484			
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	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 fundaciona quent listed in Section 112.	Date	Received	Aggregate Contributions					
Tundraising event listed in Section 31:								
If yes, list Event # 02162014A No Money Order Credit/Debit Card	02/	16/2014	\$100.00		\$100.00			
<u> </u>				l				
Last Name	First			MI	Contribution ID #			
Curran		Diane			0466			
Residential Street Address	City			State	Zip Code			
16 Maple St		Shelton		СТ	06484			
Principal Occupation		Name of Employ	er					
		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 Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
Tuildiaising event listed in Section 31?								
If yes, list Event # 02162014A No Money Order Credit/Debit Card	02/	16/2014	\$100.00		\$100.00			
<u> </u>				<u> </u>				
Last Name	First			MI	Contribution ID #			
Curran		Christopher		Р	0467			
Residential Street Address	City			State	Zip Code			
16 Maple St		Shelton		СТ	06484			
Principal Occupation		Name of Employ	er					
Auto Dealer		Curra	n VW					
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 (of a followist:					
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 # 02162014A	02/	16/2014	\$100.00		\$100.00			
				1				
Last Name	First			MI	Contribution ID #			
Welch		Jodi			0469			
Residential Street Address	City			State	Zip Code			
47 Old School Rd		Shelton		СТ	06484			
Principal Occupation		Name of Employ						
		Allerg						
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? Method of contribution:	Date	Received	Aggregate Contributions					
Cook X Parsonal Cheek		4.6./2.04.*	1400.00		+100.00			
If yes, list Event # 02162014A No Money Order Credit/Debit Card	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)	اد) د	ection A-1)	TYPE OF REPORT					
Lauretti Governor 2014			April 10 Filing - Original					
B. Itemized Contributions from Individuals								
	First	ii viuuuis		MI	Contribution ID #			
Last Name	FIISt	Th						
Welch		Thomas		J	0470			
Residential Street Address	City			State	Zip Code			
47 Old School Rd		Shelton		СТ	06484			
Principal Occupation		Name of Employ	er					
		Attorr	ney					
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	5	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?								
No Cash X Personal Check	02/	16/2014	\$100.00		\$100.00			
If yes, list Event # 02162014A	·	•						
Last Name	First			MI	Contribution ID #			
Stamos	1 1150	Crogory]]	0471			
Residential Street Address	C'i	Gregory						
	City			State	Zip Code			
1108 Racebrook Rd .	L	Woodbridge		СТ	06525			
Principal Occupation		Name of Employ	er					
Attorney		Self						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution			
	5	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					
rundraising event risted in Section 31?								
No Cash X Personal Check	02/	16/2014	\$100.00		\$100.00			
If yes, list Event # 02162014A	02,	10, 201 .	Ψ200.00					
Last Name	First			MI	Contribution ID #			
	First	1:		IVII				
Curran		Jim			0472			
Residential Street Address	City			State	Zip Code			
392 Greens Farm Rd .	<u> </u>	Westport		СТ	06880			
Principal Occupation		Name of Employ	er					
Auto Dealer		Curra	n VW					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or of a lobbyist? 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 fisted in Section 31?								
No No	02/	16/2014	\$100.00		\$100.00			
If yes, list Event # 02162014A								
Last Name	First			MI	Contribution ID #			
Savary	1 1150	Scott		Н	0473			
·	City	3000						
Residential Street Address	City	CI II		State	Zip Code			
52 Dexter Dr	<u> </u>	Shelton		СТ	06484			
Principal Occupation		Name of Employ						
		Retire						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or of a labbyist? 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 fundamining agent listed in Section 112	Date	Received	Aggregate Contributions					
tundraising event listed in Section 31?								
No Cash X Personal Check	02/	16/2014	\$50.00		\$50.00			
If yes, list Event # 02162014A	1			ı				

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	o (o i	ection A-1)	TYPE OF REPORT					
Lauretti Governor 2014			April 10 Filing - Original					
B. Itemized Contributions from Individuals								
		iividais		l , ,,	G (7 (ID#			
Last Name McMahon	First	Sean		MI	Contribution ID # 0474			
Residential Street Address	City	Jean		State	Zip Code			
17 Huntington Hts	City	Shelton		CT	06484			
Principal Occupation		Name of Employ	er	<u> </u>	00101			
Ins Manager		Trave						
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 fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
Cosh X Parsonal Cheek	l							
If yes, list Event # 02162014A No Money Order Credit/Debit Card	02/	16/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Papa	riist	Lisa		IVII	0475			
Residential Street Address	City	Lisa		State	Zip Code			
275 Mary Ave	City	Stratford		CT	06644			
Principal Occupation		Name of Employ	er	<u> </u>	00011			
Teacher			on BOE					
			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 fundamining quent listed in Section 112	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? Cash Resonal Check								
If yes, list Event # 02162014A No Money Order Credit/Debit Card	02/	16/2014	\$100.00		\$100.00			
in yes, ma Brown and College of the Brown can				l				
Last Name	First			MI	Contribution ID #			
Рара		David			0476			
Residential Street Address	City			State	Zip Code			
249 Canaan Rd		Stratford		СТ	06614			
Principal Occupation		Name of Employ						
Accountant Is contributor a principal of a state contractor or prospective state contractor?			d Rentals	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 Executive Legislative			x _{No}					
government the contract is with: Is this contribution associated with a fundamining over thirty of the Section 112. The section 112 is the section 112 in the sectio	Date	Received	Aggregate Contributions					
rundraising event risted in Section 31?								
No Propries enter	02/	16/2014	\$100.00		\$100.00			
If yes, list Event # 02162014A								
Last Name	First			MI	Contribution ID #			
Reilly		John			0478			
Residential Street Address	City	Q1 11		State	Zip Code			
498 Elk Row		Shelton		СТ	06484			
Principal Occupation		Name of Employ N/A	ег					
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				
Tundraising event listed in Section 31:								
If yes, list Event # 02162014A No Money Order Credit/Debit Card	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)	o (o i	ection A-1)	TYPE OF REPORT					
Lauretti Governor 2014			April 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First	ii viuuuis		MI	Contribution ID #			
Koehm	FIISt	Chuistanhau		J	0479			
Residential Street Address	City	Christopher		State				
59 Merrimac Dr	City	Turrena harall			Zip Code			
		Trumbull		СТ	06611			
Principal Occupation		Name of Employ	er					
CPA		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								
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					
Cosh X Parsonal Check								
If yes, list Event # 02162014A No Money Order Credit/Debit Card	02/	16/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Ballerini		Adele		С	0480			
Residential Street Address	City			State	Zip Code			
59 Merrimac		Trumbull		CT	06611			
Principal Occupation		Name of Employ	er					
СРА		CJ Ko	ehm CPA					
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 fundamining agent listed in Section 112	Date	Received	Aggregate Contributions					
tundraising event listed in Section 31?								
No Cash X Personal Check	02/	16/2014	\$100.00		\$100.00			
If yes, list Event # 02162014A			,					
Last Name	First			MI	Contribution ID #			
Chuckta		Stephen			0481			
Residential Street Address	City	0.000		State	Zip Code			
88 Coram Ave	City	Shelton		CT	06484			
Principal Occupation		Name of Employ	or	<u> </u>	00404			
Timeipai Occupation		Retire						
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:	Dete	Received						
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions					
No No No No No No No No No No No No No N	02/	16/2014	¢100.00		¢100.00			
If yes, list Event # 02162014A Money Order Credit/Debit Card	02/	16/2014	\$100.00		\$100.00			
1								
Last Name	First			MI	Contribution ID #			
Ballaro		Joseph			0482			
Residential Street Address	City			State	Zip Code			
122 Seville Pl		Port Charlott	e	FL	33952			
Principal Occupation		Name of Employ	er					
		Retire	ed					
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					
Tunidiaising event listed in Section 31?								
If yes, list Event # 02162014A	02/	16/2014	\$100.00		\$100.00			
11 you, not by that The UZ 10 Z 0 1 TA I World Y Order L. Credit/Debit Card								

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	o (o i	ection A-1)	TYPE OF REPORT					
Lauretti Governor 2014			April 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Skura	11130	Mark		J	0487			
Residential Street Address	City	Mark		State	Zip Code			
	City	Nouteum						
6 Williams Ln		Newtown		СТ	06470			
Principal Occupation		Name of Employ	er					
Risk Analyst		GE						
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: 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?								
□ No □ □ □ □	02/	17/2014	\$100.00		\$100.00			
If yes, list Event # 02172014A								
Last Name	First			MI	Contribution ID #			
Stack		Karen		W	0488			
Residential Street Address	City	Raien		State	Zip Code			
	City				1			
37 Pequot Rd .		Wayland		MA	01778			
Principal Occupation		Name of Employ	er					
		N/A						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	ant 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					
rundraising event listed in Section 31?								
No Cash X Personal Check	02/	17/2014	\$50.00		\$50.00			
If yes, list Event # 02172014A	02,		450.00					
Last Name	First			MI	Contribution ID #			
	First			IVII				
Chazal		Elie		_	0489			
Residential Street Address	City			State	Zip Code			
485 Edison Rd		Trumbull		СТ	06611			
Principal Occupation		Name of Employ	er					
Sales		Cigar	ello Cigars					
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 robbyist:					
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 fisted in Section 31?								
No Cash X Personal Check	02/	17/2014	\$50.00		\$50.00			
If yes, list Event # 02172014A	,		,					
Last Name	First			MI	Contribution ID #			
	1 1130			IVII				
Hall II	O.	Derald		a	0491			
Residential Street Address	City			State	Zip Code			
19 Rolling Brook Ln		Shelton		СТ	06484			
Principal Occupation		Name of Employ	er					
Sales		Krono	os					
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?								
No Cash X Personal Check	02/	17/2014	\$100.00		\$100.00			
If yes, list Event # 02172014A	l í	•	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '					

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Lauretti Governor 2014			TYPE OF REPORT April 10 Filing - Original					
Lauretti Governor 2014			Typin for ming original					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Ribas		John			0492			
Residential Street Address	City	5.1		State	Zip Code			
67 Homestead Ave		Bridgeport Name of Employe		СТ	06605			
Principal Occupation Attorney		1 7	ei Leibert					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution			
Yes X No)	dependent child of	if a lobbyist?	S				
government the contract is with:			x _{No}	<u> </u>				
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
Cash Rersonal Check	02/	17/2014	¢100.00		¢100.00			
If yes, list Event # 02172014A No Money Order Credit/Debit Card	02/	17/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Calandro		Deborah			0493			
Residential Street Address	City			State	Zip Code			
86 Country Walk		Shelton		СТ	06484			
Principal Occupation		Name of Employe	er					
Property Manager			Dev. Corp					
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? Ye	s 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	7				
fundraising event listed in Section J1?			36 -8					
No Cash X Personal Check	02/	17/2014	\$100.00		\$100.00			
If yes, list Event # 02172014A								
Last Name	First			MI	Contribution ID #			
Frosceno		Salvatore			0494			
Residential Street Address	City			State	Zip Code			
132 High St Principal Occupation		Derby		СТ	06418			
Officer		Name of Employ	f Derby PD					
				Amor	unt 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	Date	Received	Aggregate Contributions	7				
Tunidraising event insection 31:								
If yes, list Event # 02172014A Cash Cash Personal Check No	02/	17/2014	\$100.00		\$100.00			
Lad Norm	Pit			LM	Contribution ID#			
Last Name Sabatini	First	Joseph		MI	Contribution ID # 0495			
Residential Street Address	City	эозерп		State	Zip Code			
2 Garfield Ave		Derby		СТ	06418			
Principal Occupation		Name of Employ	er		!			
		Major	i, LLC					
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	i a lobbyist?					
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	1				
No Cash X Personal Check	02/	17/2014	\$100.00	1	\$100.00			
If yes, list Event # 02172014A Money Order Credit/Debit Card	I 32/	/	Ψ100.00		T-00.00			

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	10 (3)	20011 A-1)	TYPE OF REPORT					
Lauretti Governor 2014			April 10 Filing - Original					
B. Itemized Contributions from Individuals								
	First			MI	Contribution ID #			
Last Name Garamella Fusco	First	Linda		MI	0496			
Residential Street Address	City			State	Zip Code			
10 Cloverdale Ave	,	Shelton		СТ	06484			
Principal Occupation	-	Name of Employ	er	•	•			
child care		Stepp	ing Stone Inc					
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 Executive Legislative			x _{No}					
government the contract is with: Is this contribution associated with a fundational group listed in Section 112 X Yes Method of contribution:	Date	Received	Aggregate Contributions					
rundraising event fisted in Section 31?								
If yes, list Event # 02172014A	02/	17/2014	\$100.00		\$100.00			
	I .			L				
Last Name	First			MI	Contribution ID #			
Sabetta	a:	Alphonse		G: :	0497			
Residential Street Address	City	Cl. II		State	Zip Code			
77 Coram Rd . Principal Occupation	<u> </u>	Shelton Name of Employ		СТ	06484			
Tindpai Occupation		retire						
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	J	dependent child of	of a lobbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with a fundraicing event licted in Section II2	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? No Cash Personal Check	02/	17/2014	\$100.00		\$100.00			
If yes, list Event # 02172014A	02/	17/2014	\$100.00					
Last Name	First			MI	Contribution ID #			
Piscitelli		Robert		J	0498			
Residential Street Address	City			State	Zip Code			
61 Clanston Ave		Shelton		СТ	06484			
Principal Occupation		Name of Employ						
Attorney		-	ers, Piscitelli					
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 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					
Tunidasing event listed in Section 31:								
If yes, list Event # 02172014A Cash Cash Personal Check No	02/	17/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Sebas	1 1100	Robert			0500			
Residential Street Address	City			State	Zip Code			
500 Howe Ave Apt 404		Shelton		СТ	06484			
Principal Occupation		Name of Employ	er		-			
		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 If a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		== _F = cinia (x No					
government the contract is with:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
No Cash X Personal Check	02/	17/2014	\$100.00		\$100.00			
If yes, list Event # 02172014A	1			1				

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	(3)	Cuon A-i)	TYPE OF REPORT					
Lauretti Governor 2014			April 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First	ii viuuuis		MI	Contribution ID #			
	FIISt	Edward		J				
Sheehy Residential Street Address	City	Edward		State	0501			
	City	Chaltan			Zip Code			
Beacon Hill Terrace		Shelton		СТ	06484			
Principal Occupation		Name of Employ						
Director			al Director					
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					
fundraising event listed in Section J1?	Duit	10001100	11661-08410 Continuations					
No Cash X Personal Check	02/	17/2014	\$100.00		\$100.00			
If yes, list Event # 02172014A	02/	17/2014	Ψ100.00		Ψ100.00			
Last Name	First			MI	Contribution ID #			
Scinto	1 1130	Robert		1411	0502			
Residential Street Address	City	Robert		State	Zip Code			
	City	Enirfield			06824			
150 Old Academy		Fairfield		СТ	06824			
Principal Occupation		Name of Employ						
Real Estate		RD So		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	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? X Yes Method of contribution:	Date	Received	Aggregate Contributions					
Cash X Personal Check								
If yes, list Event # 02172014A No Money Order Credit/Debit Card	02/	17/2014	\$100.00		\$100.00			
				1.0				
Last Name	First			MI	Contribution ID #			
Calandro		Mathew		_	0503			
Residential Street Address	City	G1 11		State	Zip Code			
97 Mill St		Shelton		СТ	06484			
Principal Occupation		Name of Employ	er					
Resturant		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			x No					
government the contract is with:		D : 1						
Is this contribution associated with a fundraising event listed in Section J1? X Yes Method of contribution:	Date	Received	Aggregate Contributions					
No No No No No No No No No No No No No N	00,	47/2044	+400.00		+400.00			
If yes, list Event # 02172014A No Money Order Credit/Debit Card	02/	17/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Reh Sr	First	John		IVII	0504			
	City	JOHN		Ct-t-				
Residential Street Address	City	Chaltan		State	Zip Code			
18 Lily Ln		Shelton		СТ	06484			
Principal Occupation		Name of Employ Retire						
Is contributor a principal of a state contractor or prospective state contractor?			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}					
government the contract is with:	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					
No Cash X Personal Check	02/	17/2014	\$100.00		\$100.00			
If yes, list Event # 02172014A	I/	,:	¥200.00		, ,			

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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	'				
Lauretti Governor 2014 April 10 Filing - Original								
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Reh		John			0505			
Residential Street Address	City			State	Zip Code			
327 Bartlett Dr		Madison		СТ	06443			
Principal Occupation		Name of Employ						
Attorney			Sikorsky					
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?	es Amo	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _N	0				
government the contract is with:	Date	Received	Aggregate Contributions	_				
fundraising event listed in Section J1?			86 18					
No Cash X Personal Check	02/:	17/2014	\$100.00		\$100.00			
If yes, list Event # 02172014A			·		·			
Last Name	First			MI	Contribution ID #			
Lemanski		Richard			0510			
Residential Street Address	City			State	Zip Code			
3 Kathleen Rd		Shelton		СТ	06484			
Principal Occupation		Name of Employ	er					
CFP			ern Fund Manag	_				
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or	es	unt of Contribution			
If yes, indicate which branch or branches of		dependent cinia c						
government the contract is with: Executive Legislative	В.	D : 1		0				
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	02/	17/2014	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card	02/	17/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Daxner		James			0511			
Residential Street Address	City			State	Zip Code			
57 Maler Ave		Shelton		СТ	06484			
Principal Occupation		Name of Employ	er	•	•			
Sales		Affinlo	on Grp					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or	Amo	unt of Contribution			
If was indicate which branch or branches of		dependent child of	a tobbyist:					
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 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		\$100.00			
Last Name	First			MI	Contribution ID #			
Dinapoli Jr		Fred		J	0642			
Residential Street Address	City			State	Zip Code			
1 Hickory HI		Shelton		СТ	06484			
Principal Occupation		Name of Employ	er	•	•			
		Retire	ed					
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	0				
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?					\			
If yes, list Event # Cash Anney Order Credit/Debit Card	02/	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)	5 (5)	ction A-i)	TYPE OF REPORT					
Lauretti Governor 2014			April 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Hare	FIISt	Gary		WII	0658			
Residential Street Address	City			State	Zip Code			
134 Big Horn Rd .		Shelton		СТ	06484			
Principal Occupation		Name of Employ	er	-	-			
Executive		Wallm	nedien 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 Executive Legislative		dependent child (x No					
government the contract is with:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?			1.00.10.10.10.10.10.10.10.10.10.10.10.10					
If yes, list Event # Cash X Personal Check Money Order	02/	17/2014	\$100.00		\$100.00			
I yes, use Decide To Credit Debit Card								
Last Name	First			MI	Contribution ID #			
D'Souza		Sally			0651			
Residential Street Address	City			State	Zip Code			
98 Blueberry Ln		Shelton		СТ	06484			
Principal Occupation		Name of Employ	er					
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			
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 X Personal Check Money Order	02/	17/2014	\$100.00		\$100.00			
I					T			
Last Name	First	D. I		MI	Contribution ID #			
Papp	City	Robert		Ct-t-	0652			
Residential Street Address 63 Deer Run Ln	City	Shelton		State CT	Zip Code 06484			
Principal Occupation		Name of Employ	or	Ci	00404			
Тіпери оссирання		Retire						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution			
Yes 🔼 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 Gentle of Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
Tandarasing event insect in Section 71:								
If yes, list Event # Cash Credit/Debit Card	02/	17/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Farnen	FIISt	James		IVII	0499			
Residential Street Address	City	James		State	Zip Code			
34 Eagle Dr	City	Shelton		CT	06484			
Principal Occupation		Name of Employ	er	<u>.</u>	00.01			
• · · · · · · · · · · · · · · · · · · ·		Retire						
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 child (x No					
government the contract is with:	Det	Received						
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions					
No Sash Personal Check	02/	17/2014	\$100.00		\$100.00			
If yes, list Event # 02172014A Money Order Credit/Debit Card	52/	1,/2017	φ100.00	I	¥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)									
Lauretti Governor 2014			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Gidwanz		David			0490				
Residential Street Address	City			State	Zip Code				
49 Independence Dr		Shelton		СТ	06484				
Principal Occupation		Name of Employ	er						
Sales		ows							
			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 event listed in Section 112	Date	Received	Aggregate Contributions						
tundraising event listed in Section 31?									
No Cash Personal Check	02/:	17/2014	\$50.00		\$50.00				
If yes, list Event # 02172014A		-	·						
Last Name	First			MI	Contribution ID #				
Kelly		Cynthia		R	0485				
Residential Street Address	City			State	Zip Code				
240 York St .		Stratford		CT	06615				
Principal Occupation		Name of Employ	or	Ci	00015				
R.N			ord Brd of Ed						
			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	Alliou	iit of Collification				
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						
Cash X Personal Check									
If yes, list Event # 02172014A No Money Order Credit/Debit Card	02/:	17/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Kelly		Kevin		С	0486				
Residential Street Address	City			State	Zip Code				
240 York St .		Stratford		CT	06615				
Principal Occupation		Name of Employ	er						
Attorney		Kevin	Kelly & Assoc.						
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 fundamining event listed in Section 112	Date	Received	Aggregate Contributions						
Tunidraising event instead in Section 31:									
No I Casa I statement	02/	17/2014	\$100.00		\$100.00				
If yes, list Event # 02172014A									
Last Name	First			MI	Contribution ID #				
Winnick		Bronislaw			0687				
Residential Street Address	City			State	Zip Code				
19 Soundridge Rd	ĺ	Shelton		СТ	06484				
Principal Occupation		Name of Employ	er						
		Retire							
Is contributor a principal of a state contractor or prospective state contractor?			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	02/	17/2014	\$100.00		\$100.00				
If yes, list Event # Money Order Credit/Debit Card	~~	/2017	Ψ100.00		T-30.00				

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I MONETA BY 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								
Lauretti Governor 2014			April 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals	•					
Last Name	First			MI	Contribution ID #			
Vietze		William			0688			
Residential Street Address	City			State	Zip Code			
3 Butternut Ln		Oxford		СТ	06478			
Principal Occupation		Name of Employ	er					
Plant Manager		Hone	y Cell Inc					
			abbyist spanse or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes 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 X Personal Check	02/	17/2014	\$100.00		\$100.00			
If yes, list Event #	02,	17,201.	Ψ100.00					
Last Name	First			MI	Contribution ID #			
Vietze	1 1150	Kristen			0689			
Residential Street Address	City	Kristeri		State	Zip Code			
	City	Ovford		1	06478			
3 Butternut Ln		Oxford		СТ	00478			
Principal Occupation		Name of Employ	er					
		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 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/	17/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Schwartz		Charles		М	0691			
Residential Street Address	City			State	Zip Code			
7 Waterford Ln		Shelton		СТ	06484			
Principal Occupation		Name of Employ	er	-				
Sales								
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 Gentle of Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
Tundraising event insect in Section 71:								
X No Total Color	02/	17/2014	\$25.00		\$25.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Cerminara		Gregorio			0693			
Residential Street Address	City			State	Zip Code			
25 Surrey Dr		Shelton		СТ	06484			
Principal Occupation		Name of Employ	er	<u> </u>				
Owner			s Diner					
			abbyigt groups or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Vac	Annou	or commonton			
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 X Personal Check		10/2014	#100.00		¢100.00			
If yes, list Event # Money Order Credit/Debit Card	02/	18/2014	\$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									
Lauretti Governor 2014			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Egnaczyk		Gregory			0690				
Residential Street Address	City			State	Zip Code				
57 Wesley Ave		Shelton		СТ	06484				
Principal Occupation		Name of Employ	er						
Dentitst		Hunti	ngton Family Dental						
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	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	02/	18/2014	\$100.00		\$100.00				
If yes, list Event #	,	,	7						
Last Name	First			MI	Contribution ID #				
Rowland	1 1150	Clifford		E	0661				
Residential Street Address	City	Ciliford		State	Zip Code				
	City	Ch albana			_				
265 Isinglass Rd		Shelton		СТ	06484				
Principal Occupation		Name of Employ							
		Retire							
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/	18/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Varone		Peter			0684				
Residential Street Address	City			State	Zip Code				
10 Chavcer Dr		Shelton		СТ	06484				
Principal Occupation		Name of Employ	er						
DBA		Unite	d Illuminating						
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						
5 C 5 C 5 C 5 C 5 C 5 C 5 C 5 C 5 C 5 C	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
X No Cash X Personal Check	02/:	18/2014	\$25.00		\$25.00				
If yes, list Event #		•			·				
Last Name	First			MI	Contribution ID #				
Lovley		Dennis		V	0677				
Residential Street Address	City	Definition		State	Zip Code				
49 Shetland Dr	City	Shelton		CT	06484				
Principal Occupation	Ь	Name of Employ	or	Ci	JUTUT				
ттора оссиранов		Retire							
Is contributor a principal of a state contractor or proceeding state contractor?			obbyict chause 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	л от Сопитонноп				
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						
	l .								
If yes, list Event # Cash Credit/Debit Card	02/:	18/2014	\$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					
Lauretti Governor 2014			Typin for ming original		
B. Itemized Contributions from	m Ind	lividuals		_	
Last Name	First			MI	Contribution ID #
Patrick		Cheryl			0708
Residential Street Address	City	2 1 1:		State	Zip Code
62 Stendahl Dr	<u> </u>	Shelton		СТ	06484
Principal Occupation Owner		Name of Employe Doggi	e Style Grooming		
Is contributor a principal of a state contractor or prospective state contractor?	n		obbyist, spouse, or See Jackbriet? Ye	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent child o	at a lobbyist?		
government the contract is with:	Doto	Received	Aggregate Contributions	_	
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event # Cash X Personal Check Money Order	02/	18/2014	\$100.00		\$100.00
Lov	F: .				I c . i c . m "
Last Name White	First	Georgiana		MI	Contribution ID # 0659
Residential Street Address	City	Georgiana		State	Zip Code
6 Laurel St		Shelton		CT	06484
Principal Occupation		Name of Employ	er		
Custodian		Shelto	on Brd. of Ed		
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or See Labbraic 22 Ye	Amou	ant of Contribution
If yes, indicate which branch or branches of	5	dependent child o	f 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? Yes Cash Personal Check					
If yes, list Event # Cash Credit/Debit Card	02/	18/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Savignano- Iller		carol			0656
Residential Street Address	City			State	Zip Code
168 Pheasant Rdg		Shelton		СТ	06484
Principal Occupation		Name of Employ			
Clerk			on Bldg Dept		
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of	obbyist, spouse, or f a lobbyist? Ye	S	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		
fundraising event listed in Section J1? X No Cash Personal Check	02.	10/2014	+400.00		+400.00
If yes, list Event # Money Order Credit/Debit Card	02/	18/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Neal		George		D	0663
Residential Street Address	City			State	Zip Code
605 Hantry Rd		Colebrook		СТ	06021
Principal Occupation		Name of Employer Retire			
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 Executive Legislative		aspendent child to	x No		
government the contract is with:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?					
If yes list Event # Cash X Personal Check Money Order	02/	18/2014	\$100.00		\$100.00

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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									
Lauretti Governor 2014			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Neal		Martha		F	0664				
Residential Street Address	City			State	Zip Code				
60 Shanty Rd .		Colebrook		СТ	06021				
Principal Occupation		Name of Employ	er						
		Retire	ed						
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 Grand High Section H2 Yes Method of contribution:	Date	Received	Aggregate Contributions						
rundraising event risted in Section 31?									
X No Cash X Personal Check	02/	18/2014	\$100.00		\$100.00				
If yes, list Event #		•	·		·				
Last Name	First			MI	Contribution ID #				
Murphy		Robert		J	0665				
Residential Street Address	City	Robert		State	Zip Code				
25 Centerview Dr	City	Shelton		CT	06484				
			or.	CI	00464				
Principal Occupation		Name of Employ	er						
Dentist		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 (<u></u>						
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 Anney Order Credit/Debit Card	02/	18/2014	\$100.00		\$100.00				
<u> </u>									
Last Name	First			MI	Contribution ID #				
Dishain		Maureen			0641				
Residential Street Address	City			State	Zip Code				
7 Longview Rd		Shelton		СТ	06484				
Principal Occupation		Name of Employ	er						
		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						
To this contribution are cited with a Mathed of contribution.	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
X No Cash X Personal Check	02/	18/2014	\$25.00		\$25.00				
If yes, list Event #		•	·		·				
Last Name	First			MI	Contribution ID #				
Lohmann Jr.		Howard			1363				
Residential Street Address	City	nowara		State	Zip Code				
383 Columbus Ave .	City	Moridon		CT	06451				
		Meriden Name of Employ	or	Ci	00701				
Principal Occupation		Name of Employ N/A	CI						
Is contributor a principal of a state contractor or prospective state contractor?			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?			000 20111104110110						
x No Cash Personal Check	02/	18/2014	\$50.00		\$50.00				
If yes, list Event # Money Order Credit/Debit Card	02/	10/2014	νουνοςφ		φυσισσ				

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I MONETA DV DECEMBER (CC A. D.								
I. MONETARY RECEIPT	5 (50	ection A-I)	T					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Lauretti Governor 2014			April 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Hoefflinger		Joseph		0	0654			
Residential Street Address	City			State	Zip Code			
6 Fieldstone Dr .		Shelton		СТ	06484			
Principal Occupation		Name of Employ	er					
		Retire	ed					
Is contributor a principal of a state contractor or prospective state contractor?			abbriet anauga as	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 Grand High Section H2 Yes Method of contribution:	Date	Received	Aggregate Contributions					
rundraising event risted in Section 31?								
X No Cash X Personal Check	02/	19/2014	\$100.00		\$100.00			
If yes, list Event #		•	·		·			
Last Name	First			MI	Contribution ID #			
Baranowsky Sr		Frank			0653			
Residential Street Address	City	TTUTK		State	Zip Code			
	City	Shelton		CT	06484			
14 Fanny St Principal Occupation		Name of Employ	on.	CI	00404			
Tincipal Occupation		Retire						
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?)	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:	Б.	D : 1						
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	02/	19/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Zaleski		John		S	0692			
Residential Street Address	City			State	Zip Code			
46 Maple Ave		Shelton		СТ	06484			
Principal Occupation		Name of Employ	er					
Director		Wake	lee Memorial Funeral Home					
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 31:								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	02/	19/2014	\$100.00		\$100.00			
If yes, list Event in a creation of the circumstance in yes, list Event in a creation of the circumstance in yes, list Event in								
Last Name	First			MI	Contribution ID #			
Wells		Nathaniel			0685			
Residential Street Address	City			State	Zip Code			
654 Bridgeport Ave		Shelton		СТ	06484			
Principal Occupation		Name of Employ	er					
		Farmi	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}					
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/	20/2014	\$50.00		\$50.00			
If yes, list Event # Money Order Credit/Debit Card	I/	,	7-0.00					

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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						
Lauretti Governor 2014			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Turski		Stanley		Е	0683				
Residential Street Address	City	-		State	Zip Code				
43 Cayer Cir		Shelton		СТ	06484				
Principal Occupation		Name of Employ	er						
		Retire							
Is contributor a principal of a state contractor or prospective state contractor?			abbriet anauga as	Amou	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	Alliou	iit of Collification				
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	02/	20/2014	\$100.00		\$100.00				
in yes, list Event #									
Last Name	First			MI	Contribution ID #				
McMorrow		Dennis			0732				
Residential Street Address	City			State	Zip Code				
143 Bantam Lake Rd		Bantam		СТ	06750				
		Name of Employ	on.	Ci	00730				
Principal Occupation		1 7							
Engineer			hire Engineering						
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 X Personal Check	02/	20/2014	\$100.00		\$100.00				
If yes, list Event #		-,	,						
Last Name	First			MI	Contribution ID #				
	1 1130	Ctonbon			0733				
Latour		Stephen		R					
Residential Street Address	City			State	Zip Code				
143 Bantam Lake Rd		Bantam		СТ	06750				
Principal Occupation		Name of Employ	er						
Surveyor		Berks	hire Engineering						
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						
To this contribution are cited with a Mathed of contribution.	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
X No Cash X Personal Check	02/	20/2014	\$100.00		\$100.00				
If yes, list Event #	02/	20, 2011	Ψ100.00		φ100.00				
	T2' .				a . a				
Last Name	First			MI	Contribution ID #				
Spruyt		Ron			0923				
Residential Street Address	City			State	Zip Code				
65 Popular Dr		Shelton		CT	06484				
Principal Occupation		Name of Employ	er						
Engineer		Butlea	a America						
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						
fundraising event listed in Section J1?									
X No Cash X Personal Check	02/	20/2014	\$100.00		\$100.00				
If yes, list Event # Money Order Credit/Debit Card	52/	20/2017	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					
Lauretti Governor 2014			April 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Akoury		James			0694			
Residential Street Address	City			State	Zip Code			
199 Gregory Blvd		Norwalk		СТ	06855			
Principal Occupation Contractor		Name of Employ Self	er					
			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:			X No					
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
Cash Personal Check		20/2011	4400.00					
If yes, list Event #	02/	20/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Guarco Jr		Mike			0696			
Residential Street Address	City			State	Zip Code			
80 Harmony Hill Rd		Granby		СТ	06035			
Principal Occupation		Name of Employ	er					
Owner		Staeli	ne Oil					
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 e	x _{No}					
government the contract is with: In this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	-				
fundraising event listed in Section J1?	Date	Received	riggiegate Controlations					
X No Cash X Personal Check	02/	20/2014	\$100.00		\$100.00			
If yes, list Event #					•			
Last Name	First			MI	Contribution ID #			
Grant		Dave		М	0512			
Residential Street Address	City			State	Zip Code			
25 Birchbank		Shelton		СТ	06484			
Principal Occupation		Name of Employ						
Is contributor a principal of a state contractor or prospective state contractor?		Cater	obbyist, spouse, or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of		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 Gordon H2 Yes Method of contribution:	Date	Received	Aggregate Contributions	1				
tundraising event listed in Section J1?								
If yes, list Event # Cash Personal Check Cash Personal Check Cash 02/	20/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #			
Grant	riist	Gail		A	0513			
Residential Street Address	City			State	Zip Code			
25 Birchbank		Shelton		СТ	06484			
Principal Occupation		Name of Employ	er	•				
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		асренаен спиа с	x No					
government the contract is with:	Б.	Bassive-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/	20/2014	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card	~~.	,	Ψ100.00		T = 30.00			

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I. MONETARY RECEIPT	S (Se	ection A-I)	1					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Lauretti Governor 2014			TYPE OF REPORT April 10 Filing - Original					
Laureur Governor 2014								
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Hammer		Patricia		М	1371			
Residential Street Address	City	Q1 11		State	Zip Code			
108 Morningside Ct Principal Occupation	L	Shelton		СТ	06484			
Principal Occupation		Name of Employeretire						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or Yes	Amou	nt of Contribution			
If we sindicate which branch or branches of)	dependent child of	if 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	02/	20/2014	\$10.00		\$10.00			
If yes, list Event # Money Order Credit/Debit Card	02/.	20/2014	\$10.00		\$10.00			
Last Name	First			MI	Contribution ID #			
Wettenstein		Bruce			0514			
Residential Street Address	City			State	Zip Code			
113 Wedgewood Dr		Easton		СТ	06612			
Principal Occupation		Name of Employ						
Sales			Wettenstein					
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 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	02/2	21/2014	\$100.00		\$100.00			
if yes, list event #					-			
Last Name	First			MI	Contribution ID #			
Farens		John			0700			
Residential Street Address	City	Chaltan		State	Zip Code 06484			
52 Little Fox Run Principal Occupation		Shelton Name of Employe	or	СТ	00484			
Timopai Occupation			al Doctor					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
Yes A No)	dependent child of	i u 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					
X No Cash X Personal Check	02.	22/2014	+100.00		+100.00			
If yes, list Event # Money Order Credit/Debit Card	02/.	22/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Bryant		Lois		w	0724			
Residential Street Address	City			State	Zip Code			
19 Robin Ln		Shelton		СТ	06484			
Principal Occupation		Name of Employe	er					
		Retire						
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		1	x _{No}					
government the contract is with:	Date	Received	Aggregate Contributions	1				
fundraising event listed in Section J1?			00 0					
If yes list Event # Cash X Personal Check Money Order	02/2	22/2014	\$25.00		\$25.00			

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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							
Lauretti Governor 2014			April 10 Filing - Original				
B. Itemized Contributions from	n Ind	lividuals	•				
Last Name	First			MI	Contribution ID #		
Hobby		Lorraine		F	0725		
Residential Street Address	City			State	Zip Code		
9 Brookwood Ln		Shelton		СТ	06484		
Principal Occupation		Name of Employ	er				
		Retire	ed				
Is contributor a principal of a state contractor or prospective state contractor?			abbriet anauga as	Amou	nt of Contribution		
is contributor a principal of a state contractor or prospective state contractor? 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 Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions				
rundraising event risted in Section 31?							
X No Cash X Personal Check	02/	22/2014	\$25.00		\$25.00		
If yes, list Event #		•	·		<u> </u>		
Last Name	First			MI	Contribution ID #		
Patuzzi		Al			0719		
Residential Street Address	City	- Ail		State	Zip Code		
2 Astor Dr	City	Shelton		CT	06484		
		Name of Employ	or.	CI	00464		
Principal Occupation							
Bookeeper			er Valley Chamber				
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: 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 Credit/Debit Card	02/	22/2014	\$50.00		\$50.00		
Last Name	First			MI	Contribution ID #		
Grosso, Jr		Joseph		Α	0710		
Residential Street Address	City			State	Zip Code		
625 Jahmore Dr		Fairfield		CT	06825		
Principal Occupation		Name of Employ	er				
Builder		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				
To this contribution are cited with a	Date	Received	Aggregate Contributions				
fundraising event listed in Section J1?							
X No Cash X Personal Check	02/	23/2014	\$100.00		\$100.00		
If yes, list Event #		•	·		·		
Last Name	First			MI	Contribution ID #		
Grosso		Kimberly		М	0711		
Residential Street Address	City	Killiberry		State	Zip Code		
625 Tahmore Dr	City	Fairfield		CT	06825		
			or	Ci	00023		
Principal Occupation		Name of Employ N/A	Ci				
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				
fundraising event listed in Section J1?			-				
X No Cash X Personal Check	02/	23/2014	\$100.00		\$100.00		
If yes, list Event # Money Order Credit/Debit Card	I/	,	7-20.00		.		

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I MONETADY 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		
Lauretti Governor 2014			April 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Opalacz		Kayoko			0712
Residential Street Address	City	-		State	Zip Code
108 Old Farms W		Middletown		СТ	06457
Principal Occupation		Name of Employ	er		
		1 7	ployed		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	A may	nt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	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		
Tunidraising event instead in Section 31:					
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	02/	23/2014	\$100.00		\$100.00
in yes, list Event #					
Last Name	First			MI	Contribution ID #
Martino		Jean			0699
Residential Street Address	City			State	Zip Code
13 Blueberry Ln		Shelton		СТ	06484
Principal Occupation		Name of Employ	ON.	Ci	00404
Finicipal Occupation					
		retire	-	· .	
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 Yes Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
X No Cash X Personal Check	02/	23/2014	\$100.00		\$100.00
If yes, list Event #		-, -	,		
Last Name	First			MI	Contribution ID #
	11130	Tanaa		IVII	0727
Murad		Isaac			
Residential Street Address	City			State	Zip Code
79 Howe Ave		Shelton		СТ	06484
Principal Occupation		Name of Employ	er		
Welder		Coope	erSurgical		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution
	5	dependent child of	a loodyist:		
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 X Personal Check	02/	23/2014	\$30.00		\$30.00
If yes, list Event #	02/	23, 2011	Ψ30.00		450.00
	-			, <i>a</i>	G . 7 . 7 . 7 . 7 . 7
Last Name	First			MI	Contribution ID #
Ramia		Kathy			0734
Residential Street Address	City			State	Zip Code
195 Birdseye Rd		Shelton		CT	06484
Principal Occupation		Name of Employ	er		
Director		City o	f Shelton		
Is contributor a principal of a state contractor or prospective state contractor?	0		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		
fundraising event listed in Section J1?					
X No Cash X Personal Check	02/	24/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card	52/	- 1/2017	\$100.00	I	¥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								
Lauretti Governor 2014			April 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Sirowich		David			0715			
Residential Street Address	City			State	Zip Code			
18 Country Club Dr		Woodbridge		СТ	06525			
Principal Occupation		Name of Employ	er					
Milofrd		PBIR						
			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	711104	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 X Personal Check	02/	24/2014	\$100.00		\$100.00			
If yes, list Event #	02,	21,2011	Ψ100.00		φ100.00			
Last Name	First			MI	Contribution ID #			
	1 1150	Dotor		1411	0716			
Hibyan Residential Street Address	City	Peter		Ct-t-				
	City	GL 1:		State	Zip Code			
153 Dickinson Dr	L	Shelton		СТ	06484			
Principal Occupation		Name of Employ	er					
Mechanic		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 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?								
× No	02/2	24/2014	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Simonetti		Elizabeth		Р	0707			
Residential Street Address	City			State	Zip Code			
2 Birchwood Dr	ĺ	Ansonia		СТ	06409			
Principal Occupation		Name of Employ	er					
Asst. to Admin			nal Lane Manor					
			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		711104	in or commonion			
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/	24/2014	±100.00		±100.00			
If yes, list Event # Money Order Credit/Debit Card	02/.	24/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Biatowas		Susan			0726			
Residential Street Address	City			State	Zip Code			
18 Huntington Cir	L	Shelton		СТ	06484			
Principal Occupation		Name of Employ	er					
		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 Method of contribution:	Date	Received	Aggregate Contributions					
rundraising event listed in Section 31?								
Ľ _{No} │ ☐ ···· ☐ ····	02/2	24/2014	\$20.00		\$20.00			
If yes, list Event # Money Order	I							

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT					
Lauretti Governor 2014			April 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Monaco		Anna			0722			
Residential Street Address	City			State	Zip Code			
96 Longmeadow		Shelton		СТ	06484			
Principal Occupation		Name of Employe						
In contributors a minimal of a state contractor or progressive state contractors?		Retire		A	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes)	dependent child o	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 Yes Method of contribution:	Date	Received	Aggregate Contributions					
tundraising event listed in Section 31?								
If yes, list Event # Cash Credit/Debit Card	02/	24/2014	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
August		Sandra		В	1206			
Residential Street Address	City			State	Zip Code			
8 Laurel Ave		Milford		СТ	06460			
Principal Occupation		Name of Employ	er	•				
RE Broker		Prope	rty World					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Gallabraida	Amou	nt of Contribution			
If yes, indicate which branch or branches of	,	dependent child o	if a lobbyist?					
Is this contribution associated with a Method of contribution.	Date	Received	Aggregate Contributions	-				
fundraising event listed in Section J1?	Duite	10001100	11gg. egate commount					
If yes, list Event # Cash X Personal Check Money Order	02/2	24/2014	\$100.00		\$100.00			
in yes, list event #								
Last Name	First			MI	Contribution ID #			
Benedetto		Ray			1207			
Residential Street Address	City			State	Zip Code			
133 Milford Point Rd .		Milford		СТ	06460			
Principal Occupation		Name of Employ						
Painter Is contributor a principal of a state contractor or prospective state contractor?			bbbyist, spouse, or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	37	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	Date	Received	Aggregate Contributions					
Tunidasing event instead in Section 31:								
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	02/2	24/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Peck		Arnold			1209			
Residential Street Address	City			State	Zip Code			
8 Laurel Ave .		Milford		СТ	06460			
Principal Occupation		Name of Employ	er	•				
Real Estate								
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 Executive Legislative		. F	x No					
government the contract is with:	Date	Received	Aggregate Contributions	-				
fundraising event listed in Section J1?	Date		op-opare Controllons					
X No Cash X Personal Check	02/2	24/2014	\$100.00		\$100.00			
If yes_list Event # Money Order Credit/Debit Card				1				

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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							
Lauretti Governor 2014			April 10 Filing - Original				
B. Itemized Contributions from	n Ind	lividuals	•				
Last Name	First			MI	Contribution ID #		
Peck		Roberta			1210		
Residential Street Address	City			State	Zip Code		
227 Old Tavern Rd .	,	Orange		СТ	06477		
Principal Occupation		Name of Employ	er				
RE Broker			rty World				
			abbyist spanse or	Amou	ınt of Contribution		
Is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	37	Alliou	int of Contribution		
If yes, indicate which branch or branches of Executive Legislative			x _{No}				
government the contract is with:	ъ.	D : 1					
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions				
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	02/	24/2014	\$100.00		\$100.00		
Last Name	First			MI	Contribution ID #		
Roballey		Ralph			1212		
Residential Street Address	City			State	Zip Code		
115 Lantern Rd .		Stratford		СТ	06614		
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	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}				
government the contract is with:	Date	Received	Aggregate Contributions				
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions				
Cash X Personal Check	00.0	24/2044	+100.00		+400 00		
If yes, list Event # Money Order Credit/Debit Card	02/.	24/2014	\$100.00		\$100.00		
-					T		
Last Name	First			MI	Contribution ID #		
Benedetto		Robert			1213		
Residential Street Address	City			State	Zip Code		
69 Christine Ter		Milford		СТ	06460		
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	int 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 fundacing event listed in Section 112	Date	Received	Aggregate Contributions				
tundraising event insect in Section 31:							
X No Cash X Personal Check	02/3	24/2014	\$100.00		\$100.00		
If yes, list Event #	,	, -					
Last Name	First			MI	Contribution ID #		
Maffeo	1 1130	locoph		A	0515		
	G:	Joseph					
Residential Street Address	City			State	Zip Code		
6 Jenson Rd .	L	Oxford		СТ	06478		
Principal Occupation		Name of Employ					
consultant		Prime					
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		acpendent child (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				
fundraising event listed in Section J1?							
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	02/	24/2014	\$100.00		\$100.00		
11 yes, his levent # Lieut/Debit Card							

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	10 (3)	ection A-1)	TYPE OF REPORT					
Lauretti Governor 2014			April 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Cayer	1 1130	Jules			0516			
Residential Street Address	City	Jules		State	Zip Code			
11 Roaring Brook Ln	City	Shelton		CT	06484			
Principal Occupation		Name of Employ	er		00101			
Timepai occupation		Retire						
Is contributor a principal of a state contractor or prospective state contractor?			abbrief analysis of	Amou	unt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of	37	Zimot	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	1				
rundraising event listed in Section 31?								
If yes_list Event # Cash	02/	24/2014	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card								
Last Name	First			MI	Contribution ID #			
Volpicella		Sandra			0539			
Residential Street Address	City			State	Zip Code			
77 Lynn Dr .		Monroe		СТ	06468			
Principal Occupation		Name of Employ	er		<u> </u>			
		N/A						
Is contributor a principal of a state contractor or prospective state contractor?	2	Is contributor a l	obbyist, spouse, or Yes	Amou	int 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	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? Cash Personal Check								
U No □ □ ································	02/	24/2014	\$50.00		\$50.00			
If yes, list Event # 02242014A								
Last Name	First			MI	Contribution ID #			
Cappelletti		David			0542			
Residential Street Address	City			State	Zip Code			
110 Ravenwood Dr .		Middlebury		СТ	06762			
Principal Occupation	-	Name of Employ	er	-	-			
Accountant		Levits	sky & Berney					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution			
	5	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 fundamining agent listed in Section 112	Date	Received	Aggregate Contributions					
Tunidasing event listed in Section 31:								
If yes, list Event # 02242014A	02/	24/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Durante		Joseph			0543			
Residential Street Address	City			State	Zip Code			
6 Nod Hill Rd .		Guilford		СТ	06478			
Principal Occupation		Name of Employ						
Owner			nal Breakers					
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 Executive Legislative			x _{No}					
government the contract is with:	Doto	Received		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	02.0	24/2014	#100.00		¢100.00			
If yes, list Event # 02242014A No Money Order Credit/Debit Card	02/.	24/2014	\$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) Lauretti Governor 2014			TYPE OF REPORT April 10 Filing - Original					
Laureur Governor 2014								
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Satkowski		Paul		 	0544			
Residential Street Address	City			State	Zip Code			
4 Apple Ln		Seymour Name of Employ		СТ	06483			
Principal Occupation Police		Seym						
		-	obbyist, spouse, or	Amou	ınt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	of a lobbyist?	1				
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	1				
x Cash Personal Check								
If yes, list Event # 02242014A No Money Order Credit/Debit Card	02/	24/2014	\$50.00		\$50.00			
					La . a . a . m #			
Last Name	First	Coorgo		MI C	Contribution ID # 0545			
Tzepos Residential Street Address	City	George		State	Zip Code			
99 Burr Hall Rd .	City	Middlebury		CT	06762			
Principal Occupation		Name of Employ	er	1				
		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			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			450.00					
If yes, list Event # 02242014A	02/.	24/2014	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Polydys	1 1100	John		J	0546			
Residential Street Address	City			State	Zip Code			
33 Hi Ann Ct		Bethany		СТ	06524			
Principal Occupation		Name of Employ	er	-				
Owner		Total	Cload connections					
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	int of Contribution			
If was indicate which branch or branches of		dependent cinia (x No					
government the contract is with:	Doto	Received	Aggregate Contributions	-				
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions					
No Cash X Personal Check	02/	24/2014	\$50.00		\$50.00			
If yes, list Event # 02242014A		,			·			
Last Name	First			MI	Contribution ID #			
Polydys		Rosann			0720			
Residential Street Address	City			State	Zip Code			
33 Hi Ann Ct		Bethany		СТ	06524			
Principal Occupation		Name of Employ	er					
		N/A						
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	obbyist, spouse, or of 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	1				
fundraising event listed in Section J1?			- 55 5					
If yes list Event # Cash X Personal Check Money Order Credit/Debit Card	02/	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)	o (o	Cuon A-i)	TYPE OF REPORT					
Lauretti Governor 2014			April 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Hickey	1 1150	Brian		1411	0547			
Residential Street Address	City	Brian		State	Zip Code			
414 Springs St .	City	Cheshire		CT	06460			
Principal Occupation		Name of Employ	er	<u> </u>	00100			
Timepa occapation		stude						
Is contributor a principal of a state contractor or prospective state contractor?			abbrief analysis of	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	Vac	7 tinou	nt of Controution			
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					
rundraising event risted in Section 31?								
□ No □ □ □	02/	24/2014	\$30.00		\$30.00			
If yes, list Event # 02242014A								
Last Name	First			MI	Contribution ID #			
Hickey		Michael			0548			
Residential Street Address	City			State	Zip Code			
414 Spring St		Cheshire		СТ	06410			
Principal Occupation		Name of Employ	er					
		Stude	ent					
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 fundamining quant listed in Section 112 X Yes Method of contribution:	Date	Received	Aggregate Contributions					
rundraising event listed in Section 31?								
□ No □	02/	24/2014	\$30.00		\$30.00			
If yes, list Event # 02242014A								
Last Name	First			MI	Contribution ID #			
Hickey		Victoria			0593			
Residential Street Address	City			State	Zip Code			
414 Spring St		Cheshire		CT	06410			
Principal Occupation		Name of Employ	er	-	•			
		Water	bury Hospital					
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 fundamining quent listed in Section 112	Date	Received	Aggregate Contributions					
tundraising event risted in Section 31:								
If yes, list Event # 02242014A No Cash Personal Check Money Order Credit/Debit Card	02/	24/2014	\$75.00		\$75.00			
<u> </u>								
Last Name	First			MI	Contribution ID #			
Flanagan Jr.		William		E	0549			
Residential Street Address	City			State	Zip Code			
185 McAlly Ave		Waterbury		СТ	06705			
Principal Occupation		Name of Employ	er					
		Bozzu	ittos					
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 # 02242014A No Money Order Credit/Debit Card	02/2	24/2014	\$100.00		\$100.00			

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NAME OF COMMITTEE (Provide Complex Name as Registered with Commission) Provided Provided Name as Registered with Commission Provided Name as Registered with Commission Provided Name as Registered with Commission Provided Name as Registered with Register Provided Name as Registered with Registered Name as Register	I. MONETARY RECEIPT	S (Se	ection A-I)						
Let Num									
Last Name	Lauretti Governor 2014			April 10 Filing - Original					
Condential Start Authors	B. Itemized Contributions from Individuals								
Particular Conceptions	Last Name	First			MI	Contribution ID #			
The contribute of prompting of a state centractor of prospective state contractor of prospec	Gorman		Gregory		V	0550			
Name of Employer Note Court May Name of Employer Note Court May Name of Employer Note Court May Name of Employer Note Court May Name of Employer	Residential Street Address	City			State	Zip Code			
Contributes a principal of a state contractor or prospective	1115 S Perry Rd .	L.	Cheshire		СТ	06410			
Securithear a principal of a state centractor of prospective state centractor of prospective state centractor of prospective state centractor of prospective state centractor of centr			Name of Employ	er					
1 1 1 1 1 1 1 1 1 1	<u> </u>								
Secondaria Sec	Is contributor a principal of a state contractor or prospective state contractor? Yes No	0		Vac	Amou	int of Contribution			
Miles Secondaria Secondar	Evacutiva Lagislativa		-	x _{No}					
Personal Check		Date	Received	Aggregate Contributions					
Tark Name	rundraising event fisted in Section 31?								
Manual Second Authors Second Autho	U No I ☐	02/2	24/2014	\$100.00		\$100.00			
Single S	in yes, list event # 02242014A								
Residential Sizeer Address	Last Name	First			MI	Contribution ID #			
Cheshine			Josephine			0552			
Principal Occupation Manager Is contributor a principal of a state contractor or prospective		City				1			
Norce N		Щ,			СТ	06410			
Security to the a principal of a state contractor or prospective state contractor?									
Yes So No So So No So So No So S					Amou	ent of Contribution			
Executive	Yes X No.	o		Vac	Amou	int of Contribution			
It shis contribution associated with a fundrating event listed in Section 17? If yes, list Event # 02242014A	Evacutiva Lagislativa			x _{No}					
## Announce Personal Check Personal	government the contract is with:	Date	Received						
Annual	tundraising event listed in Section 31?								
Last Name Flanagan	U No ☐ □	02/2	24/2014	\$100.00		\$100.00			
Residential Street Address	If yes, list Event # 02242014A								
Residential Street Address	Last Name	First			MI	Contribution ID #			
Name of Employer	Flanagan		Michaelo		В	0553			
Principal Occupation Loan Orign Is contributor a principal of a state contractor or prospective state contractor? Yes X No	Residential Street Address	City			State	Zip Code			
Loan Orign Secontributor a principal of a state contractor or prospective state contractor?		<u> </u>	Cheshire		СТ	06410			
Is contributor a principal of a state contractor or prospective state contractor?			Name of Employ	er					
If yes, indicate which branch or branches of government the contract is with: Executive									
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 # 02242014A	is contributor a principal of a state contractor or prospective state contractor? Yes X No	o			Amou	int of Contribution			
Is this contribution associated with a fundraising event listed in Section J1? Last Name LoRusso Residential Street Address 1115 Sperry Rd . Principal Occupation 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 Marie Journal June 100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00	Evacutiva Lagislativa								
fundraising event listed in Section J1? If yes, list Event # 02242014A	government the contract is with:	Date	Received						
Last Name LoRusso Residential Street Address Principal Occupation 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 MI Contribution ID # O5554 City Cheshire CT O6410 Name of Employer Retired Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Amount of Contribution Aggregate Contributions S100,00 \$100,00	fundraising event listed in Section J1?			1.00.10.10					
Last Name LoRusso Residential Street Address Residential Street Address City Cheshire Name of Employer Retired 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? MII Contribution ID # State Zip Code CT 06410 Name of Employer Retired Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Method of contribution: Date Received Aggregate Contributions \$100.00	U No I ☐ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	02/2	24/2014	\$100.00		\$100.00			
LoRusso Residential Street Address City Cheshire CT 06410 Principal Occupation Principal Occupation Retired 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? Marrie City Cheshire CT 06410 Name of Employer Retired Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Amount of Contribution Aggregate Contributions \$100.00	If yes, list Event # 02242014A		·						
Residential Street Address 1115 Sperry Rd . City Cheshire CT 06410 Principal Occupation Name of Employer Retired 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 Cash Personal Check 02/24/2014 State Zip Code CT 06410 Amount of Contribution Amount of Contribution Amount of Contribution Aggregate Contributions \$100.00	Last Name	First			MI	Contribution ID #			
Principal Occupation Retired 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 Retired Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Date Received Aggregate Contributions \$\frac{1}{2}\$	LoRusso		Marie		J	0554			
Principal Occupation Retired 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 No No No No No No No No N	Residential Street Address	City			State	Zip Code			
Is contributor a principal of a state contractor or prospective state contractor?	1115 Sperry Rd .	L	Cheshire		СТ	06410			
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 Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No	Principal Occupation								
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 Cash Personal Check 02/24/2014 \$100.00 \$100.00	Leave the second of the second					ant of Contails of			
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 Cash Personal Check 02/24/2014 \$100.00 \$100.00	is contributor a principal of a state contractor or prospective state contractor? Yes No	0		Vac	Amou	int of Contribution			
Is this contribution associated with a fundraising event listed in Section J1? Section J1 S	Evacutiva Lagislativa			·					
fundraising event listed in Section J1? X Yes	government the contract is with:	Date	Received		-				
□ No □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	fundraising event listed in Section J1?	Late	,	300 John Jan Jil					
	If yes, list Event # 02242014A	02/2	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)	10 (3)	ection A-1)	TYPE OF REPORT					
Lauretti Governor 2014			April 10 Filing - Original					
B. Itemized Contributions from Individuals								
	First	ii viuuuis		MI	Contribution ID #			
Last Name Belade	First	George		MI	0555			
Residential Street Address	City			State	Zip Code			
16 Galec Ave		Shelton		СТ	06484			
Principal Occupation		Name of Employ	er	-	•			
Salesmen		David	son Co	_				
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 Executive Legislative		dependent ennu (x _{No}					
government the contract is with:	Date	Received	Aggregate Contributions	1				
Is this contribution associated with a fundraising event listed in Section J1?								
If yes, list Event # 02242014A No No No Personal Check No Money Order Credit/Debit Card	02/	24/2014	\$50.00		\$50.00			
					T			
Last Name	First			MI	Contribution ID #			
Salemme		Louis			0556			
Residential Street Address	City	Q1 11		State	Zip Code			
19 Peachtree Ln	<u> </u>	Shelton		СТ	06484			
Principal Occupation		Name of Employ	er					
sign maker 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 No	o	dependent child of	Vac	Alliou	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 agent listed in Section 112	Date	Received	Aggregate Contributions	1				
fundraising event listed in Section J1? X Cash Personal Check								
If yes, list Event # 02242014A No Money Order Credit/Debit Card	02/	24/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Belade	1 1130	Edward		1411	0557			
Residential Street Address	City			State	Zip Code			
16 Golec Ave		Shelton		СТ	06484			
Principal Occupation	-	Name of Employ	er	-	-			
Operator		City o	f Shelton					
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 Executive Legislative			x _{No}					
government the contract is with:	Date	Received	Aggregate Contributions	1				
fundraising event listed in Section J1?			86 8					
If yes, list Event # 02242014A No Cash X Personal Check No Money Order Credit/Debit Card	02/	24/2014	\$100.00		\$100.00			
	F: .				G (3 C B)			
Last Name Gloria	First	Amerilo		MI	Contribution ID # 0558			
Residential Street Address	City	Amemo		State	Zip Code			
124 Mohegan	City	Shelton		CT	06484			
Principal Occupation		Name of Employ	er	<u> </u>	00404			
Electrician		Self						
Is contributor a principal of a state contractor or prospective state contractor?	0	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		D : 1						
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
No No Personal Check		24/2014	# F0.00		¢50.00			
If yes, list Event # 02242014A No Money Order Credit/Debit Card	02/	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)	o (o	ection A-1)	TYPE OF REPORT				
Lauretti Governor 2014			April 10 Filing - Original				
B. Itemized Contributions from	n Ind	lividuals					
		iividais			G (7 (ID#		
Last Name Cawthra	First	Neil		MI	Contribution ID # 0559		
Residential Street Address	City			State	Zip Code		
339 Shelton Ave		Shelton		СТ	06484		
Principal Occupation		Name of Employ	er	<u>.</u>	•		
Engineer		Sikors	sky				
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 ennu (x _{No}				
government the conduct is with.	Date	Received	Aggregate Contributions	1			
fundraising event listed in Section J1?			86 .6				
If yes, list Event # 02242014A	02/2	24/2014	\$50.00		\$50.00		
Last Name	First			MI	Contribution ID #		
Kirei		Thomas		J	0560		
Residential Street Address	City			State	Zip Code		
15 Latern Dr	L	Seymour		СТ	06483		
Principal Occupation		Name of Employ					
Manager		-	& Shop				
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 fundamina way the second of the s	Date	Received	Aggregate Contributions				
rundraising event instea in section 11:							
If yes, list Event # 02242014A	02/2	24/2014	\$50.00		\$50.00		
Last Name	First			MI	Contribution ID #		
Belade	FIISt	Allan		MII	0562		
Residential Street Address	City			State	Zip Code		
64 Isinglass Rd .		Shelton		СТ	06484		
Principal Occupation		Name of Employ	er	•	-		
		Home	e Depot				
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	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 award listed in Section 112.	Date	Received	Aggregate Contributions	1			
rundraising event fisted in Section 31?							
If yes, list Event # 02242014A No No No No No No No No No No No No No	02/2	24/2014	\$50.00		\$50.00		
Last Name	First			MI	Contribution ID #		
Nuzzolo	FIISt	Mark		IVII	0563		
Residential Street Address	City	Mark		State	Zip Code		
17 Brook Rd .	City	Woodbridge		CT	06525		
Principal Occupation	L	Name of Employ	or.	CI	00323		
			side Development				
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	nt 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?			30 .0 3				
If yes, list Event # 02242014A	02/2	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)	اد) د	ection A-1)	TYPE OF REPORT				
Lauretti Governor 2014			April 10 Filing - Original				
B. Itemized Contributions from	n Ind	lividuals					
Last Name	First			MI	Contribution ID #		
MacKinney	1 1130	Michael		IVII	0506		
Residential Street Address	City			State	Zip Code		
1 Robert Frost Rd		Shelton		CT	06484		
Principal Occupation		Name of Employ	er				
Act. Manager		Dxper	nt				
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)	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				
X Cash Personal Check							
If yes, list Event # Cash Personal Check Credit/Debit Card Cr	02/	24/2014	\$50.00		\$50.00		
T. AV	г				C C C D		
Last Name	First			MI	Contribution ID #		
Ciocca Residential Street Address	City	Rina		State	0524 Zip Code		
	City	Cuilfoud			1		
284 Mirror Ln Principal Occupation		Guilford Name of Employ	or	СТ	06432		
Manager		Ciocco					
			obbyjet enouge or	Amou	int 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	•			
is this contribution associated with a fundraising event listed in Section J1?							
No Cash X Personal Check	02/	24/2014	\$50.00		\$50.00		
If yes, list Event # 02242014A							
Last Name	First			MI	Contribution ID #		
Ciocca		Peter			0525		
Residential Street Address	City			State	Zip Code		
284 Mirror Ln		Guilford		СТ	06432		
Principal Occupation		Name of Employ	er				
chef		Ciocca	a 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	int of Contribution		
If yes, indicate which branch or branches of		dependent cinia c	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				
Cash X Personal Check	02/	24/2014	\$50.00		\$50.00		
If yes, list Event # 02242014A	02/.	24/2014	\$50.00		\$50.00		
Last Name	First			MI	Contribution ID #		
Lilling		Robert		D	0526		
Residential Street Address	City			State	Zip Code		
165 Alexander Dr .		Cheshire		СТ	06410		
Principal Occupation		Name of Employ	er	•	•		
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				
Tundraising event listed in Section 31:							
If yes, list Event # 02242014A No Money Order Credit/Debit Card	02/	24/2014	\$100.00		\$100.00		

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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) B. Itemized Contributions from Individuals Last Name Spinelli Sopinelli
East Name Spinelli
First Firs
Spinel
Residential Street Address I Lewis St . State Zip Code
Hartford Principal Occupation Attorney 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 # 02242014A O2242014A
Principal Occupation Attorney Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of eovernment the contract is with: If yes, indicate which branch or branches of eovernment the contract is with: If yes, indicate which branch or branches of eovernment the contract is with: Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # 02242014A
Attorney 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: Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # 02242014A
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 Licursi Residential Street Address 7 Nod Hill Rd. Principal Occupation If yes, indicate which branch or branches of government the contract is with: Executive Legislative Legislative Date Received Aggregate Contributions \$\frac{1}{2} \text{No}\$ \$\frac{1}{2} \text{No}\$ \$\frac{1}{2} \text{None}\$ First Rich State Tip Code Type State Type Corp.
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 Licursi Residential Street Address 7 Nod Hill Rd . Principal Occupation If yes, indicate which branch or branches of government the contractor? Legislative Legislative Legislative Date Received Aggregate Contributions \$50.00 \$50
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # 02242014A
First MI Contribution ID # Licurs: MI Contribution ID # Licurs: City State Zip Code 7 Nod Hill Rd . Oxford CT 06478 Principal Occupation First Oxford CT 06478 Name of Employer EMC Corp. Is contributor a principal of a state contractor or prospective state contractor? Ver Not State Contribution of Contribution
If yes, list Event # 02242014A
If yes, list Event # 02242014A
Licursi Rich 0531 Residential Street Address City State Zip Code 7 Nod Hill Rd . Oxford CT 06478 Principal Occupation State contractor or prospective state contractor? Is contributor a principal of a state contractor or prospective state contractor? State Zip Code CT 06478 Name of Employer EMC Corp. Is contributor a lobbyist, spouse, or Type Amount of Contribution
Residential Street Address 7 Nod Hill Rd . City Oxford CT 06478 Principal Occupation Name of Employer EMC Corp. Is contributor a principal of a state contractor or prospective state contractor? Is contributor a lobbyist, spouse, or Verification Is contributor a lobbyist, spouse, or Verification Amount of Contribution
Principal Occupation Principal Occupation Same of Employer EMC Corp. Is contributor a principal of a state contractor or prospective state contractor? The same of Employer S
Principal Occupation Name of Employer EMC Corp. Is contributor a principal of a state contractor or prospective state contractor? Is contributor a principal of a state contractor or prospective state contractor? Name of Employer EMC Corp. Is contributor a lobbyist, spouse, or Yes X No. Is contributor a lobbyist, spouse, or Yes X No. Is contributor a lobbyist, spouse, or
EMC Corp. Is contributor a principal of a state contractor or prospective state contractor? Is contributor a principal of a state contractor or prospective state contractor? Is contributor a lobbyist, spouse, or Yes Amount of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Voc. X Vo. Is contributor a lobbyist, spouse, or Voc.
I Vog IXI No I Vog I Vog I
dependent einid of a foodysse:
If yes, indicate which branch or branches of Executive Legislative
government the contract is with:
fundraising event listed in Section J1?
No No O 100
If yes, list Event # 02242014A
Last Name First MI Contribution ID #
Licursi Heather 0532
Residential Street Address City State Zip Code
7 Nod Hill Rd . Oxford CT 06478
Principal Occupation Name of Employer Realtor
Yes X No dependent child of a lobbyist? Yes
If yes, indicate which branch or branches of government the contract is with: Executive Legislative
Is this contribution associated with a X Vos Method of contribution: Date Received Aggregate Contributions
Tunidasing event instea in Section 31?
If yes, list Event # 02242014A
Last Name First MI Contribution ID #
Lo Russor, Sr. Vincent B 0533
Residential Street Address City State Zip Code
109 Nichols Dr . Waterbury CT 06708
109 Nichols Dr . Waterbury CT 06708 Principal Occupation Name of Employer
Principal Occupation Contractor Bart Lo Russo & Sons Is contributor a principal of a state contractor or prospective state contractor? Is contributor a principal of a state contractor or prospective state contractor? Name of Employer Bart Lo Russo & Sons Is contributor a lobbyist, spouse, or Vac. Amount of Contribution
Principal Occupation Contractor Bart Lo Russo & Sons Is contributor a principal of a state contractor? Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Amount of Contribution
Principal Occupation Contractor Bart Lo Russo & Sons 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: Legislative Name of Employer Bart Lo Russo & Sons Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No Amount of Contribution Yes X No
Principal Occupation Contractor Bart Lo Russo & Sons Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of Proputities Name of Employer Bart Lo Russo & Sons Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Amount of Contribution

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I, MONETARY RECEIPTS (Section A-I)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	o (o i	ection A-1)	TYPE OF REPORT				
Lauretti Governor 2014			April 10 Filing - Original				
B. Itemized Contributions from	n Ind	lividuals					
	First	ii viuuuis		MI	Contribution ID #		
Last Name Alvarez	FIISt	Vanagas		MI	0534		
Residential Street Address	City	Vanessa		State			
	City	Dungangat			Zip Code		
14 Southridge Rd .		Prospect		СТ	06712		
Principal Occupation		Name of Employ					
Mnager		Conn.					
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							
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 Barsanal Chack							
If yes, list Event # 02242014A No Money Order Credit/Debit Card	02/	24/2014	\$100.00		\$100.00		
				l			
Last Name	First			MI	Contribution ID #		
LoRusso		Casey			0535		
Residential Street Address	City			State	Zip Code		
4 Lakeside Dr .		Wolcott		СТ	06716		
Principal Occupation		Name of Employ	er				
Admin Assoc		Midst	ate Medical				
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 fundaming award listed in Section 112.	Date	Received	Aggregate Contributions				
rundraising event instea in section 11:							
No Cash X Personal Check	02/	24/2014	\$100.00		\$100.00		
If yes, list Event # 02242014A		•					
Last Name	First			MI	Contribution ID #		
Lo Russo		William		J	0536		
Residential Street Address	City			State	Zip Code		
4 Lakeside Dr .		Wolcott		СТ	06716		
Principal Occupation		Name of Employ	er	<u> </u>	00710		
Owner			es' Garage				
			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		7 tinou	nt of Contribution		
If yes, indicate which branch or branches of Executive Legislative			x _{No}				
government the contract is with:	Data	Received	Aggregate Contributions	1			
s this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions				
No Cash X Personal Check	02/	24/2014	¢100.00		¢100.00		
If yes, list Event # 02242014A	02/.	24/2014	\$100.00		\$100.00		
					a . 1		
Last Name	First	_		MI	Contribution ID #		
Matosovich		Joe			0537		
Residential Street Address	City	0.6		State	Zip Code		
132 Quaker Farms Rd .		Oxford		СТ	06478		
Principal Occupation		Name of Employ					
Police		Seym					
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 child (or a roodyrst?				
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 # 02242014A No Money Order Credit/Debit Card	02/	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)	<u>s (s</u> i	ection A-1)	TYPE OF REPORT				
			April 10 Filing - Original				
Lauretti Governor 2014			7 April 10 T lilling Chightan				
B. Itemized Contributions from	n Ind	lividuals					
Last Name	First			MI	Contribution ID #		
Alcaraz		Michael			0538		
Residential Street Address	City			State	Zip Code		
10 Lisa Dr		Shelton		СТ	06484		
Principal Occupation		Name of Employ	er				
Sales		Fairfie	eld Pool				
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 fundraining event listed in Section 112.	Date	Received	Aggregate Contributions				
X Parsonal Check							
If yes, list Event # 02242014A No Money Order Credit/Debit Card	02/	24/2014	\$50.00		\$50.00		
3.9							
Last Name	First			MI	Contribution ID #		
Lindade		Jose Carlos			0564		
Residential Street Address	City			State	Zip Code		
367 Isinglass Rd	L	Shelton		СТ	06484		
Principal Occupation		Name of Employ	er				
Contractor		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 Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions				
X Cash Personal Check							
If yes, list Event # 02242014A No Money Order Credit/Debit Card	02/2	24/2014	\$100.00		\$100.00		
<u> </u>				l			
Last Name	First			MI	Contribution ID #		
Lindade		Phillippe			0565		
Residential Street Address	City			State	Zip Code		
16 Oriole Cir		Trumbull		СТ	06611		
Principal Occupation		Name of Employ	er				
Electrician		A&R E	Electric 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 (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:	Date	Received	Aggregate Contributions				
If yes, list Event # 02242014A Cash Personal Check No	02/2	24/2014	\$50.00		\$50.00		
				l			
Last Name	First			MI	Contribution ID #		
O'Dwyer		Michael			0566		
Residential Street Address	City			State	Zip Code		
114 Southport Dr		Southport		СТ	06890		
Principal Occupation		Name of Employ					
		_	age Broker				
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 Wethod of contribution:	Date	Received	Aggregate Contributions				
Tundraising event listed in Section 31:							
If yes, list Event # 02242014A No Money Order Credit/Debit Card	02/2	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)	10 (01	ction A-i)	TYPE OF REPORT				
Lauretti Governor 2014			April 10 Filing - Original				
B. Itemized Contributions from	n Ind	lividuals					
Last Name	First			MI	Contribution ID #		
Hanagan	1 1130	Jennifer		1411	0568		
Residential Street Address	City			State	Zip Code		
295 Beth Ln		Waterbury		СТ	06705		
Principal Occupation		Name of Employ	er				
MRI Tech		CDI					
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 fundaming awart listed in Section 112.	Date	Received	Aggregate Contributions				
Tundralsing event listed in Section 31?							
If yes, list Event # 02242014A Cash Cash Personal Check No	02/2	24/2014	\$100.00		\$100.00		
Lay	F: .			L	G (3 (B)		
Last Name	First	Eric		MI	Contribution ID #		
Festa Residential Street Address	City	Eric		State	0569 Zip Code		
57 Southwide Dr .	City	Wallingford		CT	06516		
Principal Occupation		Name of Employ	er	Ci	00310		
		Yale	-				
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/	24/2014	#F0.00		* F0.00		
If yes, list Event # 02242014A	02/	24/2014	\$50.00		\$50.00		
Last Name	First			MI	Contribution ID #		
Elmo		Jim			0573		
Residential Street Address	City			State	Zip Code		
570 Redstone Dr .		Cheshire		СТ	06410		
Principal Occupation		Name of Employ	er				
		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		1	x _{No}				
government the conduct is with.	Date	Received	Aggregate Contributions				
s this contribution associated with a fundraising event listed in Section J1?							
If yes, list Event # 02242014A	02/2	24/2014	\$50.00		\$50.00		
Last Name	First			MI	Contribution ID #		
Casimiro	1 1130	Julia		1411	0574		
Residential Street Address	City			State	Zip Code		
53 Talmadge Hill Rd .		Prospect		СТ	06712		
Principal Occupation		Name of Employ	er				
		stude	nt				
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	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?			30 -0				
If yes, list Event # 02242014A No	02/2	24/2014	\$35.00		\$35.00		

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I, MONETARY RECEIPTS (Section A-I)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	(3)	Cuon A-1)	TYPE OF REPORT				
Lauretti Governor 2014			April 10 Filing - Original				
B. Itemized Contributions from	n Ind	lividuals					
	First	ii viuuui s		MI	Contribution ID #		
Last Name Casimiro	FIISt	Alex		IVII	0575		
Residential Street Address	City	Alex		State			
	City	Dunamant			Zip Code		
53 Talmadge Hill Rd .		Prospect		СТ	06712		
Principal Occupation		Name of Employ					
		Stude					
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 Executive Legislative			x _{No}				
government the contract is with.	Б.	D : 1					
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions				
No Cash Personal Check			425.00		105.00		
If yes, list Event # 02242014A No Money Order Credit/Debit Card	02/.	24/2014	\$35.00		\$35.00		
Last Name	First			MI	Contribution ID #		
Casimiro		Kara			0578		
Residential Street Address	City			State	Zip Code		
53 Talmadge Hill Rd .		Prospect		СТ	06712		
Principal Occupation		Name of Employ	er				
Admin		Danb	ury Public School	_			
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 fundamining quent listed in Section 112	Date	Received	Aggregate Contributions				
rundraising event instea in section 11:							
U No F	02/2	24/2014	\$100.00		\$100.00		
If yes, list Event # 02242014A							
Last Name	First			MI	Contribution ID #		
LoRusso		Linda			0576		
Residential Street Address	City			State	Zip Code		
42 Rena Ln		Waterbury		СТ	06705		
Principal Occupation		Name of Employ	er				
		Retire					
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					
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?			1.00.10				
No Cash X Personal Check	02/	24/2014	\$100.00		\$100.00		
If yes, list Event # 02242014A	02/	24,2014	Ψ100.00		φ100.00		
Last Name	First			MI	Contribution ID #		
LoRusso Jr.	First	Bartholomew		IVII	0577		
	City	Bartilolomew		Ct-t-			
Residential Street Address	City	Mataula		State	Zip Code		
42 Rena Ln		Waterbury		СТ	06705		
Principal Occupation		Name of Employ					
Supervisore			aRusso & 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? Yes	Amou	nt of Contribution		
If yes, indicate which branch or branches of		aspendent ciniu (x No				
government the contract is with: Executive Legislative							
Is this contribution associated with a fundraising event listed in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions				
Tundraising event listed in Section 31:							
If yes, list Event # 02242014A No Money Order Credit/Debit Card	02/2	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) Lauretti Governor 2014			TYPE OF REPORT April 10 Filing - Original	Ĺ			
			7,prii 10 r iiii ig - Griginai				
B. Itemized Contributions from	n Ind	lividuals					
Last Name	First			MI	Contribution ID #		
Casimiro		Paul			0579		
Residential Street Address	City			State	Zip Code		
53 Talmadge Hill Rd Principal Occupation		Prospect Name of Employ	or .	СТ	06712		
Manager		Shop					
Is contributor a principal of a state contractor or prospective state contractor?	`		obbyist, spouse, or	Amo Yes	ount of Contribution		
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?				
government the contract is with:	Doto	Received		No			
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions				
If yes, list Event # 02242014A	02/	24/2014	\$100.00		\$100.00		
Last Name	First			MI	Contribution ID #		
Last Name DeSanti	FIISt	Joseph		MII	0581		
Residential Street Address	City	эозерп		State	Zip Code		
127 Chatterton Way		Hamden		СТ	06518		
Principal Occupation		Name of Employ	er		•		
Construction		CMCS	, LLC Construction				
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or	Yes Amo	ount of Contribution		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		dependent child of	n a loodyist:	No			
Is this contribution associated with a fundamining over the total in Section 112.	Date	Received	Aggregate Contributions	-			
fundraising event listed in Section J1? Yes X Cash Personal Check	02/	24/2014	\$100.00		\$100.00		
If yes, list Event # 02242014A	02,	21,2011	\$100.00		4100.00		
Last Name	First			MI	Contribution ID #		
Davino		Joseph			0582		
Residential Street Address	City			State	Zip Code		
24 Dan Parlow Dr		Waterbury		СТ	06704		
Principal Occupation		Name of Employ Retire					
Is contributor a principal of a state contractor or prospective state contractor?				Amo	ount of Contribution		
Yes A No)	dependent child of	, , , , , , , , , , , , , , , , , , , ,	res .			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x 1	No			
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions				
No No Personal Check	02/	24/2014	¢50.00		¢E0.00		
If yes, list Event # 02242014A	02/.	24/2014	\$50.00		\$50.00		
Last Name	First			MI	Contribution ID #		
Zappone		Tamara			0583		
Residential Street Address	City			State	Zip Code		
20 Wellande Ave		Waterbury		СТ	06700		
Principal Occupation		Name of Employ					
Office Manager Is contributor a principal of a state contractor or prospective state contractor?			rjura & Sons obbyist, spouse, or	Ame	ount of Contribution		
Yes X No)	dependent child of	of a lobbyist?	Yes			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			X 1	No			
Is this contribution associated with a X Yes Method of contribution:	Date	Received	Aggregate Contributions	\neg			
Tunidasing event listed in Section 31:							
If yes, list Event # 02242014A No Acash Personal Check	02/	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)	o (o	ection A-1)	TYPE OF REPORT				
Lauretti Governor 2014			April 10 Filing - Original				
B. Itemized Contributions from	n Ind	lividuals					
		iiviuuais		l , ,,	a . 1 . 1 . 1 . 1 . 1		
Last Name Burr Jr	First	Freeman		MI	Contribution ID # 0585		
Residential Street Address	City			State	Zip Code		
17 Livingstone Rd .	City	Bloomfield		CT	06002		
Principal Occupation		Name of Employ	er				
Educator		Shelto	on Public School				
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:	Doto	Received	Aggregate Contributions				
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions				
No Cash X Personal Check	02/2	24/2014	\$100.00		\$100.00		
If yes, list Event # 02242014A							
Last Name	First			MI	Contribution ID #		
Pelletier		Lisa		Α	0586		
Residential Street Address	City			State	Zip Code		
1 McShane Ranch Rd .		Uncasville		СТ	06382		
Principal Occupation		Name of Employ	er				
		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	nt of Contribution		
If yes, indicate which branch or branches of		dependent child c					
government the contract is with: Executive Legislative		5					
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions				
X Cash Personal Check	02/	24/2014	\$30.00		\$30.00		
If yes, list Event # 02242014A	02/	24/2014	\$50.00		\$30.00		
Last Name	First			MI	Contribution ID #		
Catania		Chuck			0587		
Residential Street Address	City			State	Zip Code		
1 McShane Ranch Rd .		Uncasville		СТ	06382		
Principal Occupation		Name of Employ	er				
Principal		Vesta	l Marketing				
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 Executive Legislative		dependent enna e	x No				
government the contract is with:	Data	Received	Aggregate Contributions				
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions				
No X Cash Personal Check	02/2	24/2014	\$100.00		\$100.00		
If yes, list Event # 02242014A			•		-		
Last Name	First			MI	Contribution ID #		
Giglio		Sal			0589		
Residential Street Address	City			State	Zip Code		
230 Lenore		Shelton		СТ	06484		
Principal Occupation		Name of Employ	er				
Is contributor a principal of a state contractor or prospective state contractor?		Self Is contributor a l	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				
s this contribution associated with a fundraising event listed in Section J1? X Yes X Cash Personal Check							
If yes, list Event # 02242014A	02/2	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)		,	TYPE OF REPORT				
Lauretti Governor 2014			April 10 Filing - Original				
B. Itemized Contributions from	m Ind	lividuals					
Last Name	First			MI	Contribution ID #		
Denigris		Joe			0591		
Residential Street Address	City			State	Zip Code		
11 Franklin St		Seymour		СТ	06483		
Principal Occupation		Name of Employ					
Is contributor a principal of a state contractor or prospective state contractor?			of Seymour 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	Vac	1 111100	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				
Tunidialising event listed in Section 31:							
If yes, list Event # 02242014A No Money Order Credit/Debit Card	02/	24/2014	\$60.00		\$60.00		
	I			I			
Last Name	First			MI	Contribution ID #		
Hickey Residential Street Address	City	Joseph		State	0592 Zip Code		
414 Spring St .	City	Cheshire		CT	06410		
Principal Occupation		Name of Employ	er	<u> </u>	1 00410		
Transmission Specialist		ESPN					
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				
Tundraising event instead in Section 31:							
If yes, list Event # 02242014A No Money Order Credit/Debit Card	02/.	24/2014	\$75.00		\$75.00		
Last Name	First			MI	Contribution ID #		
Bertlage	1 1150	Karen			0594		
Residential Street Address	City			State	Zip Code		
94 Blueberry Ln		Shelton		СТ	06484		
Principal Occupation		Name of Employ	er	-	•		
Owner			entures				
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:	Date	Received	Aggregate Contributions				
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions				
No Cash X Personal Check	02/	24/2014	\$100.00		\$100.00		
If yes, list Event # 02242014A							
Last Name	First			MI	Contribution ID #		
DeLuca		Michael			0595		
Residential Street Address	City			State	Zip Code		
185 Canal St Apt 3006		Shelton		СТ	06484		
Principal Occupation Insurance		Name of Employ					
			DeLuca Agency obbyist, spouse, or	Amor	unt of Contribution		
Yes X No	0	dependent child of	Vac	1 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 Method of contribution:	Date	Received	Aggregate Contributions	1			
Tunidialising event listed in Section 31:							
If yes, list Event # 02242014A No Money Order Credit/Debit Card	02/	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	ection A-1)	TYPE OF REPORT				
Lauretti Governor 2014			April 10 Filing - Original				
B. Itemized Contributions from	n Ind	lividuals					
Last Name	First	ii viuuuis		MI	Contribution ID #		
	FIISt	David			0596		
Cassetti Residential Street Address	City	David		State			
	City	Anconia			Zip Code		
3 High Acres Rd .		Ansonia		СТ	06401		
Principal Occupation		Name of Employ					
Mayor			of Ansonia				
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							
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 Cosh Reground Cheek							
If yes, list Event # 02242014A No Money Order Credit/Debit Card	02/2	24/2014	\$100.00		\$100.00		
Last Name	First			MI	Contribution ID #		
DiVincenzo		Joseph		С	0597		
Residential Street Address	City			State	Zip Code		
11 Oakwood Dr .		Oxford		CT	06478		
Principal Occupation		Name of Employ	er				
Manager		City o	f Ansonia				
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				
	Date	Received	Aggregate Contributions				
s this contribution associated with a fundraising event listed in Section J1?							
No Cash X Personal Check	02/	24/2014	\$75.00		\$75.00		
If yes, list Event # 02242014A	02,	,	475.00				
Last Name	First			MI	Contribution ID #		
Rivard	1 1130	Danielle		1411	0598		
Residential Street Address	City	Damene		State	Zip Code		
566 Wolcott St	City	Bristol		CT	06010		
Principal Occupation		Name of Employ	or .	CI	00010		
Manager Is contributor a principal of a state contractor or prospective state contractor?			Jniversity	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		1	x No				
government the contract is with:	D.	D : 1					
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions				
If yes, list Event # 02242014A	02/.	24/2014	\$50.00		\$50.00		
Last Name	First			MI	Contribution ID #		
Tramula		Allen			0600		
Residential Street Address	City			State	Zip Code		
796 Washington Ave		Waterbury		СТ	06708		
Principal Occupation		Name of Employ	er				
Teacher		Conn					
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				
Tunidiaising event instead in Section 31:							
If yes, list Event # 02242014A No Money Order Cash Personal Check	02/2	24/2014	\$50.00		\$50.00		

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L MONETARY RECEIPTS (Section A-I)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT							
Lauretti Governor 2014 April 10 Filing - Original							
B. Itemized Contributions from Individuals							
Last Name First MI Contribu	ion ID#						
Valentino Sr. James 0601							
Residential Street Address City State Zip Code							
482 Bocks Hill Rd . Waterbury CT 06704							
Principal Occupation Name of Employer N?A							
	bution						
Yes No dependent child of a lobbyist?							
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 112 Yes Method of contribution: Date Received Aggregate Contributions							
X Demond Cloub							
If yes, list Event # 02242014A							
Last Name First MI Contribu	ion ID#						
Minella Ian C 0602	IOII ID #						
Residential Street Address City State Zip Code							
72 E Farms Rd . Middlebury CT 06762							
Principal Occupation Name of Employer							
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 Contributor a principal of a state contractor or prospective state contractor? Yes	bution						
If yes, indicate which branch or branches of							
government the contract is with.							
fundraising event listed in Section J1? Yes							
No Cash Personal Check 02/24/2014 \$50.00 \$50.00							
If yes, list Event # 02242014A							
Last Name First MI Contribu	ion ID#						
Minnella Christian 0603							
Residential Street Address City State Zip Code							
72 E Farm Rd . Middlebury CT 06762							
Principal Occupation Name of Employer N/A							
	bution						
dependent child of a lobbyist?							
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							
Tailord and the control of the contr							
If yes, list Event # 02242014A							
Last Name First MI Contribu	ion ID#						
Minella Martin 0604	IOII ID #						
Residential Street Address City State Zip Code							
72 E Farm Rd . Middlebury CT 06762							
Principal Occupation Name of Employer							
Attorney							
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 Contributor a principal of a state contractor or prospective state contractor? Yes	bution						
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? Aggregate Contributions Aggregate Contributions							

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	10 (3)	20011 A-1)	TYPE OF REPORT					
Lauretti Governor 2014			April 10 Filing - Original					
B. Itemized Contributions from Individuals								
		iividuais		\ , a	G (7 (ID#			
Last Name McQuinn	First	Victoria		MI	Contribution ID # 0605			
Residential Street Address	City			State	Zip Code			
178 Mountain Rd .		Cheshire		СТ	06410			
Principal Occupation		Name of Employ	er		•			
Teacher Asst		Town	of Cheshire					
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 Executive Legislative		dependent enna e	x No					
government the contract is with:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions					
No Cash X Personal Check	02/	24/2014	\$100.00		\$100.00			
If yes, list Event # 02242014A				<u> </u>				
Last Name	First			MI	Contribution ID #			
Quinn		John		В	0606			
Residential Street Address	City			State	Zip Code			
178 Mountain Rd .		Cheshire		СТ	06410			
Principal Occupation		Name of Employ	er					
Meter Service Chf		Yanke	e Gas					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Galablasista	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent child of	at a lobbyist?					
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 X Personal Check	02/	24/2014	\$100.00		\$100.00			
If yes, list Event # 02242014A								
Last Name	First			MI	Contribution ID #			
Beaujan		Ross		Α	0612			
Residential Street Address	City			State	Zip Code			
8 Bean Rdg		Canaan		СТ	06018			
Principal Occupation		Name of Employ	er					
		Retire	d					
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 Executive Legislative			x No					
government the contract is with:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Dute	received	riggiogate Contributions					
If yes, list Event # 02242014A	02/	24/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Sader	1 1130	Ronald		J	0613			
Residential Street Address	City			State	Zip Code			
626 Gulf St		Milford		СТ	06460			
Principal Occupation		Name of Employ	er					
VP			vone Enterprises					
Is contributor a principal of a state contractor or prospective state contractor?	o		obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	at 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	Assicate Continutions					
No Cash X Personal Check	02/	24/2014	\$100.00		\$100.00			
If yes, list Event # 02242014A	1			í				

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Lauretti Governor 2014 April 10 Filing - Original								
Laureur Governor 2014								
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Volpe		Michael			0617			
Residential Street Address	City			State	Zip Code			
157 Main St Principal Occupation		New Haven Name of Employ	ou.	СТ	06512			
Sales		Anne of Employ						
			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						
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 Cash Personal Check								
If yes, list Event # 02242014A No Money Order Credit/Debit Card	02/2	24/2014	\$50.00		\$50.00			
Last Name	First			МІ	Contribution ID #			
Hedman	FIISt	David		J	0618			
Residential Street Address	City	David		State	Zip Code			
900 Mix Ave # U80		Hamden		СТ	06514			
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	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? Method of contribution:	Date	Received	Aggregate Contributions					
Cash X Personal Check	02/	24/2014	#F0.00		+ F0.00			
If yes, list Event # 02242014A No Money Order Credit/Debit Card	02/.	24/2014	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Antonucci		Richard			0619			
Residential Street Address	City			State	Zip Code			
32 Tustine Dr		North Haven		СТ	06473			
Principal Occupation		Name of Employ	er					
Sales/ Manager			Carting					
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	-				
fundraising event listed in Section J1?			1-88-48					
No No Personal Check	02/2	24/2014	\$50.00		\$50.00			
If yes, list Event # 02242014A								
Last Name	First			MI	Contribution ID #			
Peters - Kroll		Mathis			0610			
Residential Street Address	City			State	Zip Code			
155 Good Hill Rd .		Woodbury		СТ	06798			
Principal Occupation Attorney		Name of Employ	ella, Tramutta & Edwards					
			obbyist spausa or	Amor	unt 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 away listed in Section 112.	Date	Received	Aggregate Contributions	1				
Tundraising event risted in Section 31:								
If yes list Event # 02242014A Solve Order Credit/Debit Card	02/2	24/2014	\$60.00		\$60.00			

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	10 (3)	ection A-1)	TYPE OF REPORT					
Lauretti Governor 2014			April 10 Filing - Original					
B. Itemized Contributions from Individuals								
	First	ii viuuuis		MI	Contribution ID #			
Last Name Robichaud	FIISt	Edmond			0572			
Residential Street Address	City	Edifiolid		L				
125 Doral Ln	City	C			Zip Code 06489			
	<u> </u>	Southington		СТ	00489			
Principal Occupation		Name of Employ						
Manager			onmental Consult & Contracto					
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								
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					
Cosh X Parsonal Check								
If yes, list Event # 02242014A No Money Order Credit/Debit Card	02/	24/2014	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Pisciotti		Perry			0611			
Residential Street Address	City			State	Zip Code			
44 Zuella Dr # 1A		Waterbury		СТ	06704			
Principal Occupation		Name of Employ	er					
		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			
	0	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					
Is this contribution associated with a fundraising event listed in Section J1?								
No Cash X Personal Check	02/	24/2014	\$50.00		\$50.00			
If yes, list Event # 02242014A	02,	,	450.00					
Last Name	First			MI	Contribution ID #			
Jensen	1 1130	Kafen		1411	0527			
Residential Street Address	City	Karen		State	Zip Code			
145 Canal St # 201	City	Shelton		CT	06484			
Principal Occupation		Name of Employ	TOP .	CI	00464			
Director			s Blackston Library					
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			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 # 02242014A Cash Cash Personal Check No Money Order Credit/Debit Card	02/	24/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Madar		Chalotter			0614			
Residential Street Address	City			State	Zip Code			
182 Beardsley Rd		Shelton		CT	06484			
Principal Occupation		Name of Employ	er					
		Retire	ed					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	nt of Contribution			
	υ	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 fundricing agent listed in Section 112.	Date	Received	Aggregate Contributions	1				
tundraising event listed in Section 31?								
No Cash X Personal Check	02/	24/2014	\$25.00		\$25.00			
If yes, list Event # 02242014A	I '	-		I	•			

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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								
Lauretti Governor 2014			April 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Kaufman		Susan			0607			
Residential Street Address	City			State	Zip Code			
135 Eastridge Dr		Waterbury		СТ	06708			
Principal Occupation		Name of Employ	er					
Is a state of the		N/A	11	A	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes)	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 fundricing agent listed in Section 112.	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? X Yes X Cash Personal Check								
If yes, list Event # 02242014A No Some Order Credit/Debit Card	02/2	24/2014	\$50.00		\$50.00			
in year, in a street in the st				<u> </u>				
Last Name	First			MI	Contribution ID #			
Walker	o:	Mary		E	0561			
Residential Street Address	City	Duidaanaut		State	Zip Code			
37 Beacon St Principal Occupation		Bridgeport Name of Employ	er	СТ	06605			
Timerpai Occupation		Retire						
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:			x _{No}					
Is this contribution associated with a	Date	Received	Aggregate Contributions					
x Cash Personal Check								
If yes, list Event # 02242014A No Money Order Credit/Debit Card	02/2	24/2014	\$50.00		\$50.00			
LadVaria	First			L va	Contribution ID #			
Last Name Hatfield	First	John		MI	Contribution ID # 0530			
Residential Street Address	City	301111		State	Zip Code			
25 Patton Ave	City	Seymour		CT	06483			
Principal Occupation		Name of Employ	er	!				
Educator		Conne	ecticut					
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	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	02/	24/2014	¢50.00		¢E0.00			
If yes, list Event # 02242014A	02/.	24/2014	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Beaujon		Stephen			0599			
Residential Street Address	City	<u> </u>		State	Zip Code			
909 Hamilton Ave Unit 8		Waterbury		СТ	06706			
Principal Occupation		Name of Employ	er		-			
Paralegal		Minne	lle, Tcamutz, Edward					
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	x No					
government the contract is with: Legislative Legislative	Б.	D						
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
No S Cash Personal Check	02/	24/2014	\$50.00		\$50.00			
If yes, list Event # 02242014A Money Order Credit/Debit Card	l ~~/'	,	Ψ30.00	I	T-0.00			

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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					
Lauretti Governor 2014			April 10 Filing - Original					
B. Itemized Contributions from Individuals								
	First	ii viuuuis		MI	Contribution ID #			
Last Name Piscotti	FIISL	Arnold		IVII	0570			
Residential Street Address	City			State	Zip Code			
83 Coachlight Cir		Prospect		CT	06712			
Principal Occupation		Name of Employ	er		•			
		Retire	ed					
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:	Dete	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/	24/2014	\$50.00		\$50.00			
If yes, list Event # 02242014A	02/.	24/2014	\$30.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Porzio	1 1130	Robert		IVII	0541			
Residential Street Address	City	Robert		State	Zip Code			
1153 W Main St	City	Waterbury		CT	06708			
Principal Occupation		Name of Employ	er	Ci	00700			
· · · · · · · · · · · · · · · · · · ·		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			
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					
Tundraising event listed in Section 31?								
If yes, list Event # 02242014A No Money Order Credit/Debit Card	02/2	24/2014	\$100.00		\$100.00			
T. AV	г) of	G (3) B #			
Last Name	First	Michael		MI	Contribution ID # 0584			
Jarjura Residential Street Address	City	Michael		State				
264 Harwood Rd .	City	Waterbury		CT	Zip Code 06706			
Principal Occupation		Name of Employ	or	Ci	00700			
Comptroller		JP Jai						
·			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						
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?								
If yes, list Event # 02242014A	02/	24/2014	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
	FIISt	1000mh 14		IVII				
Tramuta Residential Street Address	City	Joseph Jr.		State	0608 Zip Code			
10 Stone Manor Dr	City	Milford		CT	06461			
Principal Occupation		Name of Employ	er	Ci	00401			
Attorney			ell, Tramuta & Edwards					
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	-					
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 # 02242014A No Money Order Credit/Debit Card	02/2	24/2014	\$50.00		\$50.00			

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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 Lauretti Governor 2014 April 10 Filing - Original									
Edutetti Governoi 2011									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Atkin		Clifford			0609				
Residential Street Address	City			State	Zip Code				
25 Westwood Rd .		Woodbury		СТ	06798				
Principal Occupation		Name of Employ	er						
		Appra	iser						
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 Wethod of contribution:	Date	Received	Aggregate Contributions						
X Parsonal Check									
If yes, list Event # 02242014A No Money Order Credit/Debit Card	02/	24/2014	\$50.00		\$50.00				
11 yes, included the second card									
Last Name	First			MI	Contribution ID #				
Dantona		John			0590				
Residential Street Address	City			State	Zip Code				
82 Atwater Ave		Derby		СТ	06418				
Principal Occupation		Name of Employ	er						
Police		Town	of Seymour						
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 fundamining event listed in Section 112	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? X Cash Personal Check									
U No E	02/	24/2014	\$50.00		\$50.00				
If yes, list Event # 02242014A									
Last Name	First			MI	Contribution ID #				
Fuller		Terry			0580				
Residential Street Address	City			State	Zip Code				
510 E Main St Unit 228		Stratford		СТ	06614				
Principal Occupation		Name of Employ	er	-	-				
Sales		Pepsi	Со						
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 fundamining event listed in Section 112.	Date	Received	Aggregate Contributions						
tundralsing event listed in Section 31?									
U No F Cash	02/	24/2014	\$100.00		\$100.00				
If yes, list Event # 02242014A									
Last Name	First			MI	Contribution ID #				
Bigham		Jennifer			0567				
Residential Street Address	City			State	Zip Code				
360 Upper Valley Rd .		Torrington		СТ	06790				
Principal Occupation		Name of Employ	er						
Hairstylist		Hair E	By 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: 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 # 02242014A No Money Order Credit/Debit Card	02/2	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)	ction A-i)	TYPE OF REPORT					
Lauretti Governor 2014			April 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Ballaro		Joseph		L	0615			
Residential Street Address	City			State	Zip Code			
26 Ballaro Dr .		Shelton		СТ	06484			
Principal Occupation		Name of Employ	er					
Building Official		City o	f Sheltion					
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? Yes					
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 Yes Method of contribution:	Date	Received	Aggregate Contributions					
X Cash Parsonal Chack								
If yes, list Event # 02242014A No Money Order Credit/Debit Card	02/	24/2014	\$100.00		\$50.00			
11 yes, interest of the control of t								
Last Name	First			MI	Contribution ID #			
Greaney		Francis			0571			
Residential Street Address	City			State	Zip Code			
7 Deanna Ln		Wolcott		СТ	06716			
Principal Occupation		Name of Employ	er					
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 ennu (
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 Personal Check								
If yes, list Event # 02242014A No Money Order Credit/Debit Card	02/	24/2014	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Durante	O.	Mario		a	0588			
Residential Street Address	City	CI II		State	Zip Code			
51 Spoke Dr Principal Occupation		Shelton		СТ	06484			
		Name of Employ	Bridgeport					
Marketing 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 No Personal Check	02/	24/2014	\$50.00		\$50.00			
If yes, list Event# 02242014A		<i>'</i>	·		·			
Last Name	First			MI	Contribution ID #			
Jacowei		Louise			0551			
Residential Street Address	City			State	Zip Code			
37 Old Elm Rd .		Trumbull		СТ	06611			
Principal Occupation		Name of Employ	er					
		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 # 02242014A No Money Order Credit/Debit Card	02/	24/2014	\$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									
Lauretti Governor 2014			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Miner		Aleta			0528				
Residential Street Address	City			State	Zip Code				
35 Beacon Hill Ter	ĺ	Shelton		СТ	06484				
Principal Occupation		Name of Employ	er						
Economic Developer									
		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	Vac	111100	ni or commound				
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 X Personal Check	02/	24/2014	¢E0.00		¢50.00				
If yes, list Event # 02242014A No Money Order Credit/Debit Card	02/.	24/2014	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
Cawthra		Nord Bennet	i .		0540				
Residential Street Address	City			State	Zip Code				
376 Shelton Ave .		Shelton		СТ	06484				
Principal Occupation		Name of Employ	er						
		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 fundamining event listed in Section 112	Date	Received	Aggregate Contributions						
tundraising event listed in Section 31?									
No Cash X Personal Check	02/2	24/2014	\$100.00		\$100.00				
If yes, list Event # 02242014A		•	·						
Last Name	First			MI	Contribution ID #				
Pererra		Maria			0616				
Residential Street Address	City			State	Zip Code				
85 Nutmeg Rd .	City	Bridgeport		CT	06610				
Principal Occupation		Name of Employ	ON.	Ci	00010				
Admin		Wolf I							
<u> </u>				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? Method of contribution:	Date	Received	Aggregate Contributions						
If yes, list Event # 02242014A	02/2	24/2014	\$100.00		\$100.00				
<u></u>									
Last Name	First			MI	Contribution ID #				
Carter		Steven		W	1369				
Residential Street Address	City			State	Zip Code				
12 Queen St .		Shelton		CT	06484				
Principal Occupation		Name of Employ	er						
Director of Tech services		Save	the Children						
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?			30 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
x No Cash Personal Check	02/	24/2014	\$50.00		\$50.00				
If yes, list Event # Money Order Credit/Debit Card	02/	- 1/2017	φ 5 0.00		430.00				

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I MONETA DV DE CEIDTO (C. C. A. D.									
I. MONETARY RECEIPTS	S (S	ection A-I)	TYPE OF REPORT						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Lauretti Governor 2014 April 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Belade Jr		Allan			1357				
Residential Street Address	City			State	Zip Code				
64 Isinglass Rd		Shelton		СТ	06484				
Principal Occupation		Name of Employ	er						
		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	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	02/2	24/2014	\$50.00		\$50.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Belade		Mark			1367				
Residential Street Address	City			State	Zip Code				
353 Shelton Ave	,	Shelton		СТ	06484				
Principal Occupation		Name of Employ	er	<u> </u>	00101				
Teacher			ett O'Brien, St. of CT						
			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	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									
If yes, list Event # Money Order Credit/Debit Card	02/.	25/2014	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
Burns		Kenneth		Α	0709				
Residential Street Address	City			State	Zip Code				
25 Patricia Dr		Shelton		СТ	06484				
Principal Occupation		Name of Employ	er						
self		Burns	Construction						
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 c	a lobbyist:						
government the contract is with:			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 Credit/Debit Card	02/2	25/2014	\$100.00		\$100.00				
3.9									
Last Name	First			MI	Contribution ID #				
Klarides Ditria		Nicole			0517				
Residential Street Address	City			State	Zip Code				
23 Osprey Dr .		Seymour		CT	06483				
Principal Occupation		Name of Employ	er						
Cert. Athl Trainer		Laure	Iton HS						
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 Se	Date	Received	Aggregate Contributions						
rundraising event listed in Section J1?									
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	02/2	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) TYPE OF REPORT Lauretti Governor 2014 April 10 Filing - Original								
Lauretti Governor 2014 April 10 Filing - Original								
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Patenaude		Daniel			0518			
Residential Street Address	City			State	Zip Code			
11 The Marsh		Doxbury		MA	12332			
Principal Occupation		Name of Employ	er					
Sales		Sealc	oating					
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		dependent child c						
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	00.0	25/2014	+400.00		+100.00			
If yes, list Event # No Money Order X Credit/Debit Card	02/	25/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Last Name Mazzadia	FIISt	Datwieie		IVII				
Residential Street Address	City	Patricia		State	Zip Code			
115 Lantern Rd .	City	Stratford		CT	06614			
Principal Occupation	<u> </u>	Name of Employ	er	CI	00014			
Nurse			South Central CT					
			obbyist, spouse, or	Amou	ınt of Contribution			
Yes X No	0	dependent child of	Va	3				
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? Yes Cash Responsible Check								
X No The second circumstance in the second circu	02/	25/2014	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Gaidosz		Jo-Ann			1208			
Residential Street Address	City			State	Zip Code			
1 Gaidosz Way		Derby		СТ	06418			
Principal Occupation		Name of Employ	er					
		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? Yes	Amou	ant of Contribution			
If was indicate which branch or branches of		dependent enna e	x No					
government the contract is with:	Б.	D : 1		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	02/	25/2014	\$100.00		\$100.00			
If yes, list Event # Money Order Credit/Debit Card	02/	23/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Ricciardi	1 1100	Nicola		1,11	1010			
Residential Street Address	City	1110010		State	Zip Code			
60 Highland Ave		Waterbury		СТ	06708			
Principal Occupation		Name of Employ	er					
Labor			ateConcrete					
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	•	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					
tundraising event listed in Section 31?								
If yes list Event # Cash Credit/Debit Card	02/	25/2014	\$50.00		\$50.00			

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I. MONETARY RECEIPTS (Section A-I)									
	5 (5 6	ection A-1)	TYPE OF PEROPE						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Lauretti Governor 2014			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Alterio		Diane			0721				
Residential Street Address	City			State	Zip Code				
211 Summerfield		Shelton		СТ	06484				
Principal Occupation		Name of Employ	er						
		Retire	ed						
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 Grand High Section H2 Yes Method of contribution:	Date	Received	Aggregate Contributions						
rundraising event risted in Section 31:									
X No Cash X Personal Check	02/2	25/2014	\$50.00		\$50.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Mondoza		Michael			0717				
Residential Street Address	City			State	Zip Code				
118 Chase Hollow Ln		Glastonbury		СТ	06033				
Principal Occupation		Name of Employ	er	Ci	00033				
Timopal occupation		N/A	Ci						
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 Executive Legislative			x _{No}						
government the contract is with:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
X No Cash X Personal Check	02/	DE /2014	¢100.00		¢100.00				
If yes, list Event # Money Order Credit/Debit Card	02/.	25/2014	\$100.00		\$100.00				
LadVana	Firet.			M	Ct-ilti ID#				
Last Name	First			MI	Contribution ID #				
Zapatka		Joseph		M	0697				
Residential Street Address	City			State	Zip Code				
74 Hillspoint Rd .		Trumbull		СТ	06611				
Principal Occupation		Name of Employ							
Owner		Shoer							
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: Executive Legislative			x _{No}						
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
Tandarasing event insect in Section 31:									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	02/2	25/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Tice		Annette			0701				
Residential Street Address	City			State	Zip Code				
35 Cherrygate Ln		Trumbull		CT	06611				
Principal Occupation		Name of Employ	er						
		Realto	or						
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						
fundraising event listed in Section J1?									
× No	02/	25/2014	\$100.00		\$100.00				
If yes, list Event #	ı		i l	l					

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I MONETA BY DECEMBER (C. P. A. D.									
I. MONETARY RECEIPT	S (S	ection A-I)	TYPE OF REPORT						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Lauretti Governor 2014			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Tice		Mark			0702				
Residential Street Address	City			State	Zip Code				
35 Cherrygate Ln		Trumbull		СТ	06611				
Principal Occupation		Name of Employ	er						
Builder		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	Alliou	iit of Collification				
If yes, indicate which branch or branches of									
government the contract is with:									
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 Credit/Debit Card	02/2	25/2014	\$100.00		\$100.00				
it yes, list event#									
Last Name	First			MI	Contribution ID #				
Spinelli		Roger		L	0703				
Residential Street Address	City			State	Zip Code				
90 Soundview Ave	. ,	Shelton		СТ	06484				
	_		on.	Ci	00404				
Principal Occupation		Name of Employ	ei						
Builder		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	<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	02/	25/2014	\$100.00		\$100.00				
If yes, list Event #	,	-, -	,						
Last Name	First			MI	Contribution ID #				
	1 1130	Chave		IVII	0736				
Horn		Steve		_					
Residential Street Address	City			State	Zip Code				
45 Dora Dr		Shelton		СТ	06484				
Principal Occupation		Name of Employ	er						
Accountant		Odyss	sey Re						
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 Cash X Personal Check	02/	25/2014	\$40.00		\$40.00				
If yes, list Event #	02/	23, 2011	\$ 10.00		ψ 10.00				
	P				a . a				
Last Name	First			MI	Contribution ID #				
Yonika		Margaret			0731				
Residential Street Address	City			State	Zip Code				
76 Transylvania Rd	L	Roxbury		СТ	06783				
Principal Occupation		Name of Employ	er						
		Real I	Estate Broker						
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	Vac						
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						
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
		a= /aa : :			1100.05				
If yes, list Event # Cash Credit/Debit Card	02/2	25/2014	\$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		
Lauretti Governor 2014			April 10 1 lilling - Originial		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Arena		David		<u> </u>	0713
Residential Street Address	City	2 1 1:		State	Zip Code
33 Summit Ridge Rd Principal Occupation	L	Shelton		СТ	06484
Software Engineer		Name of Employer Rech			
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 o	of a lobbyist?		
government the contract is with: In this containation associated with a Mathed of containation.	Date	Received	Aggregate Contributions	-	
fundraising event listed in Section J1?	Date	Received	Aggregate Controllions		
If yes, list Event # Cash X Personal Check Money Order	02/2	26/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Moran Residential Street Address	City	Michael		W	0714 Zip Code
59 Lady Slipper Dr	City	Shelton		State	06484
Principal Occupation		Name of Employe	er	1 01	00404
· In · · · · · · In			eport Rescue Mission		
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 o	of a lobbyist?		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?			888		
If yes, list Event # Cash X Personal Check Money Order Credit/Debit Card	02/2	26/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Mercer		Thomas		R	0519
Residential Street Address	City			State	Zip Code
212 Huntington St .		Shelton		СТ	06484
Principal Occupation		Name of Employ	er		
Manager			rel Auto		
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 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	1	
Cash Personal Check	02/	26/2014	\$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 #
Mercer		Glenda		С	0520
Residential Street Address	City			State	Zip Code
212 Huntington St .		Shelton		СТ	06484
Principal Occupation		Name of Employer Retire			
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le	obbyist, spouse, or	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent child o	x No		
government the contract is with:	Date	Received	Aggregate Contributions	-	
fundraising event listed in Section J1?		,	30-10-11 John Tourion 15		
If yes list Event # Cash Personal Check No	02/2	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					
Lauretti Governor 2014			April 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
O'Rouke		Patrick			0521			
Residential Street Address	City			State	Zip Code			
1277 Mine Hill Rd .	City	Fairfield		CT	06824			
		1		CI	00024			
Principal Occupation		Name of Employ						
Manager		TC Fa	Icility Service					
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					
	Date	Received	Aggregate Contributions	1				
s this contribution associated with a fundraising event listed in Section J1?								
x No Cash Personal Check	02/	26/2014	¢100.00		¢100.00			
If yes, list Event # Money Order X Credit/Debit Card	02/.	26/2014	\$100.00		\$100.00			
				<u> </u>				
Last Name	First			MI	Contribution ID #			
Connolly		Kevin			0522			
Residential Street Address	City			State	Zip Code			
39 Laurel Glen Dr .		Shelton		СТ	06484			
Principal Occupation		Name of Employ	er					
Sales			Electronics					
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 Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
X No Cash Personal Check	02/	26/2014	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card	02/.	20,2014	\$100.00		Ψ100.00			
					a . 1 . m #			
Last Name	First			MI	Contribution ID #			
Hagedorn		Walter		W	0523			
Residential Street Address	City			State	Zip Code			
61 Judith Dr .		Milford		СТ	06461			
Principal Occupation		Name of Employ	er	•				
Manager		Trans	clean					
-			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		111100	in or controution			
If yes, indicate which branch or branches of			x _{No}					
government the contract is with:								
Is this contribution associated with a Wethod of contribution: Specifically a specifically specifically a specifically specifically a specif	Date	Received	Aggregate Contributions					
Initial ansing event insect in section 31:								
× 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 #			
Caponi		Eileen			0723			
·	Cit-	Liiceii		Ct-t-				
Residential Street Address	City			State	Zip Code			
22 Driftwood Ln	L,	Shelton		СТ	06484			
Principal Occupation		Name of Employ	er					
		Retire	ed					
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 Executive Legislative			x _{No}					
government the contract is with:	D. r	Pagaint-1		1				
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
	1							
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	02/	26/2014	\$25.00		\$25.00			

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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									
Lauretti Governor 2014			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Martino		Audrey			0740				
Residential Street Address	City			State	Zip Code				
19 Hearthstone Dr		Shelton		СТ	06484				
Principal Occupation		Name of Employ	er						
		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?			abbriet anauga as	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 Grand High Section H2 Yes Method of contribution:	Date	Received	Aggregate Contributions						
rundraising event risted in Section 31?									
X No Cash X Personal Check	02/	27/2014	\$50.00		\$50.00				
If yes, list Event #		•	·		·				
Last Name	First			MI	Contribution ID #				
Carroll		Frank		J	1273				
Residential Street Address	City	TTUTK		State	Zip Code				
499 Elk Run	City	Shelton		CT	06484				
Principal Occupation		Name of Employ	on.	CI	00464				
IVP		IBEW							
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: 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 # Cash Anney Order Credit/Debit Card	02/	27/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Carroll		Patricia			1274				
Residential Street Address	City			State	Zip Code				
499 Elk Run		Shelton		СТ	06484				
Principal Occupation		Name of Employ	er						
		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 Mathed of contribution.	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
X No Cash X Personal Check	02/	27/2014	\$100.00		\$100.00				
If yes, list Event #		-	·		-				
Last Name	First			MI	Contribution ID #				
Manger Jr		Robert			0927				
Residential Street Address	City	Robert		State	Zip Code				
21 Dome Dr	City	Shelton		CT	06484				
			on.	Ci	00404				
Principal Occupation		Name of Employ N/A	Ci						
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 Executive Legislative			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?			55 -5						
X No Cash X Personal Check	02/	27/2014	\$100.00		\$100.00				
If yes, list Event # Money Order Credit/Debit Card	52/	/2017	Ψ100.00	I	4-30.00				

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I MONETA DV DECEDTO (CC A. D.									
I. MONETARY RECEIPT	5 (50	ection A-I)	T						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT						
Lauretti Governor 2014			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Krauser Jr		Edward		K	1019				
Residential Street Address	City			State	Zip Code				
369 Leavenworth Rd .		Shelton		СТ	06484				
Principal Occupation		Name of Employ	er						
owner		Count	rywide Landscaping						
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 Grand History Head of Contribution: Yes Method of contribution:	Date	Received	Aggregate Contributions						
rundraising event risted in Section 31?									
x No Cash x Personal Check	02/	27/2014	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Pannozzo		Carole			0741				
Residential Street Address	City			State	Zip Code				
167 Waverly Rd		Shelton		СТ	06484				
Principal Occupation		Name of Employ	er	<u> </u>					
Director of Hum Res			on Public Schools						
			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	111100	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						
X No Cash X Personal Check	02/	20/2014	±100.00		±100.00				
If yes, list Event # Money Order Credit/Debit Card	02/.	28/2014	\$100.00		\$100.00				
	-				a . 1				
Last Name	First			MI	Contribution ID #				
Trez		Robert			0737				
Residential Street Address	City			State	Zip Code				
63 Wabuda Pl		Shelton		СТ	06484				
Principal Occupation		Name of Employ	er						
		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 112	Date	Received	Aggregate Contributions						
Tandarasing event insect in section 31:									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	02/	28/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Santarsiero		William		D	0729				
Residential Street Address	City			State	Zip Code				
272 Summerfield Gdns		Shelton		CT	06484				
Principal Occupation		Name of Employ	er						
		Retire	ed						
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						
rundraising event listed in Section J1?									
If yes, list Event #	02/	28/2014	\$100.00		\$100.00				
in yes, hat invent # Li wioney Order Li Credit/Debit Card				i					

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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		
Lauretti Governor 2014			April 10 Filling - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Woolwich		Patricia			0730
Residential Street Address	City			State	Zip Code
27 Cesemiar N		Bloomfield		СТ	06002
Principal Occupation		Name of Employ Retire			
Is contributor a principal of a state contractor or prospective state contractor?			abbrief energe or	Amor	unt of Contribution
is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	Vac	Timou	ant 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 Yes Method of contribution:	Date	Received	Aggregate Contributions]	
tundraising event listed in Section 31?					
If yes, list Event # Cash Credit/Debit Card	02/	28/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Dichiola-Dan Wart		Michele		A	0718
Residential Street Address	City			State	Zip Code
22 Wright St		Shelton		СТ	06484
Principal Occupation		Name of Employ	er	-	
Manager		AETN	A, 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	x No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1? Yes Cash Responsible Check					
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	02/	28/2014	\$25.00		\$25.00
Last Name	First			MI	Contribution ID #
St. Amand		Theodore		E	0930
Residential Street Address	City			State	Zip Code
3 Hetop Trl		Shelton		СТ	06484
Principal Occupation		Name of Employ	er		
		N/A			
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 of a lobbyist? Yes	Amou	int 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	
tundraising event listed in Section 31:					
If yes, list Event # Cash Credit/Debit Card	03/	01/2014	\$25.00		\$25.00
Last Name	First			MI	Contribution ID #
Charmel		Patrick			0728
Residential Street Address	City			State	Zip Code
100 W Meadow St		Hamden		СТ	06518
Principal Occupation		Name of Employ	er		
CEO			n Hospital		
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 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	1	
fundraising event listed in Section J1?			-		
If yes list Event # Cash X Personal Check Cash X Personal Check Credit/Debit Card	03/	02/2014	\$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									
Lauretti Governor 2014			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Sekelsky		Richard		Α	0739				
Residential Street Address	City			State	Zip Code				
3 Webster Dr		Shelton		СТ	06484				
Principal Occupation		Name of Employ	er						
Plumber		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? Yes						
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 risted in Section 31?									
No I =	03/0	02/2014	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Kolliopoulos		Gregory			1362				
Residential Street Address	City			State	Zip Code				
53 Hanover Rd .		Newtown		СТ	06470				
Principal Occupation		Name of Employ	er						
		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: 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	03/0	02/2014	\$100.00		\$100.00				
If yes, list Event # X Money Order Credit/Debit Card		,							
Last Name	First			MI	Contribution ID #				
Gilbert		Marcel JP			0735				
Residential Street Address	City			State	Zip Code				
7 Day Break Ln		Shelton		СТ	06484				
Principal Occupation		Name of Employ	er						
• •		Retire	ed						
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							
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?									
X No Cash X Personal Check	03/0	03/2014	\$100.00		\$100.00				
If yes, list Event #		,	7						
Last Name	First			MI	Contribution ID #				
Grant		David		J	0667				
Residential Street Address	City			State	Zip Code				
25 Birchbank		Shelton		CT					
Principal Occupation		Name of Employ	er	<u> </u>					
owner			: Caterers						
			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:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?			000 20111104110110						
X No Cash Personal Check	037	03/2014	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card	"	03/2017	\$100.00		4100.00				

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I MONETA DV DECEMBER (C. P. A. D.								
I. MONETARY RECEIPT	S (Se	ection A-I)	I					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Lauretti Governor 2014			April 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Surina		Thomas		F	0668			
Residential Street Address	City			State	Zip Code			
204 New Haven Ave		Derby		СТ	06418			
Principal Occupation		Name of Employ	er					
Manager		City o	f Shelton					
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	Date	Received	Aggregate Contributions					
tundraising event listed in Section 31?								
X No Cash Personal Check	03/0	03/2014	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card		-						
Last Name	First			MI	Contribution ID #			
Lauretti		Luke		М	0669			
Residential Street Address	City			State	Zip Code			
105 Oak St		Shelton		CT	06484			
Principal Occupation		Name of Employ	er	Ci	00404			
Timopal occupation		Retire						
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 No)	dependent child of	Vac					
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with: In this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions					
Cash Personal Check	02,4	02/2014	±100.00		±100.00			
If yes, list Event # Money Order X Credit/Debit Card	03/0	03/2014	\$100.00		\$100.00			
					a . 1			
Last Name	First			MI	Contribution ID #			
Wegman		Darrin		S	1195			
Residential Street Address	City	_		State	Zip Code			
687 Heritage Hill Rd .		Orange		СТ	06477			
Principal Occupation		Name of Employ						
GM			ell 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 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 112.	Date	Received	Aggregate Contributions					
Tandarasing event insect in Section 71:								
If yes, list Event # Cash Credit/Debit Card	03/0	03/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Parker		Gary		М	1272			
Residential Street Address	City			State	Zip Code			
38 N Coe Ln		Ansonia		CT	06401			
Principal Occupation		Name of Employ	er					
Construction Engin		Milon	e & MacBroom					
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	Date	Received	Aggregate Contributions					
rundraising event listed in Section J1?	l							
If yes, list Event # Cash Credit/Debit Card	03/0	03/2014	\$100.00		\$100.00			
11 Jos, 150 Living Order Credit/Debit Card			l 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		
Lauretti Governor 2014			7 pm 10 1 ming - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Klauser		Victoria		J	1014
Residential Street Address	City	Q1 11		State	Zip Code
109 Wesley Dr . Principal Occupation		Shelton Name of Employ	on.	СТ	06484
Principal Occupation		Name of Employ N/A	er		
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)	dependent child of	of a lobbyist?		
government the contract is with: Executive Legislative			x No	<u> </u>	
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/	04/2014	\$100.00		\$100.00
If yes, list Event #	03/	04/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Pisacane		Catherine			0924
Residential Street Address	City			State	Zip Code
59 Katherine Ct		Shelton		СТ	06484
Principal Occupation		Name of Employ	er		
		N/A			
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	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	\exists	
fundraising event listed in Section J1?			1.99.18		
X No Cash X Personal Check	03/	04/2014	\$100.00		\$100.00
If yes, list Event #				ļ	
Last Name	First			MI	Contribution ID #
Traub		Harold		J	0742
Residential Street Address	City			State	Zip Code
16316 Bristol Point Dr		Delray Beach		FL	33446
Principal Occupation		Name of Employ			
Real Estate			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 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/	04/2014	\$100.00		\$100.00
Lost Nome	First			MI	Contribution ID#
Last Name Monaco	FIISt	Suzanne Bur	r	MI	Contribution ID # 1025
Residential Street Address	City	Suzarine Dui	!	State	Zip Code
76 Westfield Dr		Trumbull		СТ	06611
Principal Occupation		Name of Employ	er		
Town Clerk		Town	of Trumbull		
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		dependent child of	or a roodyist?		
government the contract is with:		Danier 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	03/	04/2014	\$100.00		\$100.00
If yes list Event # Money Order Credit/Debit Card	ı,	•		1	•

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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					
Lauretti Governor 2014			April 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Bassett		William		С	0670			
Residential Street Address	City			State	Zip Code			
940 Cape Marco # 903		Marco Island		FL	34145			
Principal Occupation		Name of Employ	er					
		Retire	ed					
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 No)	dependent child of	of a lobbyist? Yes					
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 Credit/Debit Card	03/0	05/2014	\$100.00		\$100.00			
noney order Carde Debt Card								
Last Name	First			MI	Contribution ID #			
Bassett		Judith		Р	0671			
Residential Street Address	City			State	Zip Code			
940 Cape Marco # 903	L	Marco Island		FL	34145			
Principal Occupation		Name of Employ	er					
		Retire	ed					
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 Yes	Date	Received	Aggregate Contributions					
tundraising event listed in Section J1?								
If yes, list Event # Cash Credit/Debit Card	03/0	05/2014	\$100.00		\$100.00			
— V —								
Last Name	First			MI	Contribution ID #			
Keane		Karen			0672			
Residential Street Address	City			State	Zip Code			
23 Joshua Dr .		West Simsbu	iry	СТ	06092			
Principal Occupation		Name of Employ						
Owner			m Health	•				
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 ennu (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	02.	05/2014	±100.00		±100.00			
If yes, list Event # Money Order X Credit/Debit Card	03/0	05/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Vaccaro	riist	Lorie		IVII	1378			
Residential Street Address	City	Lorie		State	Zip Code			
515 Beaver St	City	Ansonia		CT	06401			
Principal Occupation		Name of Employ	er		00401			
		Retire						
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 expert listed in Section 112.	Date	Received	Aggregate Contributions					
Tundraising event listed in Section 31:								
If yes, list Event # 03052014A Solution If yes, list Event # 03052014A Solution If yes, list Event # 03052014A	03/0	05/2014	\$30.00		\$30.00			

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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						
Lauretti Governor 2014			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Cousins		Nicholas		Т	0926				
Residential Street Address	City			State	Zip Code				
1 Curran Ln	City	Shelton		CT	06484				
				CI	00404				
Principal Occupation		Name of Employ							
		Rretir	ed						
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:			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/	05/2014	\$50.00		\$50.00				
If yes, list Event # Money Order Credit/Debit Card	03/	03/2014	\$30.00		450.00				
Last Name	First			MI	Contribution ID #				
Manger		Kathleen			0928				
Residential Street Address	City			State	Zip Code				
21 Dome Dr		Shelton		CT	06484				
Principal Occupation		Name of Employ	er						
		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	711100	nt of Contribution				
If yes, indicate which branch or branches of		1							
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?									
× No	03/0	05/2014	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
LaCroix	THISC	Kannath		1411	0929				
		Kenneth							
Residential Street Address	City			State	Zip Code				
600 Juniper Ct		Oxford		СТ	06478				
Principal Occupation		Name of Employ	er						
Maint. Super		Shelte	on Brd. of Ed						
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 CONTROL IS NOT THE CONTROL IN THE C			x No						
government the contract is with.	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
X No Cash X Personal Check		05/004/	4400.00						
If yes, list Event # Money Order Credit/Debit Card	03/0	05/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Cohen		Richard			0934				
Residential Street Address	City			State	Zip Code				
450 Maple Ave		Old Saybrool	<	СТ	06040				
Principal Occupation		Name of Employ							
ттора осоциион									
			rly markets						
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	or a roodyrst?						
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 31?									
X No Cash Personal Check	03/0	05/2014	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card	I/ `	,	¥200.00						

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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					
Lauretti Governor 2014			April 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First	ii viuuuis		MI	Contribution ID #			
	FIISt							
Haberern	O.	susan		Н	0935			
Residential Street Address	City			State	Zip Code			
46 School Brook Ln		Vernon		СТ	06066			
Principal Occupation		Name of Employ						
CFO		SBI I	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 lobbyist?					
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	03/0	05/2014	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card		•						
Last Name	First			MI	Contribution ID #			
Schulz	1 1150	Dhilin						
	O.	Philip		J	0931			
Residential Street Address	City			State	Zip Code			
3 Somserset Ln	L.,	Simsbury		СТ	06070			
Principal Occupation		Name of Employ	er					
		Retire	ed					
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/	05/2014	\$100.00		\$100.00			
If yes, list Event # Money Order Credit/Debit Card	03/	03/2014	Ψ100.00		φ100.00			
Lost Noma	First			MI	Contribution ID #			
Last Name	FIISt			IVII				
Lane		James			0635			
Residential Street Address	City			State	Zip Code			
20 Friendlee Ln		Wilton		СТ	06897			
Principal Occupation		Name of Employ	er					
Banker		Webs	ter Bank					
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 robbyist:					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
	Date	Received	Aggregate Contributions					
Is this contribution associated with a fundraising event listed in Section J1?								
No Cash Personal Check	03/0	05/2014	\$100.00		\$100.00			
If yes, list Event # 03052014A	00,	00, 202 .	Ψ200.00					
Last Name	First			MI	Contribution ID #			
	FIISt	December						
Hayden		Russell		J	0620			
Residential Street Address	City			State	Zip Code			
125 Sunflower Ave	L	Stratford		СТ	06614			
Principal Occupation		Name of Employ	er					
Owner		Premi	er Mgr					
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 child (-					
government the contract is with:			x _{No}					
Is this contribution associated with a fundaciona quent listed in Section 112	Date	Received	Aggregate Contributions					
Tundraising event listed in Section 31:								
If yes, list Event # 03052014A No Anney Order Credit/Debit Card	03/0	05/2014	\$100.00		\$100.00			
1 1 yes, his Event# UJUJZUITA I Money Order L 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)	5 (51	ction A-1)	TYPE OF REPORT					
Lauretti Governor 2014			April 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Hayden		Diane			0636			
Residential Street Address	City			State	Zip Code			
125 Sunflower Ave	ĺ	Stratford		СТ	06614			
Principal Occupation		Name of Employ	er					
Admin. Asst/ PW		Town	of Stratford					
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? Yes					
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								
□ No □ □ □ □	03/0	05/2014	\$100.00		\$100.00			
If yes, list Event # 03052014A								
Last Name	First			MI	Contribution ID #			
Kreger		Kenneth		R	0621			
Residential Street Address	City			State	Zip Code			
334 Wildwood Dr .		Orange		CT	06477			
Principal Occupation		Name of Employ	er					
Sales		Spect	or Furniture					
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 fundamining event listed in Section 112	Date	Received	Aggregate Contributions					
X Cash Personal Check								
If yes, list Event # 03052014A No Money Order Credit/Debit Card	03/0	05/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Sutnik		Thomas			0622			
Residential Street Address	City			State	Zip Code			
519 Roxbury Rd .		Southbury		СТ	06488			
Principal Occupation		Name of Employ						
		Attorr	·					
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/	05/2014	\$100.00		\$100.00			
If yes, list Event # 03052014A	03/1	03/2014	\$100.00		φ100.00			
Last Name	First			MI	Contribution ID #			
Manzione	1 1150	Vivian			0623			
Residential Street Address	City	VIVIGII		State	Zip Code			
512 Antelope Trl		Shelton		CT	06484			
Principal Occupation		Name of Employ	er	<u> </u>				
		retire						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	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	1				
Tundraising event listed in Section 31:								
If yes, list Event # 03052014A Cash Cash Personal Check No Money Order Credit/Debit Card	03/0	05/2014	\$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 (5)	ction A-i)	TYPE OF REPORT					
Lauretti Governor 2014			April 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Knoll	1 1130	Richard			0624			
Residential Street Address	City	Tachara		State	Zip Code			
60 Knorr Ave	City	Seymour		CT	06483			
Principal Occupation		Name of Employ	er		00103			
Manager		TEAM						
			abbyist snause 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 event listed in Section 112	Date	Received	Aggregate Contributions					
rundraising event fisted in Section 31?								
□ No □	03/	05/2014	\$100.00		\$100.00			
If yes, list Event # 03052014A								
Last Name	First			MI	Contribution ID #			
Walsh		John		J	0625			
Residential Street Address	City			State	Zip Code			
31 Eight St .		Derby		СТ	06418			
Principal Occupation		Name of Employ	er					
Admin		Valley	United Way					
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 Society 12 X Yes Method of contribution:	Date	Received	Aggregate Contributions	1				
fundraising event fisted in Section 31?								
No Cash X Personal Check	03/	05/2014	\$100.00		\$100.00			
If yes, list Event # 03052014A								
Last Name	First			MI	Contribution ID #			
Purcell		William		E	0626			
Residential Street Address	City			State	Zip Code			
61 Orchard Rd .		Woodbridge		СТ	06525			
Principal Occupation		Name of Employ	er		!			
Executive		Great	er Valley Chamber					
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 fundaming award listed in Section 112.	Date	Received	Aggregate Contributions					
tundraising event risted in Section 31:								
U No F cash F cash F cash	03/	05/2014	\$100.00		\$100.00			
If yes, list Event # 03052014A								
Last Name	First			MI	Contribution ID #			
Cretella		Linda			0627			
Residential Street Address	City			State	Zip Code			
8 Hull Rd .		Seymour		СТ	06483			
Principal Occupation		Name of Employ	er					
Sales		Ned N	filler Agency					
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 roodyist?					
government the contract is with:			x _{No}					
Is this contribution associated with a Section 112 Yes Wethod of contribution:	Date	Received	Aggregate Contributions					
Tundraising event listed in Section 31:								
If yes, list Event # 03052014A Solution If yes, list Event # 03052014A Solution If yes, list Event # 03052014A	03/	05/2014	\$100.00		\$100.00			

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L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Lauretti Governor 2014			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Trianovich		Barbara			0628				
Residential Street Address	City			State	Zip Code				
70 Meadow St	<u> </u>	Seymour		СТ	06483				
Principal Occupation		Name of Employ							
Sales/Manager Is contributor a principal of a state contractor or prospective state contractor?			Miller Agency 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 X Voc Method of contribution:	Date	Received	Aggregate Contributions						
Tundraising event instead in Section 31:									
If yes, list Event # 03052014A No Money Order Credit/Debit Card	03/0	05/2014	\$100.00		\$100.00				
L AV	F: .			L	Louis B"				
Last Name	First	Louise M		MI	Contribution ID # 0629				
Manger Residential Street Address	City	Louise M		State	Zip Code				
7 Beacon Hill Ter		Shelton		СТ	06484				
Principal Occupation		Name of Employ	er						
		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	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	02/	25/2014	#100.00		±100.00				
If yes, list Event # 03052014A	03/0	05/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Biros		Cheryl			0630				
Residential Street Address	City			State	Zip Code				
74 Melba St		Milford		СТ	06460				
Principal Occupation		Name of Employ	er						
Insurance			filler Agency						
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 # 03052014A	03/0	05/2014	\$100.00		\$100.00				
If yes, list Event # 03052014A									
Last Name	First			MI	Contribution ID #				
Apicella		Achille		Α	0631				
Residential Street Address	City			State	Zip Code				
6 Fraser Dr . Principal Occupation	<u> </u>	Woodbridge Name of Employ	or.	СТ	06525				
СРА			lla, Testa						
			-literiat conservation	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	1					
Tunidialising event listed in Section 31:									
If yes, list Event # 03052014A No Money Order Credit/Debit Card	03/0	05/2014	\$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 i	ection A-1)	TYPE OF REPORT					
Lauretti Governor 2014			April 10 Filing - Original					
B. Itemized Contributions from Individuals								
	_	iividais) d	C (1 (ID#			
Last Name	First	Marile 7		MI	Contribution ID #			
Miller	O.	William, Jr		J	0632			
Residential Street Address	City	0.6.1		State	Zip Code			
2 Deanna Dr .		Oxford		СТ	06478			
Principal Occupation		Name of Employ	er					
Fin. Advisor		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? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent ennu (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					
Cash X Personal Check	02/	05/2014	±100.00		±100.00			
If yes, list Event # 03052014A No Money Order Credit/Debit Card	03/	05/2014	\$100.00		\$100.00			
T. M	г) d	G (7 C ID)			
Last Name	First			MI	Contribution ID #			
Romano		Mark			0633			
Residential Street Address	City			State	Zip Code			
6 Frans Way		Shelton		СТ	06484			
Principal Occupation		Name of Employ	er					
Developer		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	<u> </u>					
government the contract is with:			x _{No}					
Is this contribution associated with a fundamining event listed in Section 112	Date	Received	Aggregate Contributions					
Tundraising event listed in Section 31:								
U No ☐ □ ··································	03/	05/2014	\$100.00		\$100.00			
If yes, list Event # 03052014A								
Last Name	First			MI	Contribution ID #			
Marcucio		Brian		R	0634			
Residential Street Address	City			State	Zip Code			
13 Dome Dr		Shelton		CT	06484			
Principal Occupation		Name of Employ	er					
Courier Service		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	Date	Received	Aggregate Contributions					
rundraising event fisted in Section 31?								
No No Tresonal enter	03/	05/2014	\$100.00		\$100.00			
If yes, list Event # 03052014A								
Last Name	First			MI	Contribution ID #			
Foley		Kevin			0637			
Residential Street Address	City			State	Zip Code			
164 Kyles Way		Shelton		СТ	06484			
Principal Occupation		Name of Employ	er					
Real Estate			man & Wakefielod					
			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}					
government the contract is with:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
No Cash X Personal Check	03/	05/2014	\$100.00		\$100.00			
If yes, list Event # 03052014A	I 55/	,	Ψ100.00		₊ = 00.00			

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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					
Lauretti Governor 2014			7 April 10 Filling Original					
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Coleman		Emily		<u> </u>	0638			
Residential Street Address	City			State	Zip Code			
20 Outlook Ave # 305	<u> </u>	West Hartfor		СТ	06119			
Principal Occupation Marketing		Name of Employ Rober	t Coleman Insurance					
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	5	dependent child of	a loodyist?					
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	03/	05/2014	\$100.00		\$100.00			
If yes, list Event # 03052014A	,							
Last Name	First			MI	Contribution ID #			
Kraft		Michael			0639			
Residential Street Address	City			State	Zip Code			
116 Russell Ave	<u> </u>	Orange		СТ	06477			
Principal Occupation CRNA		Name of Employ						
			eport Anesthesia obbyist, spouse, or	Amor	nt of Contribution			
Yes X No	0	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 Method of contribution:	Date	Received	Aggregate Contributions	1				
Cash X Personal Check								
If yes, list Event # 03052014A No Money Order Credit/Debit Card	03/	05/2014	\$100.00		\$100.00			
				1				
Last Name	First	Tiffany		MI	Contribution ID # 1379			
Negreiro Residential Street Address	City	Tillally		State	Zip Code			
639 Booth Hill Rd .	City	Shelton		CT	06484			
Principal Occupation		Name of Employ	er					
bar owner		self						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or of a 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: Executive Legislative		D : 1	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 # 03182014A	03/	05/2014	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Matto	11130	Mark		1411	1381			
Residential Street Address	City			State	Zip Code			
7 Cortland Pl		Oxford		СТ	06478			
Principal Occupation		Name of Employ	er	-	•			
Mechanic			f Derby					
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	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?								
If yes list Event # 03062014A No No No No No No No No No No No No No	03/	06/2014	\$30.00		\$30.00			

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	o (o	ection A-1)	TYPE OF REPORT					
Lauretti Governor 2014			April 10 Filing - Original					
B. Itemized Contributions from Individuals								
	_	iiviuuais						
Last Name Coliens Nuzzolo	First	PJ		MI	Contribution ID # 0761			
Residential Street Address	City			State	Zip Code			
17 Brook Rd .		Woodbridge		СТ	06525			
Principal Occupation		Name of Employ	er					
Builder		Brook	side Developer					
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 fundaming awart listed in Section 112	Date	Received	Aggregate Contributions					
X Parsonal Check								
If yes, list Event # 03062014A	03/0	06/2014	\$60.00		\$60.00			
Last Name	First			MI	Contribution ID #			
Valentino	FIISt	Domenick		IVII	0762			
Residential Street Address	City	Domenick		State	Zip Code			
52 Summit St	City	Derby		CT	06418			
Principal Occupation	-	Name of Employ	er	C.	00110			
		Retire						
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:	Doto	Received	Aggregate Contributions					
s this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions					
If yes, list Event # 03062014A	03/0	06/2014	\$50.00		\$50.00			
050201111								
Last Name	First			MI	Contribution ID #			
Hughes	O.	Kenneth		a	0749			
Residential Street Address	City	Dawhu		State CT	Zip Code 06418			
470 New Haven Ave Principal Occupation		Derby Name of Employ	or	CI	00416			
Super of Parks			f Norwalk					
•		,	obbyist, spouse, or	Amou	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					
Tunidasing event instead in Section 31:								
If yes, list Event # 03062014A Cash Personal Check Money Order Credit/Debit Card	03/0	06/2014	\$90.00		\$90.00			
Last Name	First			MI	Contribution ID #			
Romano		Linda		М	0751			
Residential Street Address	City			State	Zip Code			
304 Hawthorne Ave		Derby		СТ	06418			
Principal Occupation		Name of Employ	er	-	•			
		Retire						
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:			x _{No}					
government the contract is with:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?			-					
If yes, list Event # 03062014A	03/0	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)	5 (51	ction A-i)	TYPE OF REPORT					
Lauretti Governor 2014			April 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Soda	1 1150	Catherine		1411	0748			
Residential Street Address	City			State	Zip Code			
318 Olivia St	,	Derby		СТ	06418			
Principal Occupation		Name of Employ	er					
RN		Griffir	ı Hospital					
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	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					
Cosh X Parsonal Check								
If yes, list Event # 03062014A No Money Order Credit/Debit Card	03/0	06/2014	\$75.00		\$75.00			
	г			\ r	Contribution ID #			
Last Name Moscato	First	Loo		MI	0763			
Residential Street Address	City	Leo		State	Zip Code			
34 Lewis St	City	Derby		CT	06418			
Principal Occupation		Name of Employ	er	C.	00110			
Director		1 ,	f Derby					
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 # 03062014A No Money Order Credit/Debit Card	03/0	06/2014	\$30.00		\$30.00			
in year, man Dream and a cream book can be a c								
Last Name	First			MI	Contribution ID #			
Sullivano		Joseph			0925			
Residential Street Address	City			State	Zip Code			
7 Rosewood Ln		Shelton		СТ	06484			
Principal Occupation		Name of Employ	er Production Assoc.					
owner 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		Aillot	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? Yes Yes Cash Representation:								
X No The case of t	03/0	06/2014	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Minopo		Anthony			0831			
Residential Street Address	City			State	Zip Code			
100 Parrott Dr		Shelton		СТ	06484			
Principal Occupation		Name of Employ	er					
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? 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?	Date							
No X Cash Personal Check	03/0	06/2014	\$30.00		\$30.00			
If yes, list Event # 03062014A	i			Ī				

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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					
Lauretti Governor 2014			April 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First	ii viuuuis		MI	Contribution ID #			
Last Name Pavone	First	Carol		MI	0770			
Residential Street Address	City			State	Zip Code			
18 Coachmans Ln		Shelton		СТ	06484			
Principal Occupation		Name of Employ	er	•	•			
Asst. Teacher		TEAM	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? 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 fundamining away listed in Section 112.	Date	Received	Aggregate Contributions					
rundraising event instea in section 11:								
If yes, list Event # 03062014A	03/	06/2014	\$50.00		\$50.00			
				l				
Last Name	First			MI	Contribution ID #			
Pavone	G:	Peter		R	0771			
Residential Street Address	City	Chalkan		State	Zip Code			
18 Coachmans Ln Principal Occupation		Shelton Name of Employ	or	СТ	06484			
Computer APP			f Shelton					
		-	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	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					
Is this contribution associated with a fundraising event listed in Section J1? X Yes Cash Refrond of contribution: Refrond of contribution:								
If yes, list Event # 03062014A	03/	06/2014	\$50.00		\$50.00			
				l				
Last Name	First	_		MI	Contribution ID #			
Kayser		Joan		М	1359			
Residential Street Address	City	6		State	Zip Code			
60 Knorr Ave		Seymour		СТ	06483			
Principal Occupation		Name of Employ	er on Communication					
Manager 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	3/	7 tinou	nt of Controution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			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 Credit/Debit Card Cash Personal Check Per	03/	06/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Cavallaro	1 1100	Joseph			0769			
Residential Street Address	City			State	Zip Code			
239 Seymour Ave	,	Derby		СТ	06418			
Principal Occupation		Name of Employ	er					
Custodian		Shelto	on HS					
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 emili (x No					
government the contract is with:	Date	Received	Aggregate Contributions	1				
fundraising event listed in Section J1?			30 -0					
If yes, list Event # 03062014A	03/	06/2014	\$50.00		\$50.00			

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I, MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	<u>s (s</u> i	ection A-1)	TYPE OF REPORT						
Lauretti Governor 2014			April 10 Tilling - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Pelaccia		Frank			0773				
Residential Street Address	City			State	Zip Code				
92 Oak Ave		Shelton		CT	06484				
Principal Occupation		Name of Employ	er						
PW		City o	f Derby						
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 fundamining event listed in Section 112	Date	Received	Aggregate Contributions						
X Parsonal Check									
If yes, list Event # 03062014A No Money Order Credit/Debit Card	03/	06/2014	\$50.00		\$50.00				
If yes, list Event # 03002014A									
Last Name	First			MI	Contribution ID #				
Narowski		Lisa			0775				
Residential Street Address	City			State	Zip Code				
21 Jeanetti Dr		Derby		CT	06418				
Principal Occupation		Name of Employ	er						
Assistant		City o	f Derby						
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	Date	Received	Aggregate Contributions						
rundraising event fisted in Section 31?									
U No ☐ □ ··································	03/	06/2014	\$50.00		\$50.00				
If yes, list Event # 03062014A									
Last Name	First			MI	Contribution ID #				
Galbo		Loreto			0776				
Residential Street Address	City			State	Zip Code				
55 Range Rd .		Southport		СТ	06890				
Principal Occupation		Name of Employ	er						
wholesale		Galbo	Provisions						
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 agent listed in Section 112	Date	Received	Aggregate Contributions						
rundraising event fisted in Section 31?									
U No I ☐ □	03/	06/2014	\$50.00		\$50.00				
If yes, list Event # 03062014A									
Last Name	First			MI	Contribution ID #				
Galbo		Anthony			0777				
Residential Street Address	City	-		State	Zip Code				
969 Powder Horn Ln		Fairfield		СТ	06824				
Principal Occupation		Name of Employ	er						
Wholesale			Provisions						
			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}						
government the contract is with:	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						
No Cash X Personal Check	03/	06/2014	\$50.00		\$50.00				
If yes, list Event # 03062014A	I 55/	, =	455.55						

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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					
Lauretti Governor 2014			April 10 Filing - Original					
B. Itemized Contributions from Individuals								
	First	ii viuuuis		MI	Contribution ID #			
Last Name Staffieri	First	Ezio		MI	0779			
Residential Street Address	City			State	Zip Code			
35 Blacks Hill Rd		Shelton		СТ	06484			
Principal Occupation		Name of Employ	er					
Steel Co		Chapi	n & Bangs					
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	Date	Received	Aggregate Contributions					
Tuildiasing event instead in Section 31:								
If yes, list Event # 03062014A No Money Order Credit/Debit Card	03/0	06/2014	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Michaud		James			0780			
Residential Street Address	City			State	Zip Code			
12 Sunrise Dr	L	Oxford		СТ	06478			
Principal Occupation		Name of Employ	er					
CPA								
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:	Date	Received	Aggregate Contributions					
X Cash Personal Check								
If yes, list Event # 03062014A No Money Order Credit/Debit Card	03/0	06/2014	\$100.00		\$100.00			
					[a . a			
Last Name	First			MI	Contribution ID #			
Battaglino	O.	Marino		g	0782			
Residential Street Address	City	Chalkan		State	Zip Code			
87 Lakeview Ave		Shelton		СТ	06484			
Principal Occupation		Name of Employ N/A	ei					
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?	Duite	10001100	1.6g. egate controlations					
No X Cash Personal Check	03/0	06/2014	\$70.00		\$70.00			
If yes, list Event # 03062014A	00,	00, 201 .	Ψ. 0.00					
Last Name	First			MI	Contribution ID #			
Lutheran		Jeff			0783			
Residential Street Address	City			State	Zip Code			
8 N Princeton Dr		Shelton		СТ	06484			
Principal Occupation		Name of Employ	er					
Insurance		Healt						
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 foodyist?					
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					
X Cook Develor Check								
If yes, list Event # 03062014A No Money Order Credit/Debit Card	03/0	06/2014	\$60.00		\$60.00			

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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					
Lauretti Governor 2014			April 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Pellegrino		Larry			0784			
Residential Street Address	City			State	Zip Code			
79 Benz St		Ansonia		СТ	06401			
Principal Occupation		Name of Employ	er					
Director		TOMR	-					
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?	Bute	Received	Aggregate Contributions					
No X Cash Personal Check	03/0	06/2014	\$60.00		\$60.00			
If yes, list Event # 03062014A			·		•			
Last Name	First			MI	Contribution ID #			
Boucher		Philip			0785			
Residential Street Address	City			State	Zip Code			
18 Brewster		Shelton		СТ	06484			
Principal Occupation		Name of Employ						
Handyman			ry Arms					
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	1				
fundraising event listed in Section J1?			86 .8					
No X Cash Personal Check	03/0	06/2014	\$50.00		\$50.00			
If yes, list Event # 03062014A			<u> </u>		•			
Last Name	First			MI	Contribution ID #			
Seferi		Erytha			0786			
Residential Street Address	City			State	Zip Code			
18 Brewster Ln		Shelton		СТ	06484			
Principal Occupation		Name of Employ						
Sales			y Arms	A	-t-f-Ct-ilti			
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 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? X Yes Method of contribution: X Cash Personal Check								
U No I ☐ □	03/0	06/2014	\$50.00		\$50.00			
If yes, list Event # 03062014A								
Last Name	First			MI	Contribution ID #			
Seferi		Arjan			0787			
Residential Street Address	City			State	Zip Code			
18 Brewster Ln		Shelton		СТ	06484			
Principal Occupation		Name of Employ						
Owner Is contributor a principal of a state contractor or prospective state contractor?			Roofing & Siding 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	Aniou	in or Continution			
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: X Cash Personal Check								
If yes list Event # 03062014A No No No No No Personal Check	03/0	06/2014	\$50.00		\$50.00			

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Lauretti Governor 2014 April 10 Filing - Original								
			, pin 10 1 mily original					
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Mascolo		Eugene		-	0788			
Residential Street Address	City	Davida		State	Zip Code			
25 Paugassett Rd . Principal Occupation		Derby Name of Employ	or	СТ	06418			
Tindpai Occupation		N/A	ei					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amo	unt of Contribution			
	0	dependent child of	of a lobbyist?	rs .				
If yes, indicate which branch or branches of government the contract is with:			x _{No}	<u>. </u>				
Is this contribution associated with a fundamining agent listed in Section 112	Date	Received	Aggregate Contributions					
X Cash Personal Check								
If yes, list Event # 03062014A No Money Order Credit/Debit Card	03/	06/2014	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Curcione	First	Louis		IVII	0789			
Residential Street Address	City	Louis		State	Zip Code			
242 Perkins Rd		Southbury		СТ	06611			
Principal Occupation		Name of Employ	er	•	•			
Sales		Curcio	on Provisions					
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		dependent child of	of a fobbyist?					
government the contract is with: Executive Legislative	L	D : 1	x No	<u>'</u>				
Is this contribution associated with a fundraising event listed in Section J1? X Yes Method of contribution:	Date	Received	Aggregate Contributions					
No Sash Personal Check	03/	06/2014	\$50.00		\$50.00			
If yes, list Event # 03062014A	03/	00,2011	430.00		430.00			
Last Name	First			MI	Contribution ID #			
Aceavallo		JOhn			0791			
Residential Street Address	City			State	Zip Code			
123 Olivia St		Derby		СТ	06418			
Principal Occupation		Name of Employ	er					
CPA		T 43 4 1		.				
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? Ye	Amor	unt of Contribution			
If yes, indicate which branch or branches of average at the contract is with: Executive Legislative			x No	,				
government the contract is with: Is this contribution associated with a fundricing over lifted in Section 112. X Yes Method of contribution:	Date	Received	Aggregate Contributions	-				
Tunidraising event instead in Section 31:								
If yes, list Event # 03062014A No Solution No Solution No No No No No No No No No No No No No	03/	06/2014	\$50.00		\$50.00			
11 yes, list Event # 05002014A								
Last Name	First			MI	Contribution ID #			
Walsh	a:	William		0	0792			
Residential Street Address 580 Shepard Ave	City	Hamden		State CT	Zip Code 06514			
Principal Occupation		Name of Employ	er	1 01	00314			
Time par occupation		N/A	•					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amo	unt of Contribution			
If we indicate which branch or branches of	D	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 fundamining agent listed in Section 112	Date	Received	Aggregate Contributions					
Tunidasing event listed in Section 31:								
If yes list Event # 03062014A No Cash Personal Check	03/	06/2014	\$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									
Lauretti Governor 2014			7.45						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Walsh		Karen			0793				
Residential Street Address	City	l la carda ca		State	Zip Code				
580 Shepard Ave Principal Occupation		Hamden Name of Employ	or	СТ	06514				
Timelpai Occupation		N/A	ei						
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?	s					
government the contract is with: Executive Legislative			x No	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/	06/2014	\$50.00		\$50.00				
If yes, list Event # 03062014A	03/1	00/2014	\$50.00						
Last Name	First			MI	Contribution ID #				
Disorbo		Leo			0794				
Residential Street Address	City			State	Zip Code				
83 Hampion Close		Orange		СТ	06477				
Principal Occupation		Name of Employ							
Sales			America	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?	S	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					
Is this contribution associated with a fundraising event listed in Section J1? X Yes Method of contribution: X Cash Personal Check									
□ No □ □ ·······························	03/0	06/2014	\$50.00		\$50.00				
If yes, list Event # 03062014A									
Last Name	First			MI	Contribution ID #				
Staffieri		Paolo		J	0795				
Residential Street Address	City	Angonia		State	Zip Code 06401				
25 Allan Dr Principal Occupation		Ansonia Name of Employ	er	СТ	06401				
Sales			iroton LLC						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Ye	Amou	ant of Contribution				
Yes No)	dependent child of	a tobbyist:						
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? X Cash Personal Check Personal Check Cash Cash Personal Check Cash Personal Check Cash Personal Check Cash Cas		06/004	\F0.00						
If yes, list Event # 03062014A No Money Order Credit/Debit Card	03/0	06/2014	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
Kovalsky		David			0796				
Residential Street Address	City			State	Zip Code				
23 Cathy Dr		Shelton		СТ	06484				
Principal Occupation		Name of Employ	er		-				
		Retire							
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	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	\dashv					
fundraising event listed in Section J1?			55-5m- 25						
If yes list Event # 03062014A	03/0	06/2014	\$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 Lauretti Governor 2014 April 10 Filing - Original									
B. Itemized Contributions from	n Ind	lividuals			1				
Last Name	First			MI	Contribution ID #				
Kovansky	C'i	Anna		A	0798				
Residential Street Address 23 Cathy Dr	City	Shelton		State CT	Zip Code 06484				
Principal Occupation		Name of Employ	er	101	00404				
City of Shelton									
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or See Jackbriet? Ye	Amou	unt of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	a lobbyist?	S					
government the contract is with:	Dete	D i d		4					
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
No X Cash Personal Check	03/0	06/2014	\$50.00		\$50.00				
If yes, list Event # 03062014A			7						
Last Name	First			MI	Contribution ID #				
Spinelli		Joseph			0797				
Residential Street Address	City			State	Zip Code				
631 Elm St		Monroe		СТ	06468				
Principal Occupation		Name of Employ East (
Is contributor a principal of a state contractor or prospective state contractor?			obbyjet enouse or	Amor	ant of Contribution				
Yes X No)	dependent child of	Va	S					
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	7					
x Cash Personal Check									
If yes, list Event # 03062014A No Money Order Credit/Debit Card	03/0	06/2014	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
Whelon	FIISt	Joshua		IVII	0799				
Residential Street Address	City	300.144		State	Zip Code				
334 Grassy Hill Rd		Orange		СТ	06477				
Principal Occupation		Name of Employ	er	-	-				
Executive			er Arms						
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	Amou	unt of Contribution				
If yes, indicate which branch or branches of appearment the contract is with: Executive Legislative			X No						
government the contract is with.	Date	Received	Aggregate Contributions	-					
fundraising event listed in Section J1? X Yes X Cash Personal Check									
If yes, list Event # 03062014A No	03/0	06/2014	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
Kraus	FIISt	Peter		IVII	0800				
Residential Street Address	City	1 0001		State	Zip Code				
17 Middleton Rd .	ĺ	Newtown		СТ	06770				
Principal Occupation		Name of Employ	er	•					
		Chart	er Arms	_					
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 Ye	Amou	ant of Contribution				
If yes, indicate which branch or branches of		acpendent child (x No						
government the contract is with:	Date	Received	Aggregate Contributions	-					
fundraising event listed in Section J1?	Date	1.5501700							
If yes list Event # 03062014A No No No No No No No No No No No No No	03/0	06/2014	\$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								
Lauretti Governor 2014	April 10 Filing - Original								
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Strilka		Craig			0801				
Residential Street Address	City	Marie I		State	Zip Code				
54 Judson Pl Principal Occupation	<u> </u>	Milford Name of Employ	or	СТ	06461				
Тіпісраї Оссирації		Pub 6							
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: Is this contribution associated with a Method of contribution: Method of contribution:	Doto	Received							
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
No No Personal Check	03/	06/2014	\$50.00		\$50.00				
If yes, list Event # 03062014A		<u>, </u>	·		·				
Last Name	First			MI	Contribution ID #				
Sibilia		Theodore			0802				
Residential Street Address	City			State	Zip Code				
67 Sorghum Rd . Principal Occupation		Shelton Name of Employ	or	СТ	06484				
Тіпісіраї Оссирації		1 7	f Shelton						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution				
Yes X No	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? Yes Method of contribution:	Date	Received	Aggregate Contributions						
No No Personal Check	02/	06/2014	450.00		+ F0.00				
If yes, list Event # 03062014A	03/	06/2014	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
Peccerillo		Anthony			0803				
Residential Street Address	City			State	Zip Code				
23 Jeanetti Dr		Derby		СТ	06418				
Principal Occupation		Name of Employ							
VP		HAI G	· · · · · · · · · · · · · · · · · · ·	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	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 Nethod of contribution:	Date	Received	Aggregate Contributions						
Tunidraising event risted in Section 71:									
If yes, list Event # 03062014A No Cash Personal Check No Money Order Credit/Debit Card	03/	06/2014	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
Thompson	11130	Richard		A	0805				
Residential Street Address	City			State	Zip Code				
68 Academy HI		Derby		СТ	06484				
Principal Occupation	-	Name of Employ	er	•	•				
		Retire							
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						
is this contribution associated with a fundraising event listed in Section J1? X Yes Method of contribution: X Cash Personal Check									
If yes, list Event # 03062014A No No No No No No No No No No No No No	03/	06/2014	\$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 Lauretti Governor 2014 April 10 Filing - Original								
Lauretti Governor 2014			7 pin 10 r ming Original					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Provost		Evelyn		Р	0806			
Residential Street Address	City			State	Zip Code			
63 Academy HI Principal Occupation		Derby Name of Employ	on.	СТ	06418			
Principal Occupation		Retire						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ınt of Contribution			
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 fundaciona quent listed in Section 112.	Date	Received	Aggregate Contributions					
X Cash Personal Check		06/004	450.00		450.00			
If yes, list Event # 03062014A No Money Order Credit/Debit Card	03/	06/2014	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Durante	1 1130	Angelo		1411	0807			
Residential Street Address	City			State	Zip Code			
17 Sobin Dr		Ansonia		СТ	06401			
Principal Occupation		Name of Employ	er	•	•			
Owner		Durar	ite Pasta					
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 child c						
government the contract is with: Is this contribution associated with a Method of contribution: Method of contribution:	Data	Received	Aggregate Contributions	-				
s this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions					
No Cash Personal Check	03/	06/2014	\$50.00		\$50.00			
If yes, list Event # 03062014A		.,						
Last Name	First			MI	Contribution ID #			
Michaud		Jason		В	0808			
Residential Street Address	City			State	Zip Code			
73 Paschal Dr		Milford		СТ	06461			
Principal Occupation		Name of Employ						
CPA In contributors a minimal of a state contractor or prognetive state contractor?			obbyist, spouse, or	A	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	V	Alliot	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 Society U2 Yes Method of contribution:	Date	Received	Aggregate Contributions	1				
fundraising event risted in Section 31?								
If yes, list Event # 03062014A	03/	06/2014	\$50.00		\$50.00			
1.01	Б' /			1.0	C C C D "			
Last Name Potvock	First	Chris		MI	Contribution ID # 0809			
Residential Street Address	City	CIIIIS		State	Zip Code			
8 Realing Rd	City	Oxford		CT	06478			
Principal Occupation		Name of Employ	er		!			
Build Maint.		City o	f Shelton					
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	x No					
government the contract is with:	D. r	Bassive-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/	06/2014	\$50.00		\$50.00			
If yes list Event # 03062014A Money Order Credit/Debit Card	l /	•	1 *****	1	•			

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I, MONETARY RECEIPTS (Section A-I)								
	<u>s (s</u> i	ection A-1)	TYPE OF REPORT					
Lauretti Governor 2014			7 April 10 T lilling Chightan					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Librandi		Pat			0810			
Residential Street Address	City			State	Zip Code			
4 Farrel Dr		Ansonia		СТ	06401			
Principal Occupation		Name of Employ	er					
		city o	f Shelton					
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	5	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 Cosh Personal Check								
If yes, list Event # 03062014A No Money Order Credit/Debit Card	03/	06/2014	\$50.00		\$50.00			
11 yes, list Event # 05002014A								
Last Name	First			MI	Contribution ID #			
Murphy		Elizabeth			0811			
Residential Street Address	City			State	Zip Code			
17 Chester St		Ansonia		СТ	06401			
Principal Occupation		Name of Employ	er	-	•			
Therapist		Ryder	rs Health					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	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	Date	Received	Aggregate Contributions					
rundraising event fisted in Section 31?								
U No ☐ □ ··································	03/	06/2014	\$50.00		\$50.00			
If yes, list Event # 03062014A								
Last Name	First			MI	Contribution ID #			
Staffieri		Anthony		Е	0812			
Residential Street Address	City			State	Zip Code			
17 Chester St		Ansonia		СТ	06401			
Principal Occupation	•	Name of Employ	er	•				
Sales		FCP G	Groton					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int 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	Date	Received	Aggregate Contributions					
rundraising event fisted in Section 31?								
U No I ☐ □	03/	06/2014	\$50.00		\$50.00			
If yes, list Event # 03062014A								
Last Name	First			MI	Contribution ID #			
Staffieri		Joseph			0813			
Residential Street Address	City	-		State	Zip Code			
19 General Wooster		Derby		СТ	06418			
Principal Occupation		Name of Employ	er	•	•			
Police			of N Haven					
			obbyist, spouse, or	Amou	nt 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: Executive Legislative			x _{No}					
government the contract is with:	Date	Received	Aggregate Contributions	1				
fundraising event listed in Section J1?			-					
No X Cash Personal Check	03/	06/2014	\$50.00		\$50.00			
If yes, list Event # 03062014A	I '	-	1		•			

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I, MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	o (o i	ection A-1)	TYPE OF REPORT						
Lauretti Governor 2014			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Staffieri	1 1130	Lisa		1411	0814				
Residential Street Address	City	Liou		State	Zip Code				
19 General Wooster	City	Derby		CT	06418				
Principal Occupation	_	Name of Employ	er	C.	00110				
Analysit		1 ,	ture Support						
			obbyjet enouge 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	Date	Received	Aggregate Contributions						
rundraising event fisted in Section 31?									
□ No □ □	03/	06/2014	\$50.00		\$50.00				
If yes, list Event # 03062014A									
Last Name	First			MI	Contribution ID #				
Kulenski		Katie			0815				
Residential Street Address	City			State	Zip Code				
25 Alan Dr		Ansonia		СТ	06401				
Principal Occupation		Name of Employ	er						
		Sumn	er communication						
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	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? X Cash Personal Check									
If yes, list Event # 03062014A No Money Order Credit/Debit Card	03/	06/2014	\$50.00		\$50.00				
in yes, list Event # 05002014A Money Order Credit/Debit Cald									
Last Name	First			MI	Contribution ID #				
Gaiolini (Marinelli)		Nancy			0816				
Residential Street Address	City			State	Zip Code				
1 Pleasant St		Shelton		СТ	06484				
Principal Occupation		Name of Employ	er						
Stylist		Optio	ns Hair						
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:			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 # 03062014A Cash Personal Check No Money Order Credit/Debit Card	03/	06/2014	\$30.00		\$30.00				
				<u> </u>					
Last Name	First			MI	Contribution ID #				
Hallign Jr		James			0817				
Residential Street Address	City			State	Zip Code				
24 Roosevelt Dr		Seymour		СТ	06483				
Principal Occupation		Name of Employ	er						
construction		Self							
Is contributor a principal of a state contractor or prospective state contractor? Yes 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 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?	Date	Received	Aggregate Contributions						
No Sash Personal Check	U3/4	06/2014	\$30.00		\$30.00				
If yes, list Event # 03062014A	"	00/2014	φο.υυ		Ψ30.00				

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Lauretti Governor 2014 April 10 Filing - Original								
Lauretti Governor 2014								
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Ostrom		Pat			0818			
Residential Street Address	City	Chaltan		State	Zip Code			
26 Park Ave Principal Occupation		Shelton Name of Employ	or	СТ	06484			
RN		Name of Employ	ei					
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:	Date	Received	Aggregate Contributions	-				
fundraising event listed in Section J1?	Dute	received	riggregate Controllions					
If yes, list Event # 03062014A	03/	06/2014	\$30.00		\$30.00			
Last Name	First			MI	Contribution ID #			
Smith	First	Karen		M	0819			
Residential Street Address	City			State	Zip Code			
109 Division St		Ansonia		СТ	06401			
Principal Occupation	•	Name of Employ	er	•				
		retire	d	_				
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 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 # 03062014A No S Cash Personal Check No Money Order Credit/Debit Card	03/	06/2014	\$30.00		\$30.00			
Last Name	First			MI	Contribution ID #			
DellaRocco	FIISt	Christine		IVII	0821			
Residential Street Address	City	0000		State	Zip Code			
17 Myrtle Ave		Ansonia		СТ	06401			
Principal Occupation	•	Name of Employ	er	•				
Bank Manager								
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	int of Contribution			
If yes, indicate which branch or branches of government the contract is with:			x No					
Is this contribution associated with a fundringing agent listed in Section 112.	Date	Received	Aggregate Contributions	1				
Tunidraising event instead in Section 31:								
If yes, list Event # 03062014A No Cash Personal Check Money Order Credit/Debit Card	03/	06/2014	\$30.00		\$30.00			
Last Name	First			MI	Contribution ID #			
Dybas		Barbara			0822			
Residential Street Address	City			State	Zip Code			
22 O Sullivan Rd		Derby		СТ	06418			
Principal Occupation		Name of Employ Retire						
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l	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: Executive Legislative	Г.	D : 1	x _{No}	4				
Is this contribution associated with a fundraising event listed in Section J1? X Yes Method of contribution:	Date	Received	Aggregate Contributions					
No Sash Personal Check	03/	06/2014	\$30.00		\$30.00			
If yes list Event # 03062014A Money Order Credit/Debit Card	1 1		•	1				

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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						
Lauretti Governor 2014			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First	ii viuuuis		MI	Contribution ID #				
Tracz	FIISt	Michael		P	0823				
Residential Street Address	City	Міспаеі		State					
	City	Damby			Zip Code				
25 Clark Street Ext	ļ	Derby		СТ	06418				
Principal Occupation		Name of Employ							
			's Garage						
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?	Date	Received	Aggregate Contributions						
No Cash Personal Check	02/	06/2014	¢20.00		\$30.00				
If yes, list Event # 03062014A	03/1	06/2014	\$30.00		\$30.00				
	F: .			1.0	G (3 C ID)				
Last Name	First			MI	Contribution ID #				
Tracz Jr		Michael			0824				
Residential Street Address	City			State	Zip Code				
25 Clark Street Ext		Derby		СТ	06418				
Principal Occupation		Name of Employ	er						
		stude	nt						
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	<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						
fundraising event listed in Section J1?									
U No T	03/0	06/2014	\$30.00		\$30.00				
If yes, list Event # 03062014A									
Last Name	First			MI	Contribution ID #				
Staffieri		James			0826				
Residential Street Address	City			State	Zip Code				
1 Devon View Rd .		Derby		СТ	06418				
Principal Occupation		Name of Employ	er						
Tool Maker		Arcad	e Tool						
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						
	Date	Received	Aggregate Contributions						
Is this contribution associated with a fundraising event listed in Section J1?									
No State Occasional Check	03/0	06/2014	\$30.00		\$30.00				
If yes, list Event # 03062014A		•			·				
Last Name	First			MI	Contribution ID #				
Dupke		Kim			0829				
Residential Street Address	City			State	Zip Code				
84 Myrtle Ave	City	Ansonia		CT	06401				
Principal Occupation		Name of Employ	or	<u> </u>	00401				
			ihano & Sons						
Is contributor a principal of a state contractor or prospective state contractor?			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	100					
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?	Date								
No Cash Personal Check	02/	06/2014	\$30.00		\$30.00				
If yes, list Event # 03062014A No Money Order Credit/Debit Card	l ^{03/0}	00/2014	υυ.υεφ		φυσισσ				

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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 Lauretti Governor 2014 April 10 Filing - Original					
Lauretti Governor 2014					
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Casa		tommy			0830
Residential Street Address	City	0.6.1		State	Zip Code
119 Fiddlehead Rd Principal Occupation	<u> </u>	Oxford Name of Employ	ON .	СТ	06478
Contractor		1 ,	Construction		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l	obbyist, spouse, or Yes	Amou	unt 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 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 # 03062014A No XX Cash Personal Check Money Order Credit/Debit Card	03/0	06/2014	\$30.00		\$30.00
Last Name	First			MI	Contribution ID #
Bomba		Joseph		М	0832
Residential Street Address	City			State	Zip Code
320 David Humphrey Rd .		Derby		СТ	06418
Principal Occupation		Name of Employ	er	-	
Building Maintenance			f Derby		
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		асренает стпа с	x No		
Is this contribution associated with a fundamining event listed in Section 112	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?	03/	06/2014	\$30.00		\$30.00
If yes, list Event # 03062014A	03/	00/2014	Ψ30.00		
Last Name	First			MI	Contribution ID #
Staffieri		Aldo			0834
Residential Street Address	City			State	Zip Code
17 B Lilac Dr	<u>. </u>	Seymour		СТ	06483
Principal Occupation Insoector		Name of Employ Sikors			
				Amou	ant of Contribution
Yes 🔼 N	0	dependent child of	3/		
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		
Tunidialising event listed in Section 31:					
If yes, list Event # 03062014A No Section Money Order Credit/Debit Card	03/0	06/2014	\$30.00		\$30.00
Last Name	First			MI	Contribution ID #
Staffieri		Julianne			0835
Residential Street Address	City			State	Zip Code
17B Lilac Dr .	L	Seymour		СТ	06483
Principal Occupation		Name of Employ			
Teacher			f Shelton		
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.	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?					
If yes, list Event # 03062014A No X Cash Personal Check Money Order Credit/Debit Card	03/0	06/2014	\$30.00		\$30.00

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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 Lauretti Governor 2014 April 10 Filing - Original					
Lauretti Governor 2014			7 April 10 Filling Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Morais		Bruno		<u> </u>	0836
Residential Street Address	City			State	Zip Code
6 Woodbridge Manor Rd Principal Occupation		Ansonia		СТ	06401
Dispatcher		Name of Employer Stratf	ord PD		
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 lobbyist?		
government the contract is with:	Date	Received	Aggregate Contributions	-	
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event # 03062014A	03/0	06/2014	\$40.00		\$40.00
Last Name	First			MI	Contribution ID #
Last Name Harris	FIISt	Laura		MI	0774
Residential Street Address	City	Laura		State	Zip Code
511 Roosevelt Dr		Derby		СТ	06418
Principal Occupation		Name of Employe	er		!
		N/A			
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Gallabraida	Amov	int of Contribution
If yes, indicate which branch or branches of	,	dependent child o	of a lobbyist?		
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 X Personal Check					
If yes, list Event # 03062014A	03/0	06/2014	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Harris Jr		William		С	0825
Residential Street Address	City			State	Zip Code
511 Roosevelt Dr		Derby		СТ	06418
Principal Occupation		Name of Employ	er		
Manager		Sikors	<u>'</u>		
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	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	
Tunidasing event listed in Section 31:					
If yes, list Event # 03062014A	03/0	06/2014	\$30.00		\$30.00
Last Name	First			MI	Contribution ID #
Pollastro		Sam			0820
Residential Street Address	City			State	Zip Code
11 Laurel Ave		Derby		СТ	06418
Principal Occupation		Name of Employe			
Mech Inspector Is contributor a principal of a state contractor or prospective state contractor?		Sikors	obbyviat anguag or	A	nt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child o	Vac	Aillou	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 Wethod of contribution: X Cash Personal Check					
If yes list Event # 03062014A Solution No No No No No No No No No No No No No	03/0	06/2014	\$30.00		\$30.00

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I, MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	o (o	20011 A-1)	TYPE OF REPORT						
Lauretti Governor 2014			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Esposito	Thist	John		A	0781				
Residential Street Address	City	JOHN		State	Zip Code				
5 Lexington Ct	City	Shelton		CT	06484				
Principal Occupation		Name of Employ	or	Ci	00404				
Prop Manager		GE	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	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 fundamining event listed in Section 112	Date	Received	Aggregate Contributions						
rundraising event fisted in Section 31?									
No Cash Personal Check	03/0	06/2014	\$100.00		\$100.00				
If yes, list Event # 03062014A									
Last Name	First			MI	Contribution ID #				
Provenzano		Jamie			0744				
Residential Street Address	City			State	Zip Code				
1 Scheon Ln		New Rochelle	9	NY	10804				
Principal Occupation		Name of Employ	er						
Distributor		Conn.	Provisions						
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 fundaming agent listed in Section 112 X Yes Method of contribution:	Date	Received	Aggregate Contributions						
rundraising event fisted in Section 31?									
No Cash Personal Check	03/0	06/2014	\$60.00		\$60.00				
If yes, list Event # 03062014A		,							
Last Name	First			MI	Contribution ID #				
Descoteaux		Paul			0745				
Residential Street Address	City			State	Zip Code				
3 Pond View Dr .		Shelton		СТ	06484				
Principal Occupation		Name of Employ	er						
Supervisor		SBOE							
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 event listed in Section 112	Date	Received	Aggregate Contributions						
rundraising event fisted in Section 31?									
If yes, list Event # 03062014A	03/0	06/2014	\$100.00		\$100.00				
11 yes, interest in one of the control of the contr									
Last Name	First			MI	Contribution ID #				
Buelecoff		Harry			0746				
Residential Street Address	City			State	Zip Code				
63 Woodworth Dr .		Guilford		CT	06437				
Principal Occupation		Name of Employ	er						
Printing		Minut	emen Press						
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: Executive Legislative		D : 1							
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
		20/204			+100.00				
If yes, list Event # 03062014A	03/0	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						
Lauretti Governor 2014			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Getlein		Jack			0747				
Residential Street Address	City			State	Zip Code				
39 Laurel Ave	L	Derby		СТ	06418				
Principal Occupation Marshal		Name of Employ	er of Conn.						
			11 1 ·	Amou	unt of Contribution				
Yes X No	0	dependent child of	Vac	111100	int of Control				
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 # 03062014A No Money Order Credit/Debit Card	03/0	06/2014	\$100.00		\$100.00				
L AV	F: .			L	Louis B"				
Last Name Pelaccia	First	Vincent		MI	Contribution ID # 0750				
Residential Street Address	City	vincent		State	Zip Code				
65 Maple Ave		Shelton		СТ	06484				
Principal Occupation	-	Name of Employ	er						
Custodian		City o	f Shelton BOE						
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 Rersonal Check	02/	06/2014	#100.00		±100.00				
If yes, list Event # 03062014A No Money Order Credit/Debit Card	03/0	06/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Culmo		Ronald			0752				
Residential Street Address	City			State	Zip Code				
10 Strang Rd .		Derby		СТ	06418				
Principal Occupation		Name of Employ	er						
		Retire							
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		•	x _{No}						
government the contract is with:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
If yes, list Event # 03062014A No Cash X Personal Check Money Order Credit/Debit Card	03/0	06/2014	\$100.00		\$100.00				
If yes, list Event # 03062014A									
Last Name	First			MI	Contribution ID #				
Corrieu		Gina		М	0753				
Residential Street Address	City	2 1 1:		State	Zip Code				
49 Beacon Hill Ter Principal Occupation	<u> </u>	Shelton	or.	СТ	06484				
Financial Secretary		Name of Employ	rnmental Management						
			abbrief analysis of	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					
Tunidialising event instead in Section 71:									
If yes, list Event # 03062014A No Cash Cash Personal Check No Money Order Credit/Debit Card	03/0	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)	10 (01	ction A-i)	TYPE OF REPORT						
Lauretti Governor 2014			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Jalowiec		Joseph		С	0754				
Residential Street Address	City			State	Zip Code				
8 Northrop Rd .		Woodbridge		СТ	06525				
Principal Occupation		Name of Employ	er						
		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 X Yes Method of contribution:	Date	Received	Aggregate Contributions						
X Parconal Cheek									
If yes, list Event # 03062014A No Money Order Credit/Debit Card	03/0	06/2014	\$100.00		\$100.00				
in yes, list Event # 05002014A I Money Order Card									
Last Name	First			MI	Contribution ID #				
Lercara		Anthony			0755				
Residential Street Address	City			State	Zip Code				
85 Turnpike Dr .		Middlebury		CT	06762				
Principal Occupation		Name of Employ	er						
Wholesaler		Lerca	ra Provisions						
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 event listed in Section 112.	Date	Received	Aggregate Contributions						
Tark Regional Check									
If yes, list Event # 03062014A No Money Order Credit/Debit Card	03/0	06/2014	\$50.00		\$50.00				
<u> </u>									
Last Name	First			MI	Contribution ID #				
Steves		Bill			0756				
Residential Street Address	City			State	Zip Code				
3 McConney Grv		Derby		CT	06484				
Principal Occupation		Name of Employ	er						
		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	nt of Contribution				
If yes, indicate which branch or branches of		аеренает сппа с	or a roodyrst:						
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 # 03062014A No Service And Service	03/0	06/2014	\$50.00		\$50.00				
LadNama	First			MI	Contribution ID#				
Last Name	First	Davil		IVII	Contribution ID #				
Izokaitis Residential Street Address	City	Paul		Ct-t-	0757				
	City	Sandy Hook		State CT	Zip Code 06482				
11 Honey Ln		,	25	CI	00462				
Principal Occupation		Name of Employ Retire							
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 fundaming over listed in Section 112 X Yes Method of contribution:	Date	Received	Aggregate Contributions						
rundraising event instea in section 11:									
If yes, list Event # 03062014A	03/0	06/2014	\$50.00		\$50.00				

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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		
Lauretti Governor 2014			April 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Charlonis		Barbara			0758
Residential Street Address	City			State	Zip Code
11 Honey Ln		Sandy Hook		СТ	06482
Principal Occupation		Name of Employ			
		Retire			
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?					
No Cash X Personal Check	03/0	06/2014	\$50.00		\$50.00
If yes, list Event # 03062014A					
Last Name	First			MI	Contribution ID #
DeMarco Sr		Thomas		I	0759
Residential Street Address	City			State	Zip Code
142 Hawthrone Ave		Derby		СТ	06418
Principal Occupation		Name of Employ	er		
		N/A			
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		F	x _{No}		
government the contract is with:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
No Cash X Personal Check	03/0	06/2014	\$50.00		\$50.00
If yes, list Event # 03062014A			70000		
Last Name	First			MI	Contribution ID #
Dojnia		David		А	0760
Residential Street Address	City			State	Zip Code
206 Wakelee Ave		Ansonia		СТ	06401
Principal Occupation		Name of Employ	er		
Manager		Lowes	5		
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 e	x No		
government the contract is with:	Data	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
No X Cash Personal Check	03/0	06/2014	\$10.00		\$10.00
If yes, list Event # 03062014A			7-2-2-2		
Last Name	First			MI	Contribution ID #
Donahue		Dennis			0764
Residential Street Address	City			State	Zip Code
2 Belleview Dr		Derby		СТ	06418
Principal Occupation		Name of Employ	er	-	
		Retire			
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	x No		
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		
No Cash X Personal Check	U3/1	06/2014	\$30.00		\$30.00
If yes list Event # 03062014A Money Order Credit/Debit Card	I ""	00/2017	420.00	I	450.00

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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					
Lauretti Governor 2014			April 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First	ii viuuuis		MI	Contribution ID #			
Dziekan	FIISt	Richard		IVII	0765			
Residential Street Address	City	Richard		State	Zip Code			
17 Krakow St	City	Derby		CT	06418			
Principal Occupation		Name of Employ	er	Ci	00410			
Timelpai Occupation		Retire						
Is contributor a principal of a state contractor or prospective state contractor?			abbrief analysis of	Amou	unt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Vac	Zimot	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	1				
tundraising event listed in Section 31?								
□ No □ □ □ □	03/0	06/2014	\$30.00		\$30.00			
If yes, list Event # 03062014A								
Last Name	First			MI	Contribution ID #			
Dziekan		Kristen			0766			
Residential Street Address	City			State	Zip Code			
17 Krakow		Derby		СТ	06418			
Principal Occupation		Name of Employ	er	•				
		Stude	ent					
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: Executive Legislative			x _{No}					
Is this contribution associated with a	Date	Received	Aggregate Contributions					
Tuildiaising event listed in Section 31?								
If yes, list Event # 03062014A No Money Order Credit/Debit Card	03/0	06/2014	\$30.00		\$30.00			
5500201171					-			
Last Name	First			MI	Contribution ID #			
Callaghan		Dennis		J	0767			
Residential Street Address	City			State	Zip Code			
34 Colony St		Ansonia		СТ	06401			
Principal Occupation		Name of Employ	er					
		Retire	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	of a followist:					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a fundraicing event licted in Section II2	Date	Received	Aggregate Contributions					
Tunidraising event instead in Section 31:								
If yes, list Event # 03062014A Cash Cash Personal Check Oscillator 03/0	06/2014	\$30.00		\$30.00				
-					T			
Last Name	First			MI	Contribution ID #			
Durante		Amedeo			0768			
Residential Street Address	City			State	Zip Code			
24 Lombardi Dr		Derby		СТ	06418			
Principal Occupation		Name of Employ Retire						
Is contributor a principal of a state contractor or prospective state contractor?			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: Executive Legislative			x _{No}					
government the contract is with:	Date	Received	Aggregate Contributions	1				
fundraising event listed in Section J1?			-					
No Cash X Personal Check	03/0	06/2014	\$50.00		\$50.00			
If yes, list Event # 03062014A	I			I				

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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									
Lauretti Governor 2014			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Staffieri		Cara			0833				
Residential Street Address	City			State	Zip Code				
8 Poplar Dr		Seymour		СТ	06483				
Principal Occupation		Name of Employ							
Clerk		Shelto							
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 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	03/0	06/2014	\$30.00		\$30.00				
If yes, list Event # 03062014A									
Last Name	First			MI	Contribution ID #				
Paecht		William		Е	0778				
Residential Street Address	City			State	Zip Code				
20 Bellevue Ter		Seymour		СТ	06483				
Principal Occupation		Name of Employ	er						
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 No)	dependent child of	Vac	Alliou	nt of Controlation				
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						
tundraising event listed in Section 31?									
U No ☐ □	03/0	06/2014	\$30.00		\$30.00				
If yes, list Event # 03062014A									
Last Name	First			MI	Contribution ID #				
Durante		Carmine			0804				
Residential Street Address	City			State	Zip Code				
30 Hoinski Way		Ansonia		СТ	06401				
Principal Occupation Sales		Name of Employ	er s Head						
T			obbyist, spouse, or	Amou	nt of Contribution				
Yes X 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						
Tunidiaising event risted in Section 31?									
If yes, list Event # 03062014A Solution No	03/0	06/2014	\$50.00		\$50.00				
injus, inclusion in the control of t				<u> </u>					
Last Name	First			MI	Contribution ID #				
Reed	o:	Irving		a	0772				
Residential Street Address 14 Highland Ave	City	Anconia		State CT	Zip Code 06401				
Principal Occupation		Ansonia Name of Employ	er	CI	00401				
Quality Manager			ials Testing, Inc						
			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						
Tunidiaising event listed in Section 31?									
If yes list Event # 03062014A No Money Order Credit/Debit Card	03/0	06/2014	\$50.00		\$50.00				

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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) TYPE OF REPORT									
Lauretti Governor 2014 April 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Wabno		Laura		Α	0790				
Residential Street Address	City			State	Zip Code				
147 Ida Ave		Derby		СТ	06418				
Principal Occupation		Name of Employ	er						
		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 fundaming awart listed in Section 112	Date	Received	Aggregate Contributions						
rundraising event fisted in Section 31?									
No X Cash Personal Check	03/0	06/2014	\$30.00		\$30.00				
If yes, list Event # 03062014A		•	·		<u> </u>				
Last Name	First			MI	Contribution ID #				
Szewczyk		Tony			0827				
Residential Street Address	City	TOTTY		State	Zip Code				
166 Mt Pleasant St	City	Dorby		CT	06418				
Principal Occupation		Derby Name of Employ	on.	CI	00418				
		Name of Employ	CI						
Retired			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? Method of contribution:	Date	Received	Aggregate Contributions						
Cash X Personal Check									
If yes, list Event # 03062014A No Money Order Credit/Debit Card	03/0	06/2014	\$30.00		\$30.00				
Last Name	First			MI	Contribution ID #				
Szewczyk		Judy			0828				
Residential Street Address	City			State	Zip Code				
166 Mt Pleasant St		Derby		CT	06418				
Principal Occupation		Name of Employ	er						
		retire	d						
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 fundamining event listed in Section 112.	Date	Received	Aggregate Contributions						
rundraising event fisted in Section 31?									
No X Cash Personal Check	03/0	06/2014	\$30.00		\$30.00				
If yes, list Event # 03062014A									
Last Name	First			MI	Contribution ID #				
Tzepos		Constantine			1318				
Residential Street Address	City			State	Zip Code				
99 Burr Hill Rd .	City	Middlebury		CT	06762				
Principal Occupation		Name of Employ	or	Ci	00702				
· · · · · · · · · · · · · · · · · · ·		stude							
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 Executive Legislative			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Date		op-space contributions						
x No Personal Check	02/	07/2014	¢10.00		¢10.00				
If yes, list Event # Money Order Credit/Debit Card	03/0	57/2014	\$10.00		\$10.00				

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I MONETA BY DECEMBER (C. P. A. D.									
I. MONETARY RECEIPT	S (S	ection A-I)	TYPE OF REPORT						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Lauretti Governor 2014 April 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Savignano		Lillian			1026				
Residential Street Address	City			State	Zip Code				
3 Squire Ln		Shelton		СТ	06484				
Principal Occupation		Name of Employ	er						
		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	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						
rundraising event risted in Section 31:									
X No Cash X Personal Check	03/0	07/2014	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Cavaliere		Gina			1216				
Residential Street Address	City			State	Zip Code				
137 Farmill St .		Shelton		СТ	06484				
Principal Occupation		Name of Employ	er	<u> </u>					
Owner			ne's Inc						
			obbyjet enouge or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	Vac	111104	in or commonion				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with: In this contribution associated with a Mathed of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
X No Cash X Personal Check	02/	07/2014	¢100.00		¢100.00				
If yes, list Event # Money Order Credit/Debit Card	03/0	07/2014	\$100.00		\$100.00				
LadNama	Firmt			М	Contribution ID#				
Last Name	First	A CHE		MI	Contribution ID #				
Griffin	a:	William		D	1217				
Residential Street Address	City	Cl. II		State	Zip Code				
137 Farmill St .		Shelton		СТ	06484				
Principal Occupation		Name of Employ	er						
contractor		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? 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						
If yes, list Event # Cash Credit/Debit Card	03/0	07/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Varrone		Anna			0933				
Residential Street Address	City			State	Zip Code				
51 Sinsabaugh Hts		Shelton		СТ	06484				
Principal Occupation		Name of Employ	er						
		retire	d						
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	03/0	07/2014	\$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					
Lauretti Governor 2014			7 April 10 T lilling Chightan					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Orkisz		Ryan			0936			
Residential Street Address	City			State	Zip Code			
4 Landmark Dr		Bridgewater		СТ	06752			
Principal Occupation		Name of Employ	er	-	•			
		Stude	ent					
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:			x 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/	08/2014	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Millo		Stephanie			0905			
Residential Street Address	City	-		State	Zip Code			
100 Parrott Dr Unit 103		Shelton		СТ	06484			
Principal Occupation		Name of Employ	er					
Special Ed Teacher		1 7	Academy					
		-	obbyjet enouge 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.	Doto	Received	Aggregate Contributions					
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions					
Cash X Personal Check	02/	00/2014	±100.00		±100.00			
If yes, list Event # 03092014A No Money Order Credit/Debit Card	03/	09/2014	\$100.00		\$100.00			
					La . a . m #			
Last Name	First			MI	Contribution ID #			
Miko		John			0906			
Residential Street Address	City			State	Zip Code			
500 Howe Ave Unit 303		Shelton		СТ	06484			
Principal Occupation		Name of Employ						
Building Maintenance			Of Shelton					
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	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 fundraicing event licted in Section II2	Date	Received	Aggregate Contributions					
Tunidasing event listed in Section 31:								
If yes, list Event # 03092014A	03/	09/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Millo		Sheila		L	0908			
Residential Street Address	City			State	Zip Code			
8 Huntington St PMB 122		Shelton		СТ	06484			
Principal Occupation		Name of Employ	er					
Assessor Clerk		City o	f Shelton					
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 fundamining agent listed in Section 112	Date	Received	Aggregate Contributions					
Tunidiaising event listed in Section 31?								
If yes, list Event # 03092014A	03/	09/2014	\$100.00		\$100.00			
11 you, not by that The County Depth Card								

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	10 (3)	cuon A-1)	TYPE OF REPORT					
Lauretti Governor 2014			April 10 Filing - Original					
B. Itemized Contributions from Individuals								
		iividuais		1,0	G (7 (ID#			
Last Name Roman	First	Alexandra		MI	Contribution ID # 0909			
Residential Street Address	City			State	Zip Code			
622 Tunxis Hill Rd		Fairfield		СТ	06825			
Principal Occupation		Name of Employe	er					
Analyst		Tango	e Ins.					
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 Executive Legislative		dependent enna o	x _{No}					
government the contract is with:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions					
If yes, list Event # 03092014A	03/	09/2014	\$36.00		\$36.00			
11 yes, list Event # 05052014A								
Last Name	First			MI	Contribution ID #			
Williams		Christopher		В	0911			
Residential Street Address	City			State	Zip Code			
33 Swan Ave		Seymour		СТ	06483			
Principal Occupation	•	Name of Employ	er					
Analyst		Tango	e Inc					
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	J	dependent child of	of a lobbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with a fundaminary super listed in Section 112.	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? Cash X Personal Check	03/	09/2014	\$36.00		\$36.00			
If yes, list Event # 05052014A Infolicy Order Infolice Infolicy Order Infolice Infol								
Last Name	First			MI	Contribution ID #			
Millo		Joseph			0912			
Residential Street Address	City			State	Zip Code			
33 Swan Ave		Seymour		СТ	06483			
Principal Occupation		Name of Employe	er					
Security		City o	f Shelton					
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: Executive Legislative		•	x _{No}					
	Date	Received	Aggregate Contributions					
Is this contribution associated with a fundraising event listed in Section J1?								
If yes, list Event # 03092014A	03/	09/2014	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Mavilla		Carol			0913			
Residential Street Address	City			State	Zip Code			
22 Great Oak Rd		Shelton		СТ	06484			
Principal Occupation		Name of Employ	er					
bookkeeper		self						
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		асренает стпа о	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	Asgregate Contributions					
No Cash X Personal Check	03/	09/2014	\$100.00		\$100.00			
If yes, list Event # 03092014A	1			I				

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I, MONETARY RECEIPTS (Section A-I)									
	<u>s (s</u> i	ection A-1)	TYPE OF REPORT						
(The state of the									
Lauretti Governor 2014									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Gentile		Eleanor		F	0914				
Residential Street Address	City			State	Zip Code				
93 Far Horizons Dr		Shelton		CT	06484				
Principal Occupation		Name of Employ	er						
		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	5	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						
Tundraising event listed in Section 31:									
If yes, list Event # 03112014A No Money Order Credit/Debit Card	03/	09/2014	\$35.00		\$35.00				
3022201									
Last Name	First			MI	Contribution ID #				
Antosh		Jody		G	0915				
Residential Street Address	City			State	Zip Code				
93 Far Horizons Dr		Shelton		CT	06484				
Principal Occupation		Name of Employ	er						
		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	5	dependent child of	of a lobbyist?						
government the contract is with:			x _{No}						
Is this contribution associated with a fundamining agent listed in Section 112	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? Cash Regional Check									
U No ☐ □	03/	09/2014	\$35.00		\$35.00				
If yes, list Event # 03092014A									
Last Name	First			MI	Contribution ID #				
O'Rouke		Sean		Р	0916				
Residential Street Address	City			State	Zip Code				
10 Fallsbrook Cir		Monroe		CT	06468				
Principal Occupation	-	Name of Employ	er						
Broker		Safe I	Harbor						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution				
	5	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	Date	Received	Aggregate Contributions						
Tunidasing event instead in Section 31:									
No No Total Carlo	03/	09/2014	\$50.00		\$50.00				
If yes, list Event # 03092014A									
Last Name	First			MI	Contribution ID #				
Beun		David		Н	0917				
Residential Street Address	City			State	Zip Code				
171 Thoreau Dr		Shelton		CT	06484				
Principal Occupation		Name of Employ	er						
Maritimme Industry		BLT C	hembulk Grp						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	nt of Contribution				
	U	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 fundamining agent listed in Section 112	Date	Received	Aggregate Contributions						
tundraising event listed in Section 31?									
If yes, list Event # 03092014A	03/	09/2014	\$100.00		\$100.00				
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Lauretti Governor 2014 April 10 Filing - Original								
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Weinberg		James		R	0921			
Residential Street Address	City	C		State	Zip Code			
59 Rowledge Rd . Principal Occupation		Sandy Hook Name of Employe	or.	СТ	06482			
President			· Hook Center					
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 Executive Legislative		dependent ennu o	x _{No}					
government the contract is with:	Date	Received	Aggregate Contributions	-				
is this contribution associated with a fundraising event listed in Section J1? We Method of contribution: Method of contribution: Yes Cash Representation:								
If yes, list Event # 03092014A	03/0	09/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Sobel		Paul		Α	0922			
Residential Street Address	City			State	Zip Code			
87 Red Barn Rd .		Monroe		СТ	06468			
Principal Occupation		Name of Employe	er					
Attorney			& Gross					
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? 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 Method of contribution:	Date	Received	Aggregate Contributions	1				
No Cash Personal Check	03/0	09/2014	\$100.00		\$100.00			
If yes, list Event # 03092014A				<u> </u>				
Last Name	First			MI	Contribution ID #			
Miko		Lauren		<u> </u>	0907			
Residential Street Address	City	CI II		State	Zip Code			
7 Brae Loch Way Principal Occupation		Shelton Name of Employe	or .	СТ	06484			
Consultant			onsulting					
				Amou	int of Contribution			
Yes A No)	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					
tundraising event risted in Section 31:								
If yes, list Event # 03112014A Cash Cash Personal Check Money Order Credit/Debit Card	03/0	09/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Weinberg		Robert			0918			
Residential Street Address	City			State	Zip Code			
290 Stanley Rd .		Monroe		СТ	06468			
Principal Occupation		Name of Employ	er					
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 Executive Legislative		=== ==== cinid (x No					
government the contract is with:	Date	Received	Aggregate Contributions	-				
fundraising event listed in Section J1?	Date		OB Continuations					
If yes list Event # 03092014A Cash X Personal Check No Money Order Credit/Debit Card	03/0	09/2014	\$100.00		\$100.00			

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I MONETA DV DECEIDTS (C L A. D.									
I. MONETARY RECEIPT	5 (50	ection A-I)	TYPE OF REPORT						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Lauretti Governor 2014			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Weinberg		J. Daniel			0919				
Residential Street Address	City			State	Zip Code				
290 Stanley Rd .		Monroe		СТ	06468				
Principal Occupation		Name of Employ	er						
		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 X Personal Check	03/0	09/2014	\$100.00		\$100.00				
If yes, list Event # 03092014A	00,		Ψ100.00						
Last Name	First			MI	Contribution ID #				
Weinberg	1 1130	Roberta		1411	0920				
Residential Street Address	City	Roberta		State	Zip Code				
	City	Managa			-				
290 Stanley Rd		Monroe		СТ	06468				
Principal Occupation		Name of Employ							
CFO			Harbor						
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? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent enna e	<u> </u>						
government the contract is with:			x _{No}						
Is this contribution associated with a fundacional organization for the second	Date	Received	Aggregate Contributions						
Tundraising event listed in Section 31?									
If yes, list Event # 03092014A	03/0	09/2014	\$100.00		\$100.00				
<u> </u>									
Last Name	First			MI	Contribution ID #				
Fuda		Laura			0937				
Residential Street Address	City			State	Zip Code				
792 Booth Hill Rd .		Shelton		CT	06484				
Principal Occupation		Name of Employ	er						
Respt. Therapist		Stami	ford Hospital						
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			□ 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	03/0	09/2014	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card									
Last Name	First			MI	Contribution ID #				
Luise		Nicholas		P	0938				
Residential Street Address	City			State	Zip Code				
27 Whipporwill Dr .		Shelton		СТ	06484				
Principal Occupation		Name of Employ	or	<u> </u>	00404				
· · · · · · · · · · · · · · · · · · ·		Retire							
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 Executive Legislative			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?		,	000 John Jun 1911						
X No Cash Personal Check	02/	09/2014	\$100.00		¢100 00				
If yes, list Event # Money Order X Credit/Debit Card	03/0	J9/2014	\$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							
Lauretti Governor 2014			April 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Sigillo		Mary			1017			
Residential Street Address	City			State	Zip Code			
63 North St		Shelton		СТ	06484			
Principal Occupation		Name of Employ	er					
		retire	d					
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:	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	03/	09/2014	\$30.00		\$30.00			
If yes, list Event # Money Order Credit/Debit Card	03/	09/2014	\$30.00					
Last Name	First			MI	Contribution ID #			
Moyher		Kevin			1018			
Residential Street Address	City			State	Zip Code			
78 Old Nod Rd .		Clinton		СТ	06413			
Principal Occupation	•	Name of Employ	er		•			
Product Manager		Times	Management Systems					
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 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					
Tunidialising event listed in Section 71:								
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	03/	09/2014	\$100.00		\$100.00			
T. AV	F: .				Louis B"			
Last Name Panza	First	Prisco		MI	Contribution ID # 0932			
Residential Street Address	City	PHSCO		State	Zip Code			
76 Point Lookout	City	Milford		CT	06460			
Principal Occupation	<u> </u>	Name of Employ	er	<u> </u>	1 00.00			
President		Shelto	on Wire					
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	-					
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 Cash Personal Check Money Order Credit/Debit Card	03/	10/2014	\$100.00		\$100.00			
T. O.	F: .			 \				
Last Name Yester	First			MI	Contribution ID #			
Residential Street Address	City	Norman		State	Zip Code			
233 Eastern Blvd .	City	Glastonbury		CT	06033			
Principal Occupation		Name of Employ	er	<u> </u>	1 00000			
CPA		1 ,						
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		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					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	03/	10/2014	\$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									
Lauretti Governor 2014			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Niedermeier		Robert			0940				
Residential Street Address	City			State	Zip Code				
84 Shelton Rd .		Trumbull		СТ	06611				
Principal Occupation		Name of Employ	er						
Manager		Valley	Container						
Is contributor a principal of a state contractor or prospective state contractor?			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?									
X No Cash Personal Check	03/:	10/2014	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card		,	7						
Last Name	First			MI	Contribution ID #				
Presutto	1 1150	Anthony			1021				
Residential Street Address	City	Anthony		State	Zip Code				
	City	Chaltan			*				
52 Applewood Dr .		Shelton		СТ	06484				
Principal Occupation		Name of Employ							
		Retire							
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		перениент сина с	<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	03/:	10/2014	\$100.00		\$100.00				
in yes, and break in the state of the state									
Last Name	First			MI	Contribution ID #				
Lambert		Joanne			1280				
Residential Street Address	City			State	Zip Code				
101 Old Grassy Hill Rd .		Woodbury		CT	06798				
Principal Occupation		Name of Employ	er						
		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/:	10/2014	\$100.00		\$100.00				
If yes, list Event #		•	·		·				
Last Name	First			MI	Contribution ID #				
Lambert		Mark			1281				
Residential Street Address	City	Tidik		State	Zip Code				
101 Old Grassy Hill Rd .	City	Woodbury		CT	06798				
	_	· · · · ·	on.	Ci	00730				
Principal Occupation		Name of Employ N/a	Ci						
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 Executive Legislative			x _{No}						
Is this contribution associated with a Method of contribution:	Detc	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
X No Cash X Personal Check	02.	10/2014	+100.00		±100.00				
If yes, list Event # Money Order Credit/Debit Card	03/3	10/2014	\$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	ction A-1)	TYPE OF REPORT					
Lauretti Governor 2014			April 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Beardsley		Daniel			1020			
Residential Street Address	City			State	Zip Code			
89 Pearmain Rd .		Shelton		СТ	06484			
Principal Occupation		Name of Employ	er					
Environmental Scientist		NRG I	Energy					
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? Yes					
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/:	10/2014	\$75.00		\$75.00			
noncy order								
Last Name	First			MI	Contribution ID #			
Stewart		Carolyn		М	0910			
Residential Street Address	City			State	Zip Code			
5 Tolland Cir		Simsbury		СТ	06070			
Principal Occupation		Name of Employ	er					
		Retire	ed					
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 Yes	Date	Received	Aggregate Contributions					
tundraising event listed in Section J1?								
If yes, list Event # Cash Credit/Debit Card	03/:	10/2014	\$50.00		\$50.00			
— V —								
Last Name	First			MI	Contribution ID #			
Pond		Richard			0845			
Residential Street Address	City			State	Zip Code			
18 Pelham Rd .		West Hartfor	d	СТ	06107			
Principal Occupation		Name of Employ	er					
		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 ennu (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					
x c n c		/20						
If yes, list Event # 03112014A	03/	11/2014	\$100.00		\$100.00			
T. AV	г) d	G (7 (ID)			
Last Name	First	Thomas		MI	Contribution ID #			
Fisher Residential Street Address	City	Thomas		H State	0846 Zip Code			
20 Fishing Brook Rd .	City	Westbrook		CT	06498			
Principal Occupation	L		or	Ci	00498			
тторы остранов		Name of Employ Retire						
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 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 # 03112014A No Money Order Credit/Debit Card	03/	11/2014	\$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 i	ection A-1)	TYPE OF REPORT					
Lauretti Governor 2014 April 10 Filing - Original								
B. Itemized Contributions from Individuals								
	First			MI	Contribution ID #			
Last Name LaBonte	FIISt	Scotty		A	0847			
Residential Street Address	City	Scotty		State	Zip Code			
6 Lowell		Farmington		CT	06032			
Principal Occupation		Name of Employ	er					
Owner		Devco	on Enterprises					
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 fundraicing event licted in Section 112.	Date	Received	Aggregate Contributions					
Tunidasing event listed in Section 31:								
If yes, list Event # 03112014A No Seas Seasonal Check No Money Order Credit/Debit Card	03/	11/2014	\$100.00		\$100.00			
LadNama	Pit			М	Contribution ID#			
Last Name Smith	First			MI O	Contribution ID # 0848			
Residential Street Address	City	Karen		State	Zip Code			
74 Ferncliff Dr .	City	West Hartfor	d	CT	06107			
Principal Occupation		Name of Employ		CI	00107			
· I- · · · · I···		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 fundaciona quent listed in Section 112	Date	Received	Aggregate Contributions					
Tunidialsing event listed in Section 31:								
If yes, list Event # 03112014A No Money Order Credit/Debit Card	03/	11/2014	\$100.00		\$100.00			
Last Name	First			MI -	Contribution ID #			
Paolino Residential Street Address	City	Julie		T	0849			
32 Mason Ln	City	Somers		State CT	Zip Code 06071			
Principal Occupation		Name of Employ	er	Ci	00071			
PT			national Rehab. Services					
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 fundarioing agent listed in Section 112	Date	Received	Aggregate Contributions					
Tunidasing event listed in Section 31:								
If yes, list Event # 03112014A No South Cash Personal Check No Money Order Credit/Debit Card	03/	11/2014	\$100.00		\$100.00			
					G . 7			
Last Name Fredericks	First			MI E	Contribution ID # 0851			
Residential Street Address	City	Henry		State	Zip Code			
49 Breezy Cor	City	Portland		CT	06480			
Principal Occupation		Name of Employ	er	<u>.</u>	00.00			
Engineer		HEP A						
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 fundaciona quest listed in Section 112	Date	Received	Aggregate Contributions					
Tundraising event listed in Section 31:								
If yes, list Event # 03112014A No Money Order Credit/Debit Card	03/	11/2014	\$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	20011 A-1)	TYPE OF REPORT					
Lauretti Governor 2014 April 10 Filing - Original								
B. Itemized Contributions from Individuals								
	First			MI	Contribution ID #			
Last Name Roveto	First	Robert		MI	0852			
Residential Street Address	City			State	Zip Code			
6 Ronda Dr		South Winds	or	СТ	06074			
Principal Occupation		Name of Employ	er	•				
slaes		N/A						
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or General Advanced Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	x No					
government the contract is with:	Data	Received	Aggregate Contributions					
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions					
No Cash Personal Check	03/	11/2014	\$100.00		\$100.00			
If yes, list Event # 03112014A	03/	11,2011	Ψ100.00		Ψ100.00			
Last Name	First			MI	Contribution ID #			
Mudano		William		Α	0853			
Residential Street Address	City	-		State	Zip Code			
56 Stevens St		Windsor Lock	KS	СТ	06096			
Principal Occupation		Name of Employ						
		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					
Personal Check								
If yes, list Event # 03112014A No Money Order Credit/Debit Card	03/	11/2014	\$100.00		\$100.00			
	Б			\n_	G (7 (ID)			
Last Name Kelleher	First	Thomas		MI M	Contribution ID # 0854			
Residential Street Address	City	THOMAS		State	Zip Code			
339 Thayer Pond Rd .	City	Wilton		CT	06897			
Principal Occupation		Name of Employ	er	<u> </u>	00037			
Consulltant		Self						
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					
Tunidraising event instead in Section 31:								
If yes, list Event # 03112014A No Cash Cash Personal Check No Money Order Credit/Debit Card	03/:	11/2014	\$100.00		\$100.00			
Ladding	First			M	Contribution ID#			
Last Name Repeta	FIISt	Richard		MI J	Contribution ID # 0855			
Residential Street Address	City	Riciiaiu		State	Zip Code			
40 Oak Blf	City	Avon		CT	06001			
Principal Occupation		Name of Employ	er	C.	00001			
		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		acpendent enila (x No					
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					
		11/2011	1400.00		±100.00			
If yes, list Event # 03112014A No Cash Personal Check Money Order Credit/Debit Card	03/:	11/2014	\$100.00		\$100.00			

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	13 (31	ction A-1)	TYPE OF REPORT					
Lauretti Governor 2014 April 10 Filing - Original								
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Clemens Sr		Curtiss		В	0856			
Residential Street Address	City			State	Zip Code			
222 Ridgewood Dr .		Rocky Hill		СТ	06067			
Principal Occupation		Name of Employ	er					
		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	of a lobbyist? Yes					
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 # 03112014A No Money Order Credit/Debit Card	03/:	11/2014	\$100.00		\$100.00			
in yes, list Event in OSTIZOTAN Intensity Order Canada Can								
Last Name	First			MI	Contribution ID #			
Kisselbrook		Leah			0858			
Residential Street Address	City			State	Zip Code			
21 Lakeview Ave		Chester		CT	06412			
Principal Occupation		Name of Employ	er					
Salon owner		Leah's	s Bella Vita					
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 fundraining event listed in Section 112.	Date	Received	Aggregate Contributions					
X Personal Check								
If yes, list Event # 03112014A No Money Order Credit/Debit Card	03/:	11/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Yeston		Neil			0859			
Residential Street Address	City			State	Zip Code			
1196 Neipsic Rd .	<u></u>	Glastonbury		СТ	06033			
Principal Occupation		Name of Employ	er					
		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 ennu (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					
No Cash X Personal Check	02/	11/2014	±100.00		±100.00			
If yes, list Event # 03112014A	03/.	11/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Bartone	1 1150	David		M	0873			
Residential Street Address	City	Davia		State	Zip Code			
105 Butternut Cir		Wethersfield		CT	06109			
Principal Occupation		Name of Employ	er	<u>.</u>	00103			
Ins Underwriter			rkley RE Director					
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 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 # 03112014A Cash Credit/Debit Card	03/	11/2014	\$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 (5)	ction A-i)	TYPE OF REPORT					
Lauretti Governor 2014 April 10 Filing - Original								
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Bartone		Lisa		Α	0861			
Residential Street Address	City			State	Zip Code			
105 Butternut Cir	,	Wethersfield		СТ	06109			
Principal Occupation		Name of Employ	er					
Interior decorator		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	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 Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
X Parconal Cheek								
If yes, list Event # 03112014A No Money Order Credit/Debit Card	03/	11/2014	\$100.00		\$100.00			
in yes, his Event in OSTIZOTAN Intoncy Order Cardio Deore Card								
Last Name	First			MI	Contribution ID #			
Komanetsky		Chris			0862			
Residential Street Address	City			State	Zip Code			
146 Blue Hills Rd		North Haven		CT	06473			
Principal Occupation		Name of Employ	er					
Insurance		Smith	Brothers Ins					
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 fobbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with a fundraining event listed in Section 112.	Date	Received	Aggregate Contributions					
Tark Regional Check								
If yes, list Event # 03112014A No Money Order Credit/Debit Card	03/	11/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Smith		Scott		Р	0863			
Residential Street Address	City			State	Zip Code			
8 Pamela Ct		Farmington		СТ	06032			
Principal Occupation		Name of Employ	er					
Insurance Broker			Brothers Insurance					
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	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					
No Cash X Personal Check	02/	11/2014	±100.00		±100.00			
If yes, list Event # 03112014A No Money Order Credit/Debit Card	03/	11/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Smith	riist	Diane		Z	0864			
Residential Street Address	City	Diane		State	Zip Code			
183 Northview Dr	City	South Winds	or	CT	06074			
Principal Occupation		Name of Employ		Ci	00074			
		Retire						
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 Method of contribution:	Date	Received	Aggregate Contributions					
Tundraising event listed in Section 31:								
If yes, list Event # 03112014A No Money Order Credit/Debit Card	03/	11/2014	\$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) Lauretti Governor 2014			April 10 Filing - Original					
B. Itemized Contributions from Individuals								
		iividuais		ı				
Last Name	First			MI	Contribution ID #			
Longo		Richard		J	0865			
Residential Street Address	City			State	Zip Code			
6 East St		Niantic		СТ	06357			
Principal Occupation		Name of Employ						
			go Building	•				
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		аеренаен сина с	<u> </u>					
government the contract is with:			x _{No}					
Is this contribution associated with a	Date	Received	Aggregate Contributions					
Tuildiasing event instead in Section 31:								
If yes, list Event # 03112014A No Money Order Credit/Debit Card	03/	11/2014	\$100.00		\$100.00			
in yes, the 2-text is officer to the control of the								
Last Name	First			MI	Contribution ID #			
Longo		Barbara			0868			
Residential Street Address	City			State	Zip Code			
6 East St		Niantic		CT	06357			
Principal Occupation		Name of Employ	er					
		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					
T 41	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
No Cash X Personal Check	03/	11/2014	\$100.00		\$100.00			
If yes, list Event # 03112014A	03/	11,2011	Ψ100.00		φ100.00			
Last Name	First			MI	Contribution ID #			
	First	Robin		IVII	0866			
Mulcahy Residential Street Address	City	RODIII		State				
	City	C			Zip Code			
71 Lake St		South Winds		СТ	06074			
Principal Occupation		Name of Employ						
Marketing		•	Bow Wow					
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? Method of contribution:	Date	Received	Aggregate Contributions					
If yes, list Event # 03112014A Cash Credit/Debit Card	03/	11/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Mulcahy		Tim			0867			
Residential Street Address	City			State	Zip Code			
71 Lake St		South Winds	or	СТ	06074			
Principal Occupation		Name of Employ	er					
sales		The G	arland Company					
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		acpendent cinid (or a robbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with a fundraicing event listed in Section 112.	Date	Received	Aggregate Contributions					
Tunidiaising event instead in Section 31:								
If yes, list Event # 03112014A No Money Order Credit/Debit Card	03/	11/2014	\$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					
Lauretti Governor 2014			April 10 Filing - Original					
B. Itemized Contributions from Individuals								
		iividuais		M	Contribution ID#			
Last Name Sellew	First	Fiona		MI	Contribution ID # 0869			
Residential Street Address	City			State	Zip Code			
96 Greentree Dr .		Glastonbury		СТ	06037			
Principal Occupation		Name of Employ	er		-			
Nurse		Ct Ch	ildren Hospital					
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	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	03/	11/2014	\$100.00		\$100.00			
If yes, list Event # 03112014A	03/	11/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Sellew	THSt	Tim		IVII	0871			
Residential Street Address	City	*****		State	Zip Code			
96 Greentree Dr .	City	Glastonbury		CT	06037			
Principal Occupation		Name of Employ	er	Ci	00037			
owner			Well Brands					
			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 Executive Legislative			x _{No}					
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
s this contribution associated with a fundraising event listed in Section J1?								
No Cash X Personal Check	03/	11/2014	\$100.00		\$100.00			
If yes, list Event # 03112014A			·					
Last Name	First			MI	Contribution ID #			
Smith		Robert		J	0872			
Residential Street Address	City			State	Zip Code			
64 Wildwood Ln		Watham		MA	02451			
Principal Occupation		Name of Employ	er	-	-			
Psychologist		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:			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 # 03112014A	03/	11/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Fiordelisi	1 1130	Sheila		M	0874			
Residential Street Address	City	Silcila		State	Zip Code			
1400 Half Moon Rd .,	City	Cheshire		CT	06410			
Principal Occupation		Name of Employ	er		1 30.20			
Realtor			gni RE					
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 # 03112014A No Money Order Credit/Debit Card	03/	11/2014	\$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 i	ection A-1)	TYPE OF REPORT					
Lauretti Governor 2014 April 10 Filing - Original								
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Lauzoy	1 1130	James		1411	0876			
Residential Street Address	City	James		State	Zip Code			
8 Newcastle Dr	City	Avon		CT	06001			
Principal Occupation		Name of Employ	er	<u> </u>	00001			
Director		1 ,	Brothers Insurance					
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 awart listed in Section 112	Date	Received	Aggregate Contributions					
Tuildiasing event instead in Section 31:								
If yes, list Event # 03112014A No Money Order Credit/Debit Card	03/	11/2014	\$100.00		\$100.00			
in yes, list Event # 0511201444								
Last Name	First			MI	Contribution ID #			
Dupont		Lorraine			0877			
Residential Street Address	City			State	Zip Code			
23 Quali Holw		Enfield		CT	06082			
Principal Occupation		Name of Employ	er					
Manager		Cashr	nan & Katz					
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 fundamining awart listed in Section 112	Date	Received	Aggregate Contributions					
fundraising event fisted in Section 31:								
U No F	03/	11/2014	\$100.00		\$100.00			
If yes, list Event # 03112014A								
Last Name	First			MI	Contribution ID #			
Dupont		Edgar			0878			
Residential Street Address	City			State	Zip Code			
23 Quali Holw		Enfield		CT	06082			
Principal Occupation		Name of Employ	er					
		Retire	ed					
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 awart listed in Section 112	Date	Received	Aggregate Contributions					
Tunidiasing event instead in Section 31:								
U No H Cash	03/	11/2014	\$100.00		\$100.00			
If yes, list Event # 03112014A								
Last Name	First			MI	Contribution ID #			
Anagnos		Rita		Α	0880			
Residential Street Address	City			State	Zip Code			
21 Chatham Hl		Glastonbury		СТ	06073			
Principal Occupation		Name of Employ	er					
		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	1	dependent child of	of a foodyist?					
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					
Tunidiaising event instead in Section 31:								
If yes, list Event # 03112014A No Money Order Credit/Debit Card	03/	11/2014	\$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									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Lauretti Governor 2014 April 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Baker III		Arthur		Α	0884				
Residential Street Address	City	6 11 117 1		State	Zip Code				
117 Bridlewood Rd		South Winds		СТ	06074				
Principal Occupation VP sales		1 ' '	ey Blake & Decker						
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		acpendent enna e	x No						
Is this contribution associated with a fundamining event listed in Section 112.	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? Yes Cash Personal Check									
If yes, list Event # 03112014A No Money Order Credit/Debit Card	03/	11/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Keane		Matthew			0887				
Residential Street Address	City			State	Zip Code				
68 Simsbury Rd		Simsbury		СТ	06070				
Principal Occupation		Name of Employ	er						
Manager			m Healthcare						
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 fundamining event listed in Section 112	Date	Received	Aggregate Contributions						
Cash Record Check	02.4	44/2044	+400.00		+400.00				
If yes, list Event # 03112014A No Money Order Credit/Debit Card	03/	11/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Drust		Richard			0888				
Residential Street Address	City			State	Zip Code				
7 Old Johnson Ln	<u> </u>	Middletown		СТ	06457				
Principal Occupation		Name of Employ							
Is contributor a principal of a state contractor or prospective state contractor?		Shop!		Amor	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	О	dependent child of		111104	in or control				
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						
Tunidialising event instead in Section 71:	l								
If yes, list Event # 03112014A No Cash Credit/Debit Card	03/	11/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Drust Caminio		Enza			0890				
Residential Street Address	City			State	Zip Code				
7 Old Johnson Ln		Middletown		СТ	06457				
Principal Occupation		Name of Employ Shop							
Is contributor a principal of a state contractor or prospective state contractor?	0	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:		<u> </u>	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/	11/2014	\$100.00		\$100.00				
If yes list Event # 03112014A Money Order Credit/Debit Card	1,	•		1	•				

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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		
Lauretti Governor 2014			April 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Drust, Jr		Donald			0891
Residential Street Address	City			State	Zip Code
50 Summer Hill Ct		Cheshire		СТ	06410
Principal Occupation		Name of Employ	er		
Director		Shop			
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?	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 # 03112014A	03/:	11/2014	\$100.00		\$100.00
If yes, list Event # 03112014A					
Last Name	First			MI	Contribution ID #
Drust		Kristine			0892
Residential Street Address	City			State	Zip Code
50 Summer Hill Ct	<u> </u>	Cheshire		СТ	06410
Principal Occupation		Name of Employ			
Is contributor a principal of a state contractor or prospective state contractor?		Tech :	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	Aillot	nt of Controlation
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		
rundraising event fisted in Section 31?					
No No I resonat enter	03/:	11/2014	\$100.00		\$100.00
If yes, list Event # 03112014A					
Last Name	First			MI	Contribution ID #
Krok III		Michael		Р	0894
Residential Street Address	City			State	Zip Code
53 Wilderness Way		Bristol		СТ	06010
Principal Occupation		Name of Employ	er		
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
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	Date	Received	Aggregate Contributions		
Tunidiaising event risted in Section 31?					
If yes, list Event # 03112014A	03/	11/2014	\$100.00		\$100.00
injunition of the control of the con					
Last Name	First			MI	Contribution ID #
Smith		Loretta		M	0895
Residential Street Address	City	Duintal		State	Zip Code
14 Wilderness Way Principal Occupation		Bristol Name of Employ	or	СТ	06010
Timopai Occupation		N/A	Ci		
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	•		
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 issed in Section 31:					
If yes list Event # 03112014A	03/	11/2014	\$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					
Lauretti Governor 2014			April 10 Filing - Original					
B. Itemized Contributions from Individuals								
		iividuais		M	Contribution ID#			
Last Name Smith Jr	First	John		MI B	Contribution ID # 0896			
Residential Street Address	City	301111		State	Zip Code			
14 Wilderness Way	City	Bristol		CT	06010			
Principal Occupation		Name of Employ	er	<u>.</u>	00010			
Sales		The F	armington 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:			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 # 03112014A No Money Order Credit/Debit Card	03/:	11/2014	\$100.00		\$100.00			
	L .							
Last Name	First			MI	Contribution ID #			
Soule	City	Kathryn		Ct-t-	0897			
Residential Street Address 31 Olde Wood Rd .	City	Clastonhung		State CT	Zip Code 06033			
Principal Occupation		Glastonbury Name of Employ	er	CI	06033			
Timopal occupation		N/A	Ci					
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? Yes					
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 # 03112014A No Money Order Credit/Debit Card	03/:	11/2014	\$100.00		\$100.00			
in year, min Brown osti 201777								
Last Name	First			MI	Contribution ID #			
Soule		David		G	0898			
Residential Street Address	City			State	Zip Code			
31 Olde Wood Rd		Glastonbury		СТ	06033			
Principal Occupation Agent		Name of Employ	Brothers Insurance					
-			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 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					
Tunidasing event instead in Section 31:								
If yes, list Event # 03112014A Cash Cash Personal Check Oscillation Cash Cash Personal Check	03/:	11/2014	\$100.00		\$100.00			
If you, his broken out of the broken call								
Last Name	First			MI	Contribution ID #			
Zurlo		Mary			0899			
Residential Street Address	City			State	Zip Code			
51 Briarwood Dr		Old Saybrool		СТ	06478			
Principal Occupation		Name of Employ N/A	ei					
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	י	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 # 03112014A No Money Order Credit/Debit Card	03/	11/2014	\$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					
Lauretti Governor 2014			April 10 Filing - Original					
B. Itemized Contributions from Individuals								
		iividuais		LM	Contribution ID #			
Last Name	First	E		MI	Contribution ID #			
Zurlo	a:	Frank		a	0900			
Residential Street Address	City			State	Zip Code			
51 Briarwood Dr		Old Saybrool		СТ	06475			
Principal Occupation		Name of Employ						
Sales		Smith	Brothers Insurance					
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 fundamining event listed in Section 112.	Date	Received	Aggregate Contributions					
X Parsonal Check								
□ No □ □ □ □	03/:	11/2014	\$100.00		\$100.00			
If yes, list Event # 03112014A								
Last Name	First			MI	Contribution ID #			
Liakos		Janice			0901			
Residential Street Address	City			State	Zip Code			
140 Bayberry Trl		South Winds	or	СТ	06074			
Principal Occupation		Name of Employ						
· I. · · · · · · · · · ·		N/A						
Is contributor a principal of a state contractor or prospective state contractor?			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	Vac	711100	ant of continuation			
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?	Date	Received	Aggregate Contributions					
Cash X Personal Check			4400.00					
If yes, list Event # 03112014A No Money Order Credit/Debit Card	03/	11/2014	\$100.00		\$100.00			
•								
Last Name	First			MI	Contribution ID #			
Calio		Kathleen			0902			
Residential Street Address	City			State	Zip Code			
11 Oakwood Dr		South Winds	or	СТ	06074			
Principal Occupation		Name of Employ	er					
		Retire	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	of a followist:					
government the contract is with:			x No					
Is this contribution associated with a fundamining event listed in Section 112.	Date	Received	Aggregate Contributions					
tundralsing event listed in Section 31?								
U No F Cash	03/:	11/2014	\$100.00		\$100.00			
If yes, list Event # 03112014A								
Last Name	First			MI	Contribution ID #			
Calie		Richard			0903			
Residential Street Address	City			State	Zip Code			
11 Oakwood Dr		South Winds	or	СТ	06074			
Principal Occupation		Name of Employ			1			
Business Consulting			lie Consulting					
			abbrief analysis of	Amou	unt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes X No	,	dependent child of	Vac	Aiilou	an or Commounton			
If yes, indicate which branch or branches of Executive Legislative		=	x _{No}					
government the contract is with:	D.	D i d		ŀ				
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
Cook X Parsonal Cheek					1400 0-			
If yes, list Event # 03112014A No Money Order Credit/Debit Card	03/:	11/2014	\$100.00		\$100.00			

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I MONETADY DECEIDT	C (C	nation A D			
I. MONETARY RECEIPT	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		
Lauretti Governor 2014			April 10 Tilling - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Donegan		Donald		J	0904
Residential Street Address	City			State	Zip Code
16 Summerland Way		Worcester		MA	01609
Principal Occupation		Name of Employ	er		
President		Wach	esett Agency		
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 fundamining event listed in Section 112.	Date	Received	Aggregate Contributions		
X Cosh Parsonal Check					
If yes, list Event # 03112014A No Money Order Credit/Debit Card	03/	11/2014	\$100.00		\$100.00
in yes, list Event in OSTIZOTAN Intensity Order Canada Can					
Last Name	First			MI	Contribution ID #
Pueyo		Pilar			0870
Residential Street Address	City			State	Zip Code
64 Wildwood Ln		Waltham		MA	02451
Principal Occupation		Name of Employ	er		
HR Director		Bosto	n Private Bank		
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 fundamining event listed in Section 112	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1? Cash Personal Check					
U No E	03/	11/2014	\$100.00		\$100.00
If yes, list Event # 03112014A					
Last Name	First			MI	Contribution ID #
Kraczkowsky		Gregory		М	0838
Residential Street Address	City			State	Zip Code
111 Terry Rd		Hartford		CT	06105
Principal Occupation		Name of Employ	er	-	•
Construction					
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:			x No		
Is this contribution associated with a fundamining event listed in Section 112	Date	Received	Aggregate Contributions		
tundralsing event listed in Section 31?					
If yes, list Event # 03112014A Cash Credit/Debit Card	03/	11/2014	\$100.00		\$100.00
in yes, list Event # 05112014A					
Last Name	First			MI	Contribution ID #
Neckermann		James			0837
Residential Street Address	City			State	Zip Code
2350 Chamberland Hwy		Kensington		CT	06037
Principal Occupation		Name of Employ	er		
Real Estate					
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 # 03112014A No Money Order Credit/Debit Card	03/	11/2014	\$100.00		\$100.00

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I MONETARY DECEME	0 (0	4° A T)			
I. MONETARY RECEIPT	5 (5 6	ection A-1)	TWDE OF DEDORA		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT April 10 Filing - Original		
Lauretti Governor 2014			April 10 Filling - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Kaoud		Charlie			0840
Residential Street Address	City			State	Zip Code
240 Litchfield Dr		Thomaston		CT	06787
Principal Occupation		Name of Employ	er		
Owner		Kaoud	d Oriental Rugs		
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:			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 # 03112014A No Money Order Credit/Debit Card	03/:	11/2014	\$100.00		\$100.00
in you, in the result is a second country of the second country of					
Last Name	First			MI	Contribution ID #
Duffy		Barbara			0841
Residential Street Address	City			State	Zip Code
17 Greenview Ln		Avon		СТ	06001
Principal Occupation		Name of Employ	er		
		Kaoud	d RE Development	_	
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 fobbyist?		
government the contract is with:			x No		
Is this contribution associated with a fundraining event listed in Section 112.	Date	Received	Aggregate Contributions		
X Personal Check					
If yes, list Event # 03112014A No Money Order Credit/Debit Card	03/:	11/2014	\$100.00		\$100.00
303 T. S.					
Last Name	First			MI	Contribution ID #
Langevin		Kyle			0842
Residential Street Address	City			State	Zip Code
32 Castlewood Rd .		West Hartfor	d	СТ	06107
Principal Occupation		Name of Employ	er		
		Stude	ent		
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	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 J1? Method of contribution:	Date	Received	Aggregate Contributions		
x c n c					
If yes, list Event # 03112014A Cash Personal Check No	03/:	11/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Langevin		Kerri			0843
Residential Street Address	City			State	Zip Code
32 Castlewood Rd .		West Hartfor		СТ	06107
Principal Occupation		Name of Employ			
Ped. Nurse			ildrens Med. Center		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	,		obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent child of	or a roodyist?		
government the contract is with:			x _{No}	1	
Is this contribution associated with a Section 112 Yes Wethod of contribution:	Date	Received	Aggregate Contributions		
tundraising event risted in Section 31?					
If yes, list Event # 03112014A Cash Credit/Debit Card	03/:	11/2014	\$100.00		\$100.00

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AMME OF COMMITTEE (Provide Complete Name as Registered with Commission April 1941 (Green April 1941	I MONETARY RECEIPT	S (S	action A D			
Autrem Governor 2014		5 (5)	ction A-i)	TYPE OF REPORT		
Lack Name						
Randerial Stewark 10 10 10 10 10 10 10 1	B. Itemized Contributions from	n Ind	lividuals			
Procession Pro	Last Name	First			MI	Contribution ID #
Simple Companies	Stewart		Thad		М	0844
This part Companies		City				
Name of Cooperation	5 Tolland Cir		Simsbury		СТ	-
Cabinmaker	Principal Occupation			er		
	Cabinmaker		Self			
Second content of the stands of processed with a content of the stands of content of the stands of the stands of content of the stands of th	Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution
Secondaria decomposition is setted 1)	dependent child of	of a lobbyist?		
Final Personal Check 03/11/2014 \$100.00 \$100.0	Evanutiva I anialativa			x _{No}		
	X Vac	Date	Received	Aggregate Contributions		
Tank Name	Tunidasing event listed in Section 31:					
All State State	□ No □ □	03/	11/2014	\$100.00		\$100.00
Secondario Sec	in yes, list Event in OSTIZOTAN Interest of the Control of the Con					
Residential Stored Address	Last Name	First			MI	Contribution ID #
Second S	Beckom		Deborah		S	0839
Principal Occupation Book Keeper Book Meney Order Book Book Book Book Book Book Book Book	Residential Street Address	City			State	Zip Code
Rook Keeper			New Britain		CT	06053
Secutivibute a principal of a state contractor or prospective state contractor?	Principal Occupation		Name of Employ	er		
Yes	Book Keeper		Kaoud	d Oriental Rugs		
Security Legislative Le	Is contributor a principal of a state contractor or prospective state contractor?)		Voc	Amou	nt of Contribution
Risk contribution associated with a foundariang event listed in Section J1? Vest Method of contribution: Last Name Sales S			dependent child o	of a foodysst?		
## Personal Check Cash Pe	Evanutiva Lagislativa					
Last Name Smith Residential Street Address Sales Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of successful and street in Section J1? If yes, indicate which branch or prospective state contractor? Principal Occupation If yes, indicate which branch or branches of successful and state contractor or prospective state contractor? Personal Check Sales Smith Brothers Ins Smith Brothers Ins Smith Brothers Ins Smith Brothers Ins Smith Brothers Ins Smith Brothers Ins Is contributor a principal of a state contractor or prospective state contractor? Personal Check O3/11/2014 Smith of Contributions Personal Check O3/11/2014 Smith of Contributions MI Contribution ID # O8617 Amount of Contribution of Contribution of Executive Legislative Smith Brothers Ins Smith Brothers Ins Amount of Contribution of Executive Legislative Smith Brothers Ins Smith Brothers Ins Smith Brothers Ins Smith Brothers Ins Amount of Contribution of Executive Legislative Smith Brothers Ins Smith Brothers Ins Amount of Contribution of Executive Check O3/11/2014 Smith of Contribution of Executive Check O3/11/2014 Smith of Contribution of Executive Check O3/11/2014 Smith of Contribution of Executive Check O3/11/2014 Smith of Contribution of Executive Check O3/11/2014 Smith of Contribution of Executive Check O3/11/2014 Smith of Contribution of Executive Check O3/11/2014 Smith of Contribution of Executive Check O3/11/2014 Smith of Contribution of Contribution of Contribution of Executive Check O3/11/2014 Smith of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Executive Check O3/11/2014 Smith of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contributi	X Vac	Date	Received	Aggregate Contributions		
Last Name Smith Smith Size Address Sales Sales Southburd a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Laramee Lar	Tunidiaising event listed in Section 31:					
Last Name Smith Sm	U No I□ □	03/	11/2014	\$100.00		\$100.00
Smith						
Residential Street Address 74 Ferncliff Dr Principal Occupation Sales 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: Larame Larame Larame Larame Larame CPA Is contributor a principal of a state contractor or prospective state—contractor? Yes X No Date Residential Street Address South Window Alarame Alarame South Window Alarame	Last Name	First			MI	Contribution ID #
Name of Employer			J. Brian			
Principal Occupation Sales Somith Brothers Ins		City			State	-
Sales Smith Brothers Ins					СТ	06117
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 Larame Last Name CPA State St	Principal Occupation		1 ,			
If yes, indicate which branch or branches of government the contract is with: Executive						
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 # 03112014A No Cash X Personal Check O3/11/2014 \$100.00 \$100.00	Is contributor a principal of a state contractor or prospective state contractor?)		Vac	Amou	nt of Contribution
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # 03112014A	If yes, indicate which branch or branches of		dependent ennu (·		
fundraising event listed in Section J1? If yes, list Event # 03112014A	government the contract is with:					
Last Name Laramee Residential Street Address 33 Lake St Principal Occupation CPA Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of sovernment the contract is with: Is this contribution associated with a fundraising event listed in Section J1? No Amount of Cash X Personal Check O3/11/2014 \$100.00 \$100.00	IXI voc	Date	Received	Aggregate Contributions		
Last Name Laramee Residential Street Address Residential Street Address TO857 Residential Street Address 33 Lake St City South Windsor CPA South Windsor Name of Employer Filomeno & Co. 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? MMI Contribution ID # O857 CT 06074 Name of Employer Filomeno & Co. Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Method of contribution: Date Received Aggregate Contributions \$100.00 \$100.00						
Laramee Residential Street Address Residential Street State Residential Street Address Residential Street Address Residential Street Address Residential Street Address Residential Street Address Residential Street Address Residential Street Address Residential Street Address Residential Street Address Residential Street Address Residential Street Address Residential Street Residential State Contribution Street Residential S	If yes, list Event # 03112014A No Money Order Credit/Debit Card	03/	11/2014	\$100.00		\$100.00
Laramee Residential Street Address Residential Street State Residential Street Address Residential Street Address Residential Street Address Residential Street Address Residential Street Address Residential Street Address Residential Street Address Residential Street Address Residential Street Address Residential Street Address Residential Street Address Residential Street Residential State Contribution Street Residential S	Lost Nama	Einat			MI	Contribution ID #
Residential Street Address 33 Lake St City South Windsor CT 06074 Principal Occupation CPA 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: Name of Employer Filomeno & Co. Is contributor a lobbyist, spouse, or dependent child of a lobbyist? X No Amount of Contribution Amount of Contribution Aggregate Contributions \$100.00		FIISt	William			
South Windsor CT 06074 Principal Occupation CPA 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 South Windsor Name of Employer Filomeno & Co. Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist? Yes X No Amount of Contribution Aggregate Contributions \$\frac{X}{X} \text{ No} \		City	vviiiiaiii			
Principal Occupation CPA 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: Name of Employer Filomeno & Co. Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist? Yes X No Amount of Contribution Aggregate Contributions \$\text{X} \text{No}\$ \$\text{No}\$ \$\tex		City	South Winds	or		-
Filomeno & Co. Is contributor a principal of a state contractor or prospective state contractor?					Ci	00074
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 Amount of Contribution dependent child of a lobbyist? Yes X No						
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 No No No No No No No No N				obbyist, spouse, or	Amou	nt of Contribution
Is this contribution associated with a fundraising event listed in Section J1? No No No No No Executive Legislative Legislative Aggregate Contributions Date Received Aggregate Contributions Aggregate Contributions \$\text{X} \text{ No}\$ Personal Check 03/11/2014 \$100.00 \$100.00)	dependent child of	of a foodyist?		
Is this contribution associated with a fundraising event listed in Section J1? X Yes	Evanutiva I anialativa			x _{No}		
No Personal Check 03/11/2014 \$100.00 \$100.00		Date	Received	Aggregate Contributions		
□ No □ □ □ □ □ □ 03/11/2014 □ \$100.00 □ \$100.00	rundraising event fisted in Section 31?					
	If yes, list Event # 03112014A	03/	11/2014	\$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		
Lauretti Governor 2014			April 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Hainsworth		Albert		D	0881
Residential Street Address	City			State	Zip Code
41 High Gate Dr		Avon		СТ	06001
Principal Occupation		Name of Employ			
sales			ance Sales		
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?	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 # 03112014A	03/:	11/2014	\$100.00		\$100.00
in yes, list Event # D3112014A Intolley Order In Create Destricted					
Last Name	First			MI	Contribution ID #
Drust		Donald		L	0885
Residential Street Address	City			State	Zip Code
532 Oak Ridge Dr		Cheshire		СТ	06410
Principal Occupation		Name of Employ			
Owner Is contributor a principal of a state contractor or prospective state contractor?		Drust Is contributor a l	obbyjet enouge or	Amou	ant 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: 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/:	11/2014	\$100.00		\$100.00
If yes, list Event # 03112014A					-
Last Name	First			MI	Contribution ID #
Drust		Diane		Е	0886
Residential Street Address	City			State	Zip Code
532 Oak Ridge Dr		Cheshire		СТ	06410
Principal Occupation Owner		Name of Employ Drust			
T			obbyist, spouse, or	Amou	int of Contribution
Yes No)	dependent child of		111100	and of Commodulon
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 instead in Section 31:					
If yes, list Event # 03112014A Cash Cash Personal Check No Money Order Credit/Debit Card	03/:	11/2014	\$100.00		\$100.00
injus, inclusion in the contract of the contra					
Last Name	First			MI	Contribution ID #
Amenta		Sebastian		A	0893
Residential Street Address 1166 Woodruff St	City	Couthington		State	Zip Code
Principal Occupation		Southington Name of Employ	or	СТ	06489
Director			rehensive Environmental		
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		
Tunidasing event issed in Section 31:					
If yes list Event # 03112014A	03/	11/2014	\$100.00		\$100.00

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I. MONETARY RECEIPT	S (Se	ection A-I)	I		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Lauretti Governor 2014			TYPE OF REPORT April 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Donnelly Projection of Court Address	City	Patricia		St-t-	0882
Residential Street Address 524 Matson Hill Rd	City	Glastonbury		State	Zip Code 06073
Principal Occupation		Name of Employe	er	<u> </u>	00073
Director		1 ,	man & Co		
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? Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent ennu o	x _{No}		
government the contract is with:	Date	Received	Aggregate Contributions	-	
fundraising event listed in Section J1?					
If yes, list Event # 03112014A Cash Personal Check Money Order Credit/Debit Card	03/:	11/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Donnelly		Michael		J	0875
Residential Street Address	City			State	Zip Code
524 Matson Hill Rd		Glastonbury		СТ	06073
Principal Occupation		Name of Employ	er		
VP		SS&C	Technology		
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? Yes	Amou	int 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	1	
No Cash Personal Check	03/:	11/2014	\$100.00		\$100.00
If yes, list Event # 03112014A					
Last Name	First			MI	Contribution ID #
Daly		Bruce		R	0883
Residential Street Address	City			State	Zip Code
796 Ridge Rd		Wethersfield		СТ	06109
Principal Occupation		Name of Employ			
Is contributor a principal of a state contractor or prospective state contractor?				Amor	unt of Contribution
Yes A No)	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 fundamining event listed in Section 112	Date	Received	Aggregate Contributions	1	
tundraising event risted in Section 31:					
If yes, list Event # 03112014A Cash Cash Personal Check Money Order Credit/Debit Card	03/:	11/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Williams		James		М	0860
Residential Street Address	City			State	Zip Code
15 Hartford Ave		Wethersfield		СТ	06109
Principal Occupation		Name of Employer Retire			
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 Executive Legislative		s-p-s-son coniu o	x No		
government the contract is with:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?			55 -6 5		
If yes list Event # 03112014A	03/:	11/2014	\$100.00		\$100.00

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I MONETARY DECEMBE	0 (0	4° A T			
I. MONETARY RECEIPTS	5 (50	ection A-I)	I		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Lauretti Governor 2014			April 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Williams		Kathleen		Α	0879
Residential Street Address	City			State	Zip Code
15 Hartford Ave		Wethersfield		СТ	06109
Principal Occupation		Name of Employ	er		
Teacher		CREC			
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			
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:					
□ No □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	03/	11/2014	\$100.00		\$100.00
If yes, list Event # 03112014A					
Last Name	First			MI	Contribution ID #
Testani		Claune			1022
Residential Street Address	City			State	Zip Code
15 Cynthia Ln	-	Shelton		СТ	06484
Principal Occupation		Name of Employ	er		
.1		Retire			
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 Executive Legislative			x No		
government the contract is with: In this contribution associated with a Mathed of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Dute	recerved	1.15g.1.0gate containment		
x No Cash x Personal Check	02/	11/2014	\$25.00		\$25.00
If yes, list Event #	03/.	11/2014	\$23.00		\$2J.00
Last Name	First			MI	Contribution ID #
Bures	FIISt	John		IVII	1023
	City	JOHN		Ct-t-	
Residential Street Address	City	Chalkan		State	Zip Code
51 Kings Highway Ext		Shelton		СТ	06484
Principal Occupation		Name of Employ	er		
Sales		Self	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? Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative		1	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		
X No Cash X Personal Check					
If yes, list Event #	03/	11/2014	\$100.00		\$100.00
1					
Last Name	First			MI	Contribution ID #
Bures		Gilda		М	1024
Residential Street Address	City			State	Zip Code
51 Kings Highway Ext		Shelton		СТ	06484
Principal Occupation		Name of Employ	er		
		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 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/	11/2014	\$100.00		\$100.00

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Y MONETARY DECEME	G (G				
I, MONETARY RECEIPT	5 (50	ection A-I)	I		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Lauretti Governor 2014			April 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals	•		
Last Name	First			MI	Contribution ID #
Connolly		Kimberly			0941
Residential Street Address	City			State	Zip Code
101 Windy Hill Rd .		South Winds	or	СТ	06074
Principal Occupation		Name of Employ	er		
C00		SBI I	inc		
			abbriet anauga ar	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	03/	11/2014	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	00,	,	Ψ100.00		
Last Name	First			MI	Contribution ID #
Landy Opalacz	1 1150	Teresa			0889
Residential Street Address	City	161634		State	Zip Code
	City	Dumbana		1	06422
6 Deer Run Rd	_	Durham		СТ	06422
Principal Occupation		Name of Employ	er		
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 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?			1.00.10		
No Cash X Personal Check	03/	11/2014	\$100.00		\$100.00
If yes, list Event # 03112014A	03/.	11/2014	\$100.00		ş100.00
Last Name	First			MI	Contribution ID #
Daly	THSt	Michael		J J	1015
Residential Street Address	City	Michael		State	Zip Code
266 Silas Deane Hwy	City	Wethersfield		CT	06109
			on.	CI	00109
Principal Occupation		Name of Employ	ei		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a 1	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:	Dete	Received			
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/	4.4.70.4.4	+100.00		+100.00
If yes, list Event # Money Order Credit/Debit Card	03/.	11/2014	\$100.00		\$100.00
				I	
Last Name	First			MI	Contribution ID #
Zubrutsky		Michael		J	1029
Residential Street Address	City			State	Zip Code
30 Windshire Dr		South Winds		СТ	06074
Principal Occupation		Name of Employ			
		Retire			
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		ucpenuent enna (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 J1?					
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	03/	11/2014	\$100.00		\$100.00

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A MONETARY DECEME	G (G				
I. MONETARY RECEIPT	5 (50	ection A-I)	I		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Lauretti Governor 2014			April 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals	•		
Last Name	First			MI	Contribution ID #
Spruyt		Greg			1012
Residential Street Address	City			State	Zip Code
219 Ripton Rd .		Shelton		СТ	06484
Principal Occupation		Name of Employ	er		
Allstate Agent		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	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/:	12/2014	\$100.00		\$100.00
If yes, list Event #		,	Ţ		
Last Name	First			MI	Contribution ID #
Klauser Sr	1 1150	Kenneth		R	1013
Residential Street Address	City	Kenneur		State	Zip Code
	City	Chaltan			06484
109 Wesley Dr		Shelton		СТ	00484
Principal Occupation		Name of Employ			
Evp Foundation		Eisai			
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	03/:	12/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Carlino		Joseph			0993
Residential Street Address	City			State	Zip Code
464 Ridge Rd .		Orange		CT	06477
Principal Occupation		Name of Employ	er		
		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 fundaming award listed in Section 112.	Date	Received	Aggregate Contributions		
rundraising event fisted in Section 31?					
No X Cash Personal Check	03/:	12/2014	\$50.00		\$50.00
If yes, list Event # 03122014A		-	·		
Last Name	First			MI	Contribution ID #
Tarrasi		Robert			0996
Residential Street Address	City	Robert		State	Zip Code
100 Parrot Dr Unit 713	City	Shelton		CT	06484
	_		on.	Ci	00404
Principal Occupation		Name of Employ			
Sales			Distributors	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? Yes Method of contribution:	Date	Received	Aggregate Contributions		
llyl a	١.				
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	03/:	12/2014	\$60.00		\$60.00

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I. MONETARY RECEIPT	9 (9)	ection A_I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	5 (5)	ction A-i)	TYPE OF REPORT		
Lauretti Governor 2014			April 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Messore		Ferdinand		Α	0997
Residential Street Address	City			State	Zip Code
934 Racebrook Rd .		Orange		СТ	06477
Principal Occupation		Name of Employ	er		
Commercial RE		Colon	ial 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	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 fundacione quest listed in Section 112.	Date	Received	Aggregate Contributions		
X Parsonal Check					
If yes, list Event # 03122014A No Money Order Credit/Debit Card	03/	12/2014	\$50.00		\$50.00
11 you, interest in OSTEEDITY					
Last Name	First			MI	Contribution ID #
Jones		Dave			0999
Residential Street Address	City			State	Zip Code
1 Peaceful Pl		Shelton		СТ	06484
Principal Occupation		Name of Employ	er		
GM		Splas			
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 ennu (<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					
If yes, list Event # 03122014A No Money Order Credit/Debit Card	03/	12/2014	\$50.00		\$50.00
Last Name	First	5.1.1		MI	Contribution ID #
Ciarlo		Richard		R	1000
Residential Street Address	City	CI II		State	Zip Code
24 Scenic Hill Rd Principal Occupation		Shelton		СТ	06484
		Name of Employ	S Screw Co		
Manf. Engin 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		Alliou	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/	12/2014	\$50.00		\$50.00
If yes, list Event # 03122014A		<i>'</i>	·		
Last Name	First			MI	Contribution ID #
Ghazal		Antoine			1001
Residential Street Address	City			State	Zip Code
27 Northwood Rd		Monroe		СТ	06468
Principal Occupation		Name of Employ	er		
		Owne	r		
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 fundaciona quent listed in Section 112	Date	Received	Aggregate Contributions		
Tundraising event listed in Section 31:					
If yes, list Event # 03122014A No Money Order Credit/Debit Card	03/	12/2014	\$50.00		\$50.00

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I. MONETARY RECEIPT	S (Se	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Lauretti Governor 2014			TYPE OF REPORT April 10 Filing - Original		
Lauretti Governor 2014			7 April 10 Tilling Chighter		
B. Itemized Contributions from	n Ind	lividuals		_	
Last Name	First			MI	Contribution ID #
Ghazal		Maurice		ļ.,	1002
Residential Street Address	City	Chalban		State	Zip Code
541 Booth HI Rdq Principal Occupation		Shelton Name of Employe	or	СТ	06484
Owner			n Smoke Shop		
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le	obbyist, spouse, or for lobbyist? Ye	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent cinia o	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 # 03122014A No X Cash Personal Check Money Order Credit/Debit Card	03/:	12/2014	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Maida Jr		Sam			1003
Residential Street Address	City			State	Zip Code
17 Old Sawmill Rd		Beacon Falls		СТ	06403
Principal Occupation		Name of Employ	er	-	
			Plastics		
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	ant of Contribution
If yes, indicate which branch or branches of government the contract is with:		dependent ennid e	x No		
Is this contribution associated with a fundamining agent listed in Section 112	Date	Received	Aggregate Contributions	_	
fundraising event listed in Section J1? No No Personal Check	03/	12/2014	\$50.00		\$50.00
If yes, list Event # 03122014A			70000		
Last Name	First			MI	Contribution ID #
Garofalo		Paul		М	1004
Residential Street Address	City			State	Zip Code
3001 Kettletown Rd .		Southbury Name of Employe		СТ	06460
Principal Occupation IT Manger			ាs Eplmer		
-			<u> </u>	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 X Yes Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event risted in Section 31?					
If yes, list Event # 03122014A No Cash Personal Check Money Order Credit/Debit Card	03/:	12/2014	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Fronsaglia		Benigno			1005
Residential Street Address	City			State	Zip Code
155 Beardsley Rd .		Shelton		СТ	06484
Principal Occupation		Name of Employ	er		
Consulting Is contributor a principal of a state contractor or prospective state contractor?		Self Is contributor a le	obbyist, spouse, or	Amou	unt of Contribution
Yes X No)	dependent child of	of a lobbyist?	5	
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	7	
Tunidasing event listed in Section 31:					
If yes list Event # 03122014A No Cash Personal Check	03/	12/2014	\$50.00		\$50.00

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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		
Lauretti Governor 2014			April 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Agosto		Anthony			1006
Residential Street Address	City			State	Zip Code
126 Shelton Ave		Shelton		СТ	06484
Principal Occupation		Name of Employ	er		
		Self			
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 fundaming award listed in Section 112.	Date	Received	Aggregate Contributions		
rundraising event instea in section 11:					
No Cash X Personal Check	03/:	12/2014	\$50.00		\$50.00
If yes, list Event # 03122014A		•			<u> </u>
Last Name	First			MI	Contribution ID #
Klapak		Edward			1007
Residential Street Address	City	Lawara		State	Zip Code
1168 Berkshire Dr	City	Macedonia		OH	44056
Principal Occupation		Name of Employ	ON.	OH	44030
			ci		
Tech Consultant		HP	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? Method of contribution:	Date	Received	Aggregate Contributions		
X Cash Personal Check					
If yes, list Event # 03122014A No Money Order Credit/Debit Card	03/:	12/2014	\$20.00		\$20.00
<u> </u>					
Last Name	First			MI	Contribution ID #
Dernago		Micheal		Α	1008
Residential Street Address	City			State	Zip Code
29 Spring Valley Rd .		Woodbridge		CT	06525
Principal Occupation		Name of Employ	er	-	•
Electrical Chek out		Sikors	sky Aircraft		
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 fundaming awart listed in Section 112	Date	Received	Aggregate Contributions		
rundraising event fisted in Section 31?					
No X Cash Personal Check	03/:	12/2014	\$50.00		\$50.00
If yes, list Event # 03122014A					
Last Name	First			MI	Contribution ID #
Grimes Jr		James		В	1196
Residential Street Address	City	3465		State	Zip Code
18 Eastfield St .	City	Manchester		CT	06042
Principal Occupation		Name of Employ	er	_ <u> </u>	5507Z
Consultant			Brothers Ins.		
			obbyict chause 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			
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		40/0011			+100.00
If yes, list Event # Money Order Credit/Debit Card	03/	12/2014	\$100.00		\$100.00

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Lauretti Governor 2014 April 10 Filing - Original
B. Itemized Contributions from Individuals Last Name
East Name
Puskar Solution City State Zip Code
Residential Street Address 233 Derby Ave # 609 Derby Derby Derby CT O6418 Principal Occupation Campaign Manager Is contributor a principal of a state contractor or prospective state contractor? Is contributor a principal of a state contractor or prospective state contractor? Is contributor a principal of a state contractor or prospective state contractor? Is contributor a principal of a state contractor or prospective state contractor? Is contributor a principal of a state contractor or prospective state contractor? Is contributor a principal of a state contractor or prospective state contractor? Is contributor a principal of a state contractor or prospective state contractor? 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 sovernment the contract is with: Is contribution associated with a fundraising event listed in Section J1? Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of sovernment the contract is with: Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Date Received Aggregate Contribution Name of Employer Valley Container Amount of Contribution Amount of Contribution Amount of Contribution Date Received Aggregate Contributions
Derby CT 06418
Principal Occupation Campaign Manager Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of sovernment the contract is with: Is this contribution associated with a fundraising event listed in Section J1? Last Name Niedermeier Residential Street Address City Principal Occupation Name of Employer Debicella for Congress Is contributor a lobbyist, spouse, or dependent child of a lobbyist, spouse, or dependent child of a lobbyist? X No Date Received Aggregate Contributions Mil Contribution ID # O942 Residential Street Address City Principal Occupation Chairman Is contributor a principal of a state contractor or prospective state contractor? The principal of a state contractor or prospective state contractor? Yes No State Zip Code CT O6460 Principal Occupation Valley Container Is contributor a principal of a state contractor or prospective state contractor? Legislative Date Received Aggregate Contributions Mil Contribution ID # O942 State Zip Code CT O6460 Principal Occupation Valley Container Is contributor a principal of a state contractor or prospective state contractor? Legislative Date Received Aggregate Contributions Amount of Contribution dependent child of a lobbyist, spouse, or dependent child of a lobbyist, spouse, or dependent child of a lobbyist, spouse, or dependent child of a lobbyist, spouse, or dependent child of a lobbyist, spouse, or dependent child of a lobbyist, spouse, or dependent child of a lobbyist, spouse, or dependent child of a lobbyist, spouse, or dependent child of a lobbyist, spouse, or dependent child of a lobbyist, spouse, or dependent child of a lobbyist, spouse, or dependent child of a lobbyist, spouse, or dependent child of a lobbyist, spouse, or dependent child of a lobbyist, spouse, or dependent child of a lobbyist, spouse, or dependent child of a lobbyist, spouse, or dependent child of a lobbyist, spouse, or dependent child of a lobbyist, spouse, or dependent chi
Campaign Manager Debicella for Congress
Is contributor a principal of a state contractor or prospective state contractor?
Yes No No No No
Executive Legislative Le
fundraising event listed in Section J1? If yes, list Event # 03122014A
Last Name
Last Name First Rudolf O942
Residential Street Address City State Zip Code 143 Housatonic Dr . Principal Occupation Chairman 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? Milford Name of Employer Valley Container Is contributor a lobbyist, spouse, or dependent child of a lobbyist? X No Amount of Contribution Aggregate Contributions \$\frac{1}{2}\$ Amount of Contribution of the contract is with: Aggregate Contributions \$\frac{1}{2}\$ Aggregate Contributions \$\frac{1}{2}\$ Aggregate Contributions \$\frac{1}{2}\$ Aggregate Contributions \$\frac{1}{2}\$ Aggregate Contributions \$\frac{1}{2}\$ Aggregate Contributions \$\frac{1}{2}\$ Aggregate Contributions \$\frac{1}{2}\$ Aggregate Contributions \$\frac{1}{2}\$ Aggregate Contributions \$\frac{1}{2}\$ Aggregate Contributions \$\frac{1}{2}\$ Aggregate Contributions \$\frac{1}{2}\$ Aggregate Contributions \$\frac{1}{2}\$ Aggregate Contributions \$\frac{1}{2}\$ Aggregate Contributions \$\frac{1}{2}\$ Aggregate Contributions
Residential Street Address City State Zip Code 143 Housatonic Dr . Principal Occupation Chairman 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? Milford Name of Employer Valley Container Is contributor a lobbyist, spouse, or dependent child of a lobbyist? X No Amount of Contribution Aggregate Contributions \$\frac{1}{2}\$ Amount of Contribution of the contract is with: Aggregate Contributions \$\frac{1}{2}\$ Aggregate Contributions \$\frac{1}{2}\$ Aggregate Contributions \$\frac{1}{2}\$ Aggregate Contributions \$\frac{1}{2}\$ Aggregate Contributions \$\frac{1}{2}\$ Aggregate Contributions \$\frac{1}{2}\$ Aggregate Contributions \$\frac{1}{2}\$ Aggregate Contributions \$\frac{1}{2}\$ Aggregate Contributions \$\frac{1}{2}\$ Aggregate Contributions \$\frac{1}{2}\$ Aggregate Contributions \$\frac{1}{2}\$ Aggregate Contributions \$\frac{1}{2}\$ Aggregate Contributions \$\frac{1}{2}\$ Aggregate Contributions \$\frac{1}{2}\$ Aggregate Contributions
Residential Street Address 143 Housatonic Dr . Principal Occupation Chairman 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 Personal Check O3/12/2014 \$100.00 State Zip Code CT 06460 Name of Employer Valley Container Is contributor a lobbyist, spouse, or dependent child of a lobbyist? X No Amount of Contribution Aggregate Contributions \$100.00
Principal Occupation Chairman 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 Valley Container Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist? Is contributor a lobbyist? Is contributor a lobbyist? Is contributor a lobbyist? Is contributor a lobbyist? Is contributor a lobbyist? In yes Amount of Contribution Aggregate Contributions Fundraising event listed in Section J1? Personal Check O3/12/2014 \$100.00 \$100.00
Chairman 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 Legislative Legislative Legislative Date Received Aggregate Contributions \$\text{\$100.00}\$
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? Yes No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is No Is contributor a lobbyist, spouse, or dependent child of a lobbyist.
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? Ves X No
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? Executive Legislative X No Date Received Aggregate Contributions Fundraising event listed in Section J1? Personal Check O3/12/2014 \$100.00
Is this contribution associated with a fundraising event listed in Section J1? Yes Cash Personal Check 03/12/2014 \$100.00 \$100.00
fundraising event listed in Section J1? Yes Cash Personal Check 03/12/2014 \$100.00 \$100.00
No
Last Name First MI Contribution ID #
Niedermeier Margaret 0943
Residential Street Address City State Zip Code
143 Housatonic Dr Milford CT 06460
Principal Occupation Name of Employer
Book Keeper Honey Cell Inc 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 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 Method of contribution: Date Received Aggregate Contributions
fundraising event listed in Section J1? Yes Cash Personal Check
If yes, list Event # Personal Check O3/12/2014 \$100.00 \$100.00
Landing Died MI Contribution IN II
Last Name First MI Contribution ID # Vietze Carmella 0944
Residential Street Address City State Zip Code
25 Larchmont Cir Stratford CT 06614
Principal Occupation Name of Employer
Benefits Admin Valley Container
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 comment of with a Method of contribution.
fundraising event listed in Section J1?
If yes, list Event # Personal Check O3/12/2014 \$100.00 \$100.00

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I, MONETARY RECEIPTS (Section A-I)									
	5 (5)	ection A-I)	I TYPE OF BERORE						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT						
Lauretti Governor 2014			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Vietze		Robert			0945				
Residential Street Address	City			State	Zip Code				
80 Porters Hill Rd		Trumbull		СТ	06611				
Principal Occupation		Name of Employ	er						
			Container						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	A.m.o.	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						
Tunidraising event instead in Section 31:									
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	03/	12/2014	\$100.00		\$100.00				
in yes, list Event #									
Last Name	First			MI	Contribution ID #				
Burgio		Joan		Т	1218				
Residential Street Address	City			State	Zip Code				
154 Newport Dr .		Waterbury		СТ	06705				
Principal Occupation		Name of Employ	on.	Ci	00703				
Waitress			no's Rest.						
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:			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/	12/2014	\$25.00		\$25.00				
If yes, list Event #	,	, -							
Last Name	First			MI	Contribution ID #				
Leonard	1 1130	Paul		1411	1219				
	C'i	raui		G					
Residential Street Address	City			State	Zip Code				
37 Tulkahoe Dr		Shelton		СТ	06484				
Principal Occupation		Name of Employ	er						
Manger		CtAnr	n & Finishing						
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}						
To this contribution are cited with a Mathed of contribution.	Date	Received	Aggregate Contributions	1					
fundraising event listed in Section J1?									
X No Cash X Personal Check	03/	12/2014	\$100.00		\$100.00				
If yes, list Event #			Ψ						
Last Name	First			MI	Contribution ID #				
	FIISt	No. 1		IVII					
Camaro		Michael		_	1220				
Residential Street Address	City			State	Zip Code				
37 Sycamore Dr .		Shelton		СТ	06484				
Principal Occupation		Name of Employ	er						
owner		Hayes	S CT						
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 J1?									
x No Cash x Personal Check	03/	12/2014	\$100.00		\$100.00				
If yes, list Event # Money Order Credit/Debit Card	I 55/	,:	¥200.00	I					

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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					
Lauretti Governor 2014			April 10 Filing - Original					
B. Itemized Contributions from Individuals								
	First	ii viuuuis		MI	Contribution ID #			
Last Name Baldwin	First	Jame		MI	0946			
Residential Street Address	City			State	Zip Code			
150 Inwood Rd		Fairfield		СТ	06825			
Principal Occupation		Name of Employ	er					
Attorney		Coles	, Baldwin Kaiser					
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:	Dete	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	03/	12/2014	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card	00,	,	Ψ100.00					
Last Name	First			MI	Contribution ID #			
Baldwin		Louise			0947			
Residential Street Address	City			State	Zip Code			
150 Inwood Rd		Fairfield		СТ	06825			
Principal Occupation		Name of Employ	er					
Jewler		IN2 D	esigns					
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 Yes Yes	Date	Received	Aggregate Contributions					
fundraising 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			
T. AV	г				C C C D			
Last Name Vavrek	First	Steve		MI J	Contribution ID # 0995			
Residential Street Address	City	Steve		State	Zip Code			
68 Longview Rd .	City	Monroe		CT	06468			
Principal Occupation		Name of Employ	er					
Slectmen			of Monroe					
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 event listed in Section 112	Date	Received	Aggregate Contributions					
tundraising event risted in Section 31:								
If yes, list Event # 03122014A Cash Credit/Debit Card	03/:	12/2014	\$50.00		\$50.00			
Last Name	First		-	MI	Contribution ID #			
Samatulski	FIISt	Len		IVII	0998			
Residential Street Address	City	Len		State	Zip Code			
8 Sunrise Cir	City	Shelton		CT	06484			
Principal Occupation	-	Name of Employ	er		00101			
		Retire						
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 Wethod of contribution:	Date	Received	Aggregate Contributions					
Tundraising event listed in Section 31:								
If yes, list Event # 03122014A No Money Order Credit/Debit Card	03/:	12/2014	\$50.00		\$50.00			

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I. MONETARY RECEIPTS (Section A-I)								
	2 (20	ection A-1)	TYPE OF REPORT					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Lauretti Governor 2014			April 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Sicinski		Carl			1031			
Residential Street Address	City			State	Zip Code			
37 Webster Dr		Shelton		СТ	06484			
Principal Occupation		Name of Employ	er					
Postal Worker		US Po	stal					
Is contributor a principal of a state contractor or prospective state contractor?			abbriet enauge or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes 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?								
X No Cash X Personal Check	03/	12/2014	\$100.00		\$100.00			
If yes, list Event #			T					
Last Name	First			MI	Contribution ID #			
Hoberman	1 1150	Ed		.,,,	1027			
Residential Street Address	City	Lu		State	Zip Code			
	City	West Houts			06117			
4 Stratford Rd		West Hartfor		СТ	06117			
Principal Occupation		Name of Employ						
Investments			nark Interests					
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? Cash Personal Check								
If yes, list Event # Cash Credit/Debit Card	03/	13/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Simon		Robert			1028			
Residential Street Address	City			State	Zip Code			
11 Stonewall Ln		Shelton		CT	06484			
Principal Occupation		Name of Employ	er					
		Hubb	ell Inc					
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					
Tundraising event insect in Section 71:								
X No The case of t	03/	13/2014	\$50.00		\$50.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Zielinski		Elaine			0948			
Residential Street Address	City			State	Zip Code			
8 Oak Hill Ln		Shelton		СТ	06484			
Principal Occupation		Name of Employ	or	Ci	00404			
		Self						
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 J1?			*					
X No Cash Personal Check	03/	13/2014	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card	I 55/	-,	¥200.00		, ,			

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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					
Lauretti Governor 2014 April 10 Filing - Original								
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Zielinski		Paul		S	0949			
Residential Street Address	City			State	Zip Code			
8 Oak Hill Ln		Shelton		CT	06484			
Principal Occupation		Name of Employ	er					
Pilot		Delate	o Airlines					
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					
unidassing event instead in Section 31:								
Ľ No I□	03/:	13/2014	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Konner		Joseph		М	1030			
Residential Street Address	City			State	Zip Code			
51 Keron Dr .		Shelton		СТ	06484			
Principal Occupation		Name of Employ	er					
		Retire	ed					
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 Executive Legislative			x _{No}					
Is this contribution associated with a Mathod of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
X No Cash X Personal Check	03/	13/2014	\$50.00		\$50.00			
If yes, list Event #	03/	13/2014	¥30.00		450.00			
Last Name	First			MI	Contribution ID #			
Kolwicz	riist	Bruce		IVII	1360			
	City	Бійсе		Ct-t-				
Residential Street Address	City	Milford		State	Zip Code			
180 Meadow St .		Milford		СТ	06461			
Principal Occupation		Name of Employ						
Business Development			s Consult. Engineer					
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:	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			MI	Contribution ID #			
Tzepos		Zanarish			1317			
Residential Street Address	City			State	Zip Code			
99 Burr Hill Rd		Middlebury		СТ	06762			
Principal Occupation		Name of Employ						
		stude						
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 Yes	Date	Received	Aggregate Contributions					
rundraising event listed in Section J1?								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	03/	14/2014	\$10.00		\$10.00			

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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								
Lauretti Governor 2014	April 10 Filing - Original							
B. Itemized Contributions from	n Ind	lividuals	•					
Last Name	First			MI	Contribution ID #			
Tzepos		Katherine			1320			
Residential Street Address	City			State	Zip Code			
99 Burr Hill Rd .		Middlebury		СТ	06762			
Principal Occupation		Name of Employ	er					
		stude	nt					
Is contributor a principal of a state contractor or prospective state contractor?			abbriet anauga as	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 X Personal Check	03/:	14/2014	\$10.00		\$10.00			
If yes, list Event #		,	4					
Last Name	First			MI	Contribution ID #			
Wolverton	1 1150	Richard		1411	1016			
Residential Street Address	City	Ricilaru		State	Zip Code			
	City	Calabaataa			_			
292 Prospect Hill Rd		Colchester		СТ	06415			
Principal Occupation		Name of Employ	er					
Construction		Self		1				
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 Method of contribution: Yes	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			
in yes, list Event #								
Last Name	First			MI	Contribution ID #			
Monaco		Frank		Р	1011			
Residential Street Address	City			State	Zip Code			
96 Longmeadow Rd		Shelton		СТ	06484			
Principal Occupation		Name of Employ	er					
		Retire	ed					
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 X Personal Check	03/:	15/2014	\$50.00		\$50.00			
If yes, list Event #		,	4					
Last Name	First			MI	Contribution ID #			
Camaro	1 1150	Ginny			1221			
Residential Street Address	City	Gillily		State	Zip Code			
	City	Chaltan			_			
37 Sycamore Dr .	Щ,	Shelton Name of Employ	or.	СТ	06484			
Principal Occupation		Name of Employ						
Marketing Manager			Wave					
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					
	1							
If yes, list Event # Cash Credit/Debit Card	03/:	15/2014	\$100.00		\$100.00			

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L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Lauretti Governor 2014 April 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Stack		Karen		w	1184				
Residential Street Address	City			State	Zip Code				
37 Pequot Rd .		Wayland		MA	01778				
Principal Occupation		Name of Employ	er	•	•				
Manager		Ciarca	adian Age						
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:	В.	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/	15/2014	# F0.00		* F0.00				
If yes, list Event # Money Order X Credit/Debit Card	03/	15/2014	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
Stack	11130	Richard		M	1185				
Residential Street Address	City	Richard		State	Zip Code				
37 Pequot Rd	City	Wayland		MA	01778				
Principal Occupation		Name of Employ	er	1 10 (1 01770				
Director		SAP							
			obbyist, spouse, 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 Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
If yes, list Event # Personal Check Money Order	03/	15/2014	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card									
Last Name	First			MI	Contribution ID #				
Peterson		Meg		W	1187				
Residential Street Address	City			State	Zip Code				
13 Sailors Way		Milford		СТ	06460				
Principal Occupation		Name of Employ	er						
Finance		Sound	dswater						
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 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 Personal Check			\.T0.00		\F0.00				
If yes, list Event # No Money Order X Credit/Debit Card	03/	16/2014	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
Romano	1 1130	Thomas		1411	0950				
Residential Street Address	City	momas		State	Zip Code				
305 Bunnyview Dr	City	Stratford		CT	06614				
Principal Occupation		Name of Employ	er						
Plumber			Plumbing						
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	or a roobyist?						
government the contract is with:			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
Tunidaising event insicu in section 31:									
If yes, list Event # 03162014A No Money Order Credit/Debit Card	03/	16/2014	\$50.00		\$50.00				

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Lauretti Governor 2014 April 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Baranyai		Alan			0951				
Residential Street Address	City			State	Zip Code				
103 Stratford Pl		Bridgeport		СТ	06606				
Principal Occupation Plumber		Name of Employ	^{er} Plumbing						
			11.14	Amou	unt of Contribution				
Yes X No)	dependent child of	Vac	1 111100	int of Control				
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						
Tundraising event instead in Section 31:									
If yes, list Event # 03162014A No Money Order Credit/Debit Card	03/	16/2014	\$50.00		\$50.00				
L AV	г			L	Louis B"				
Last Name DeOliverea	First	Renata		MI V	Contribution ID # 0952				
Residential Street Address	City	Reliata		State	Zip Code				
11 Cribbins Ave .		Shelton		СТ	06484				
Principal Occupation		Name of Employ	er						
VP of LEnding		First I	Bank Of Greenwich						
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:			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/	16/2014	* F0.00		#F0.00				
If yes, list Event # 03162014A No Money Order Credit/Debit Card	03/	16/2014	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
Kientzman		sHEILA			0954				
Residential Street Address	City			State	Zip Code				
79 Spoke Dr .		Shelton		СТ	06484				
Principal Occupation		Name of Employ	er						
			of Stratford						
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		i	x No						
government the contract is with:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
If yes, list Event # 03162014A No South No No Money Order Credit/Debit Card	03/	16/2014	\$50.00		\$50.00				
in yes, list event # 05102014A									
Last Name	First			MI	Contribution ID #				
Ballaro		Thomas			0956				
Residential Street Address	City	Chalkan		State	Zip Code				
62 Elm St . Principal Occupation		Shelton Name of Employ	or	СТ	06484				
Security		SSC I							
			.1.1	Amou	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}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
Tunidialising event listed in Section 31:									
If yes, list Event # 03162014A No Money Order Credit/Debit Card	03/	16/2014	\$50.00		\$50.00				

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I, MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	, ()	(11011 / 1-1)	TYPE OF REPORT						
Lauretti Governor 2014			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Sheades		Irene			0957				
Residential Street Address	City			State	Zip Code				
3 Congress Ave		Shelton		СТ	06484				
Principal Occupation		Name of Employ	er						
		Resid	ential Management Services	Human Sei	v. w				
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 fundraicing event listed in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
X Cash Parsonal Chack									
If yes, list Event # 03162014A No Money Order Credit/Debit Card	03/:	16/2014	\$100.00		\$100.00				
in you, in the real of the rea									
Last Name	First			MI	Contribution ID #				
Marenick		Mark			0959				
Residential Street Address	City			State	Zip Code				
4 Mariners Ave		Seymour		СТ	06483				
Principal Occupation		Name of Employ	er						
IT			Shapiro						
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	<u> </u>						
government the contract is with:			x _{No}						
Is this contribution associated with a fundraining event listed in Section 112.	Date	Received	Aggregate Contributions						
X Cash Personal Check									
If yes, list Event # 03162014A No Money Order Credit/Debit Card	03/:	16/2014	\$50.00		\$50.00				
					Ĭ				
Last Name	First			MI	Contribution ID #				
Bushati	-	Edmond			0960				
Residential Street Address	City			State	Zip Code				
10-12 N Spring St		Ansonia		СТ	06401				
Principal Occupation		Name of Employ	er						
Construction Is contributor a principal of a state contractor or prospective state contractor?		self	ohhvist spouse or	A may	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	v	Alliou	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?	Date	Received	Aggregate Contributions						
No Cash Personal Check	03/	16/2014	\$50.00		\$50.00				
If yes, list Event # 03162014A	03/	10/2014	\$30.00		450.00				
Last Name	First			MI	Contribution ID #				
Hokols		Antonio			0961				
Residential Street Address	City			State	Zip Code				
146 Division Ave		Shelton		СТ	06484				
Principal Occupation		Name of Employ	er						
		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	, 	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 # 03162014A No Money Order Credit/Debit Card	03/	16/2014	\$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 Lauretti Governor 2014 April 10 Filing - Original								
Lauretti Governor 2014								
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
DeCarle		Joe			0962			
Residential Street Address	City			State	Zip Code			
103 Forest Rd .		Monroe		CT	06468			
Principal Occupation		Name of Employ	er					
owner		Decar	le Construction					
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 fundraicing event listed in Section 112	Date	Received	Aggregate Contributions					
X Coch Personal Check								
If yes, list Event # 03162014A No Money Order Credit/Debit Card	03/	16/2014	\$50.00		\$50.00			
in yes, list Event in OSIOZOTAA Inoney Order In Cleane Debit Cand								
Last Name	First			MI	Contribution ID #			
DeCarle		Cathy			0963			
Residential Street Address	City			State	Zip Code			
103 Forest Rd .		Monroe		CT	06468			
Principal Occupation		Name of Employ	er					
sales rep		Ct Lot	terry					
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					
fundraising event listed in Section J1? X Cash Personal Check								
U No ☐ □	03/	16/2014	\$50.00		\$50.00			
If yes, list Event # 03162014A								
Last Name	First			MI	Contribution ID #			
Marks		Dina			0964			
Residential Street Address	City			State	Zip Code			
30 Ballaro Dr		Shelton		СТ	06484			
Principal Occupation		Name of Employ	er	-	-			
Adin		Shelto	on BofEd					
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	Date	Received	Aggregate Contributions					
Tunidraising event instead in Section 31:								
U No I ☐ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	03/	16/2014	\$60.00		\$60.00			
If yes, list Event # 03162014A								
Last Name	First			MI	Contribution ID #			
Tortora		James		М	0969			
Residential Street Address	City			State	Zip Code			
1009 Howe Ave		Shelton		СТ	06484			
Principal Occupation		Name of Employ	er					
Fire marshal		City o	f Shelton					
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					
tundraising event listed in Section 31?								
If yes, list Event # 03162014A	03/	16/2014	\$50.00		\$50.00			
1 Jos, not by one 0 10 2017 I with the first of the circuit Debit Cald								

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Lauretti Governor 2014			TYPE OF REPORT April 10 Filing - Original					
Lauretti Governoi 2014								
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Shea		Christopher		J	0970			
Residential Street Address	City	Manage		State	Zip Code			
50 Stoney Drook Dr . Principal Occupation		Monroe Name of Employe	or	СТ	06468			
Carpenter		Damy						
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	if a lobbyist?					
government the contract is with:			X N	<u> </u>				
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/	16/2014	\$50.00		\$50.00			
If yes, list Event # 03162014A	03/	10/2014	\$50.00					
Last Name	First			MI	Contribution ID #			
Salerno		Antonio			0971			
Residential Street Address	City			State	Zip Code			
100 Huntington St .		Shelton		СТ	06484			
Principal Occupation		Name of Employ						
Broker — — —		RE Br		1	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child o	obbyist, spouse, or of a lobbyist? Ye	Allio	ant of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x N	,				
Is this contribution associated with a fundamining over the test of the Section 112.	Date	Received	Aggregate Contributions	_				
fundraising event listed in Section J1? Yes Cash X Personal Check								
If yes, list Event # 03162014A No Money Order Credit/Debit Card	03/:	16/2014	\$50.00		\$50.00			
in year, this Product is a create Section Control of the Control o					1			
Last Name	First			MI	Contribution ID #			
Gannon Residential Street Address	City	William		State	0972			
21 Shelview Dr .	City	Shelton		CT	Zip Code 06484			
Principal Occupation		Name of Employe	er	<u> </u>	1 00 10 1			
sales		USES	I					
Is contributor a principal of a state contractor or prospective state contractor?	`		obbyist, spouse, or You a lobbyist?	Amo	unt of Contribution			
If was indicate which branch or branches of	,	dependent child of	i u loboyist:					
government the contract is with:			X No	<u>, </u>				
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/	16/2014	\$50.00		\$50.00			
If yes, list Event # 03162014A	03/	10,2011	430.00		430.00			
Last Name	First			MI	Contribution ID #			
Gannon		Diane			0973			
Residential Street Address	City			State	Zip Code			
21 Shelview Dr .		Shelton		СТ	06484			
Principal Occupation		Name of Employ						
Is contributor a principal of a state contractor or prospective state contractor?			f Shelton 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: Executive Legislative			x No	,				
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
Tunidasing event listed in Section 31:								
If yes, list Event # 03162014A No Acash Personal Check	03/	16/2014	\$50.00		\$50.00			

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	اد) د	ection A-1)	TYPE OF REPORT					
Lauretti Governor 2014			April 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Fitzgerald	1 1150	John		K	0974			
Residential Street Address	City	301111		State	Zip Code			
7 Emerald Ridge Ct	City	Shelton		CT	06484			
Principal Occupation	_	Name of Employ	er	<u> </u>	00101			
Timepai occupation		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	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 fundamining event listed in Section 112	Date	Received	Aggregate Contributions					
tundraising event listed in Section 31?								
□ No □ □ ·······························	03/	16/2014	\$100.00		\$100.00			
If yes, list Event # 03162014B								
Last Name	First			MI	Contribution ID #			
Delgia Mowila Sr.		Anthony			0975			
Residential Street Address	City			State	Zip Code			
1473 Durham Rd .		Madison		CT	06443			
Principal Occupation		Name of Employ	er					
Vet		Guilfo	ord Veterinary					
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?								
U No T	03/	16/2014	\$50.00		\$50.00			
If yes, list Event # 03162014B								
Last Name	First			MI	Contribution ID #			
Urso		James		С	0976			
Residential Street Address	City			State	Zip Code			
46 Country Ridge Dr .		Shelton		CT	06484			
Principal Occupation		Name of Employ	er					
Frieght Formane		self e	mployed					
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 fundarioing agent listed in Section 112	Date	Received	Aggregate Contributions					
Tunidasing event listed in Section 31:								
If yes, list Event # 03162014B	03/	16/2014	\$50.00		\$50.00			
in yes, list Event in OSTOZOTAD Intoley order Cardio Deore Card								
Last Name	First			MI	Contribution ID #			
Simonetti		David		J	0977			
Residential Street Address	City			State	Zip Code			
16 Fraser Pl		Shelton		CT	06484			
Principal Occupation		Name of Employ	er					
		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 fundaciona quent listed in Section 112.	Date	Received	Aggregate Contributions					
Tunidiaising event listed in Section 71:								
If yes, list Event # 03162014B	03/	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) Lauretti Governor 2014 April 10 Filing - Original								
			T the second second					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Britt		Gloria		С	0978			
Residential Street Address	City	F-:6:-1-1		State	Zip Code			
30 Reef Ct Principal Occupation		Fairfield Name of Employ	or	СТ	06824			
Tindpal Occupation		N/A	Ci					
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)	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	03/	16/2014	\$100.00		\$100.00			
If yes, list Event # 03162014B	03/	10/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Britt		William		S	0979			
Residential Street Address	City			State	Zip Code			
33 Reef Ct		Fairfield		СТ	06824			
Principal Occupation		Name of Employ						
		Retire						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	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?			36 -0					
No Cash X Personal Check	03/	16/2014	\$100.00		\$100.00			
If yes, list Event # 03162014B								
Last Name	First			MI	Contribution ID #			
Petrizzo		Susan		М	0983			
Residential Street Address	City			State	Zip Code			
18 Red Fern Rdg		Shelton		СТ	06484			
Principal Occupation		Name of Employ N/A	er					
Is contributor a principal of a state contractor or prospective state contractor?		•	obbyist, spouse, or	Amou	ant of Contribution			
Yes 🔼 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	Date	Received	Aggregate Contributions	1				
Tunidraising event instead in Section 31:								
If yes, list Event # 03162014B Cash Cash Personal Check No	03/	16/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Stanhewicz	riist	Greg		IVII	0988			
Residential Street Address	City	0.09		State	Zip Code			
120 Sulton St		Stratford		СТ	06614			
Principal Occupation		Name of Employ	er					
Owner		Pine L	ake Solutions	_				
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	x No					
government the contract is with:	Det	Received		-				
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions					
No No Personal Check	03/	16/2014	\$80.00		\$80.00			
If yes list Event # 03162014B Money Order Credit/Debit Card				1				

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I MONETADY DECEIDT	C (C.	action A D			
I. MONETARY RECEIPT	5 (5 (ection A-1)	TYPE OF REPORT		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Lauretti Governor 2014			TYPE OF REPORT April 10 Filing - Original		
			7 p.m. 10 r.m.ng Grigina.		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Stanhewic		Sara			0989
Residential Street Address	City			State	Zip Code
120 Sultan St		Stratford		СТ	06614
Principal Occupation		Name of Employ	er		
Occupational Therapist		Jewis	h Home for the Elderly		
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 fundamining event listed in Section 112	Date	Received	Aggregate Contributions		
Tunidasing event listed in Section 31:					
□ No □ □	03/	16/2014	\$80.00		\$80.00
If yes, list Event # 03162014B					
Last Name	First			MI	Contribution ID #
Belush		Glen		J	0990
Residential Street Address	City			State	Zip Code
485 Purdy Hill Rd .		Monroe		СТ	06468
Principal Occupation		Name of Employ	er		
CPA		Self			
			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	Vac		
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with.	Data	Received	Aggregate Contributions		
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
Cash Personal Check	02/	16/2014	# F0.00		+ F0.00
If yes, list Event # 03162014B No Money Order Credit/Debit Card	03/	16/2014	\$50.00		\$50.00
	-				La . z . m #
Last Name	First			MI	Contribution ID #
Musante		Janet			0991
Residential Street Address	City			State	Zip Code
58 Timberlane Dr .		Shelton		СТ	06484
Principal Occupation		Name of Employ	er		
Bookkeeper		Glen :	J. Belush		
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 followist:		
government the contract is with:			x _{No}		
Is this contribution associated with a fundaciona event listed in Section 112.	Date	Received	Aggregate Contributions		
Tunidasing event listed in Section 31:					
If yes, list Event # 03162014B	03/	16/2014	\$50.00		\$50.00
in yes, list Event # 05102014B					
Last Name	First			MI	Contribution ID #
Domorod Jr		Stephen			0992
Residential Street Address	City			State	Zip Code
8 Farrel Dr .		Ansonia		СТ	06401
Principal Occupation		Name of Employ	er		•
Sales			ng City Ford-Lincoln		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	int of Contribution
)	dependent child of	of a lobbyist? Yes		
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	1	
fundraising event listed in Section J1?					
No Cash Personal Check	03/	16/2014	\$50.00		\$50.00
If yes, list Event # 03162014B	33/	/	Ψ30.00		450.00

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I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Lauretti Governor 2014			TYPE OF REPORT April 10 Filing - Original		
Lauretti Governor 2014			7 prii 10 r iiing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Pinto		Ludovina			1222
Residential Street Address	City			State	Zip Code
3 Main St .		Stratford		СТ	06618
Principal Occupation		Name of Employ	er		
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:			x _{No}		
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions		
tundraising event listed in Section 31?					
If yes, list Event # Cash Credit/Debit Card	03/	16/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Balog	First	Michael		J	1223
Residential Street Address	City	Michael		State	Zip Code
20 Greystone # .		Shelton		СТ	06484
Principal Occupation		Name of Employ	er		!
		Retire	d		
Is contributor a principal of a state contractor or prospective state contractor?	n		obbyist, spouse, or Gallabarieta	Amou	int of Contribution
If yes, indicate which branch or branches of		dependent child of	if a lobbyist?		
government the contract is with:			x No	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/	16/2014	¢100.00		¢100.00
If yes, list Event # Money Order Credit/Debit Card	03/	16/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Fitzgerald		John		R	1230
Residential Street Address	City			State	Zip Code
6 Emerald Rdg		Shelton		СТ	06484
Principal Occupation		Name of Employ	er		
		Retire			
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	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?			888		
X No Cash X Personal Check	03/	16/2014	\$100.00		\$100.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Decilio		Louis		Α	0981
Residential Street Address	City	0		State	Zip Code
160 Timber Ridge Rd .	<u> </u>	Stratford		СТ	06614
Principal Occupation Registrar of Voter		Name of Employ	of Stratford		
			obbyjet anaves or	Amou	int 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 X Vos Method of contribution:	Date	Received	Aggregate Contributions	1	
Tunidasing event issed in Section 31:					
If yes list Event # 03162014B	03/	16/2014	\$100.00		\$100.00

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I MONETADY DECEIDT	e (e.	nation 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)			TYPE OF REPORT April 10 Filing - Original		
Lauretti Governor 2014			April 10 1 lilling - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
DeFilippo		Charlene			1224
Residential Street Address	City			State	Zip Code
43 Perch Rd .		Shelton		CT	06484
Principal Occupation		Name of Employ	er		
Comm. Development Dir.		City o	f Shelton		
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	5	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 issed in Section 31:					
X No	03/	16/2014	\$50.00		\$50.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Silhavey		Christopher		Е	0982
Residential Street Address	City			State	Zip Code
111 Hickory Woods Ln		Stratford		СТ	06614
Principal Occupation		Name of Employ	er	•	
Comp. Analyst		AT&T			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int 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	Date	Received	Aggregate Contributions	1	
tundraising event listed in Section 31?					
No Cash X Personal Check	03/	16/2014	\$50.00		\$50.00
If yes, list Event # 03162014B					
Last Name	First			MI	Contribution ID #
Vickerelli		Karen			0986
Residential Street Address	City			State	Zip Code
80 Peace Acre Ln		Stratford		СТ	06614
Principal Occupation		Name of Employ	er		!
Teacher		FFLd I	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
	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	Date	Received	Aggregate Contributions	1	
rundraising event fisted in Section 31?					
No Cash X Personal Check	03/	16/2014	\$100.00		\$100.00
If yes, list Event # 03162014B					
Last Name	First			MI	Contribution ID #
Simonetti		Thomas		Α	0987
Residential Street Address	City			State	Zip Code
6 Hayfield Dr		Shelton		СТ	06484
Principal Occupation		Name of Employ	er		
Art Director			Shakespear Festival		
		_	obbyist, spouse, or	Amou	int of Contribution
Yes X No	0	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/	16/2014	\$50.00		\$50.00
If yes, list Event # 03162014B	1	.,	450.00		

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I. MONETARY RECEIPT	C (C	notion A D			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	o (o	20011 A-1)	TYPE OF REPORT		
Lauretti Governor 2014			April 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Ellis	11130	Larry			0958
Residential Street Address	City			State	Zip Code
23 Macintosh Dr .		Oxford		СТ	06478
Principal Occupation		Name of Employ	er	-	•
construction		sel			
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		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 Personal Check	03/:	16/2014	\$50.00		\$50.00
If yes, list Event # 03162014A	/	-, -	1,2,2,2		
Last Name	First			MI	Contribution ID #
Dellavope		Denise			0967
Residential Street Address	City			State	Zip Code
95 Orland St		Milford		СТ	06460
Principal Occupation		Name of Employ	er	•	
teacher		Oxfor	d Brd. of Ed		
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 fundaciona quent listed in Section 112	Date	Received	Aggregate Contributions		
Tunidialsing event listed in Section 31:					
If yes, list Event # 03162014A No Money Order Credit/Debit Card	03/	16/2014	\$50.00		\$50.00
LadNama	First			MI	Contribution ID #
Last Name Garofalo	FIISt	Paul		IVII	0965
Residential Street Address	City	i uui		State	Zip Code
24 Webb Ter		Ansonia		СТ	06401
Principal Occupation		Name of Employ	er		
			f Bpt - WPCA		
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	1	
Tunidasing event listed in Section 31?					
If yes, list Event # 03162014A No Seas Personal Check Money Order Credit/Debit Card	03/	16/2014	\$50.00		\$50.00
	-			1	[a . a
Last Name	First	D		MI	Contribution ID #
Garofalo Residential Street Address	City	Donna		Stata	0966
24 Webb Ter	City	Ansonia		State CT	Zip Code 06401
Principal Occupation		Name of Employ	or	Ci	00401
Тіпора оссиранон			cents Medical		
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:			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 # 03162014A No Money Order Credit/Debit Card	03/	16/2014	\$50.00		\$50.00

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L MONETARY RECEIPT	S (Se	ection A-D			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	(,	TYPE OF REPORT		
Lauretti Governor 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Civitella		Nadine			0953
Residential Street Address	City			State	Zip Code
29 Crosby St	L	Ansonia		СТ	06401
Principal Occupation		Name of Employ			
Manager Is contributor a principal of a state contractor or prospective state contractor?			lla Assoc obbyist, spouse, or	Amou	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	dependent child of	Vac	Aillot	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		
Tundraising event instead in Section 31:					
If yes, list Event # 03162014A No Money Order Credit/Debit Card	03/	16/2014	\$100.00		\$50.00
	I .			I	
Last Name	First	A1: :		MI	Contribution ID #
Ribas Residential Street Address	City	Alicia		State	0980 Zip Code
22 Kings Hwy	City	Shelton		CT	06484
Principal Occupation	<u> </u>	Name of Employ	er	CI	1 00404
		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	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	02/	16/2014	+50.00		+50.00
If yes, list Event # 03162014B No Money Order Credit/Debit Card	03/.	16/2014	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Ribas		John		J	0984
Residential Street Address	City			State	Zip Code
22 Kings Hwy		Shelton		СТ	06484
Principal Occupation		Name of Employ	er		
		Retire			
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?			1.00.10.10.10.10.10.10.10.10.10.10.10.10		
No Cash X Personal Check	03/	16/2014	\$100.00		\$100.00
If yes, list Event # 03162014B					
Last Name	First			MI	Contribution ID #
Mirafiore		Edit			0968
Residential Street Address	City			State	Zip Code
105 N Pasture Ln	<u> </u>	Stratford		СТ	06614
Principal Occupation Yoga teacher		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	1	
Tundraising event instead in Section 31:					
If yes, list Event # 03162014A No Money Order Credit/Debit Card	03/	16/2014	\$50.00		\$50.00

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I MONETARY DECEME	0 (0	4° A T)						
I. MONETARY RECEIPT	5 (5 6	ection A-1)	TYPE OF PEROPE					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT					
Lauretti Governor 2014			April 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Peterson		David		D	1186			
Residential Street Address	City			State	Zip Code			
13 Sailors Ln		Milford		СТ	06460			
Principal Occupation		Name of Employ	er					
HR		Terex						
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}					
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/:	16/2014	\$50.00		\$50.00			
If yes, list Event # Money Order X Credit/Debit Card		•	·		·			
Last Name	First			MI	Contribution ID #			
Savary		Scott		Н	0985			
Residential Street Address	City			State	Zip Code			
52 Dexter Dr	City	Shelton		CT	06484			
Principal Occupation		Name of Employ	on.	CI	00464			
Tincipal Occupation								
In contribution with the first contribution of the state		Retire						
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? Method of contribution:	Date	Received	Aggregate Contributions					
Cash X Personal Check								
If yes, list Event # 03162014B No Money Order Credit/Debit Card	03/:	16/2014	\$50.00		\$50.00			
<u> </u>								
Last Name	First			MI	Contribution ID #			
Zahornasky		Gary			0955			
Residential Street Address	City			State	Zip Code			
3 Congress Ave .		Shelton		CT	06484			
Principal Occupation		Name of Employ	er					
painter		self						
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 fisted in Section 31?								
U No I To The State of the Stat	03/:	16/2014	\$50.00		\$50.00			
If yes, list Event# 03162014A								
Last Name	First			MI	Contribution ID #			
DeLucia		Kyle			1358			
Residential Street Address	City	.,,,,,		State	Zip Code			
180 Tom Swamp	J.1.5	Hamden		CT	06518			
Principal Occupation		Name of Employ	or	<u> </u>	00310			
· · · · · · · · · · · · · · · · · · ·		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	Amou	in or Commountion			
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 Personal Check		16/2014	1100.00		±100.00			
If yes, list Event # Money Order Credit/Debit Card	03/:	16/2014	\$100.00		\$100.00			

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L 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					
Lauretti Governor 2014			April 10 Filling - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Sorrentino		Christine			1277			
Residential Street Address	City			State	Zip Code			
151 Beardsley Rd		Shelton		СТ	06484			
Principal Occupation Accountant		Name of Employ Premi	er Manufacturing					
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:		dependent ennu (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 Credit/Debit Card	03/	17/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Lambert		Alice			1278			
Residential Street Address	City			State	Zip Code			
15 Harrut Ln		Southbury		СТ	06488			
Principal Occupation		Name of Employ	er	-	•			
		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 government the contract is with: Executive Legislative		dependent enna (x No					
government the contract is with: Is this contribution associated with a fundringing event listed in Section 112.	Date	Received	Aggregate Contributions	•				
lundraising event listed in Section 31:								
If yes, list Event # 03222014A No Cash X Personal Check Money Order Credit/Debit Card	03/	17/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Agor		Lloyd			1301			
Residential Street Address	City			State	Zip Code			
71 Albert St		Torrington		СТ	06790			
Principal Occupation		Name of Employ	er					
		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	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 quent listed in Section 112	Date	Received	Aggregate Contributions	1				
Tunidiasing event instead in Section 71?								
If yes, list Event # 03222014A See Sash See Cash Money Order Credit/Debit Card	03/:	17/2014	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Noce Sr.		Vincent		L	1225			
Residential Street Address	City			State	Zip Code			
23 Indian Ledge Rd .		Monroe		СТ	06468			
Principal Occupation		Name of Employ	er					
Attorney		slef		1				
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	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		1	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?			55 · 5 · · · · · · · · · · · · · · · ·					
If yes, list Event #	03/	17/2014	\$100.00		\$100.00			

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A MONETARY DESCRIPT	0 (0				
I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Lauretti Governor 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals	•		
Last Name	First			MI	Contribution ID #
Nizzardo		Linda			1231
Residential Street Address	City			State	Zip Code
17 Freedom Way		Shelton		СТ	06484
Principal Occupation		Name of Employ	er		
Receptionist		1 ,	Electric Inc		
			obbyist, spouse, or	Amou	nt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	o	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		
fundraising event listed in Section J1?	Bute	Trecerved	1 iggi egate contributions		
X No Cash X Personal Check	02/	17/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card	03/	17/2014	\$100.00		\$100.00
				,,,	
Last Name	First			MI	Contribution ID #
Nizzardo		Angela			1226
Residential Street Address	City			State	Zip Code
577 Lamplight Ln	L	Orange		СТ	06477
Principal Occupation		Name of Employ	er		
		N/A			
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or Yes	Amou	nt of Contribution
	J	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/	17/2014	\$100.00		\$100.00
If yes, list Event #		•			•
Last Name	First			MI	Contribution ID #
Doris		Francini			1227
Residential Street Address	City			State	Zip Code
3330 Huntington Rd .	City	Stratford		CT	06497
Principal Occupation	<u> </u>	Name of Employ	on.	Ci	00437
Tincipal Occupation		retire			
Is contributor a principal of a state contractor or prospective state contractor?			-	A	
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	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? Method of contribution:	Date	Received	Aggregate Contributions		
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	03/	17/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Francini		Peter			1228
Residential Street Address	City			State	Zip Code
Joyster Landing	L	Milford		СТ	06460
Principal Occupation		Name of Employ	er		
developer		self			
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution
	υ	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/	17/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card	03/	1,,2017	φ100.00	1	¥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		
Lauretti Governor 2014			Typin for ming original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Guerrena Jr		Joseph		Α	1229
Residential Street Address	City			State	Zip Code
85 Mustang Dr		Monroe		СТ	06468
Principal Occupation contractor		Name of Employ self	er		
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)	dependent child of	if a lobbyist?	s	
government the contract is with:	_		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 Rersonal Check	03/	18/2014	\$100.00		\$100.00
If yes, list Event #	03/	10/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Nizzardo		Anthony			1232
Residential Street Address	City			State	Zip Code
30 Macs Harbor Ct		Stratford		СТ	06615
Principal Occupation		Name of Employ	er		
Contractor			Electric 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? Ye	S 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?			1-88-18		
X No Cash X Personal Check	03/	18/2014	\$100.00		\$100.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Cooper		Dalleye		E	1009
Residential Street Address	City			State	Zip Code
50 Bank St # G2		Derby		СТ	06418
Principal Occupation		Name of Employ			
Secretary Is contributor a principal of a state contractor or prospective state contractor?		,	f Shelton obbyist, spouse, or	Amou	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	V-	S	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	
Tunidasing event listed in Section 31:					
If yes, list Event # Cash Credit/Debit Card	03/	18/2014	\$50.00		\$50.00
				1	La va v mu
Last Name Novais	First	Nelson		MI	Contribution ID # 1032
Residential Street Address	City	Neison		State	Zip Code
50 Big Horn Rd .	City	Shelton		CT	06484
Principal Occupation		Name of Employ	er	1	
П		Pitney	Bowes		
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or of a lobbyist? Ye	Amou	unt of Contribution
If yes, indicate which branch or branches of		dependent child of	x No		
government the contract is with: Executive Legislative		Danier 1		4	
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/	18/2014	\$100.00		\$100.00
If yes list Event # 03182014A Money Order Credit/Debit Card	ı, .	•		1	

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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					
Lauretti Governor 2014			April 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Novais		Lisa			1045			
Residential Street Address	City			State	Zip Code			
50 Big Horn Rd .	,	Shelton		СТ	06484			
Principal Occupation		Name of Employ	er					
Nurse		Yale N	NH 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? Yes					
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 31:								
□ No □ □ ·······························	03/	18/2014	\$100.00		\$100.00			
If yes, list Event # 03182014A								
Last Name	First			MI	Contribution ID #			
Durrschmidt		Fred			1033			
Residential Street Address	City			State	Zip Code			
57 Hickory Ln		Shelton		CT	06484			
Principal Occupation		Name of Employ	er					
Crane Operator		Bay C	rane					
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 event listed in Section 112	Date	Received	Aggregate Contributions					
X Personal Check								
If yes, list Event # 03182014A No Money Order Credit/Debit Card	03/	18/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Durrschmidt		Donna		В	1034			
Residential Street Address	City			State	Zip Code			
57 Hickory Ln		Shelton		СТ	06484			
Principal Occupation		Name of Employ						
Examiner Specl.			of CT DMV					
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:	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	03/	18/2014	\$100.00		\$100.00			
If yes, list Event # 03182014A	03/	10/2014	\$100.00		φ100.00			
Last Name	First			MI	Contribution ID #			
Camilini	1 1100	Patricia			1035			
Residential Street Address	City	T del lela		State	Zip Code			
18 Punkup Rd		Oxford		CT	06478			
Principal Occupation		Name of Employ	er					
•		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 event listed in Section 112	Date	Received	Aggregate Contributions					
Tundraising event listed in Section 31:								
If yes, list Event # 03182014A No Money Order Credit/Debit Card	03/	18/2014	\$100.00		\$100.00			

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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Lauretti Governor 2014 B. Itemized Contributions from Individuals Last Name Rumbin Rumbin Residential Street Address 95 Tomllin Rd . Principal Occupation Principal Occupation Name of Employer Self TYPE OF REPORT April 10 Filing - Original MI Contribution ID 1036 Contribution ID 1036 Seymour CT 06483	#
B. Itemized Contributions from Individuals Last Name	#
Last Name First MI Contribution ID Rumbin Marco 1036 Residential Street Address City State Zip Code 95 Tomlin Rd . Seymour CT 06483 Principal Occupation Name of Employer Self Self	#
Rumbin Marco 1036 Residential Street Address City State Zip Code 95 Tomlin Rd . Seymour CT 06483 Principal Occupation Name of Employer Self	#
Residential Street Address 95 Tomlin Rd . Principal Occupation City Seymour CT 06483 Name of Employer Self	
95 Tomlin Rd . Seymour CT 06483 Principal Occupation Name of Employer Self	
Principal Occupation Name of Employer Self	
Self	
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: Executive Legislative	
Is this contribution associated with a	
fundraising event listed in Section J1? Yes Cash X Personal Check	
If yes, list Event # 03182014A	
If yes, list Event # 05102014A	
Last Name First MI Contribution ID	#
Nikola Carol A 1038	
Residential Street Address City State Zip Code	
59 Great Oak Rd . Shelton CT 06484	
Principal Occupation Name of Employer	
Bookkeeper Aztec Management Co 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 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 Seriem 112 Yes Method of contribution: Date Received Aggregate Contributions	
fundraising event listed in Section 31?	
□ No □ □ □ □ □ □ 03/18/2014 □ \$100.00 □ \$100.00	
If yes, list Event # 03182014A	
Last Name First MI Contribution ID	#
Kapetoncas Greg 1039	
Residential Street Address City State Zip Code	
10 Everett Rd Easton CT 06612	
Principal Occupation Name of Employer	
Manager Nicks captains Pizza	
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? X Yes Method of contribution: Date Received Aggregate Contributions	
No	
If yes, list Event # 03182014A	
Last Name First MI Contribution ID	#
Roscoe Adam 1040	
Notice / Naum	
Residential Street Address City State Zip Code	
Residential Street Address City Shelton State Zip Code CT 06484	
Residential Street Address 23 Spoke Dr . City Shelton CT 06484 Principal Occupation Name of Employer	
Residential Street Address 23 Spoke Dr . Principal Occupation Police City Shelton Name of Employer City of Bridgeport	
Residential Street Address 23 Spoke Dr . City Shelton CT 06484 Principal Occupation Name of Employer	
Residential Street Address 23 Spoke Dr . Principal Occupation Police Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of Possettive City Shelton Name of Employer City of Bridgeport Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Amount of Contribution dependent child of a lobbyist?	
Residential Street Address 23 Spoke Dr . Principal Occupation Police 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 Zip Code CT 06484 Occupation City of Bridgeport State Zip Code CT 06484 CT 06484 City of Bridgeport State Zip Code City of Bridgeport State Zip Code City of Bridgeport State Zip Code Coty of Bridgeport State	
Residential Street Address 23 Spoke Dr . Principal Occupation Police 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: City Shelton CT 06484 Name of Employer City of Bridgeport Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No Is contributor a lobbyist? X No X No Is contributor a	

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I. MONETARY RECEIPT	'C (C	notion A D			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	10 (3)	ection A-1)	TYPE OF REPORT		
Lauretti Governor 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
	First	ii viuuui 5		MI	Contribution ID #
Last Name Roscoe	First	Shaye		MI	1072
Residential Street Address	City			State	Zip Code
23 Spoke Dr .		Shelton		СТ	06484
Principal Occupation		Name of Employ	er		
director		Girls 8	& Boys Club		
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 Executive Legislative		dependent enna e	x _{No}		
government the contract is with.	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?			1.99.18		
If yes, list Event # 03182014A No Cash X Personal Check Money Order Credit/Debit Card	03/	18/2014	\$50.00		\$50.00
in yes, list Event # 05102014A					
Last Name	First			MI	Contribution ID #
Pappano		Michael			1111
Residential Street Address	City			State	Zip Code
18 Bartlett Ln		Shelton		CT	06484
Principal Occupation		Name of Employ	er		
		stude	nt		
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		dependent enna e	x No		
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		
No Cash Personal Check	03/	18/2014	\$100.00		\$100.00
If yes, list Event # 03182014A	03/	10,2011	\$100.00		
Last Name	First			MI	Contribution ID #
Pappano		Helen			1041
Residential Street Address	City			State	Zip Code
18 Bartlett Ln		Shelton		CT	06484
Principal Occupation	-	Name of Employ	er	-	-
		Bridge	eport Hospital		
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		dependent child c	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		
No Cash X Personal Check	02/	10/2014	¢100.00		¢100.00
If yes, list Event # 03182014A No Money Order Credit/Debit Card	03/	18/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Nuzzo Sr		Louis			1043
Residential Street Address	City			State	Zip Code
27 Mimosa Ln		Shelton		СТ	06484
Principal Occupation	•	Name of Employ	er		
		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	nt of Contribution
If yes, indicate which branch or branches of		dependent ennu (x No		
government the contract is with: Legislative Legislative Legislative	ъ.	Dagaiyy- 4			
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
No Cash Personal Check	02.5	10/2014	#100.00		¢100.00
If yes, list Event # 03182014A No Money Order Credit/Debit Card	03/	18/2014	\$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						
Lauretti Governor 2014			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First	111144415		MI	Contribution ID #				
Nikola	riist	Nikola		E	1044				
Residential Street Address	City	NIKOIA		State	Zip Code				
59 Great Oak Rd	City	Shelton		CT	06484				
Principal Occupation		Name of Employ	er	<u> </u>	00404				
Timepal Occupation			Marshal						
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? Yes X No)	dependent child of	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 fundaming award listed in Section 112	Date	Received	Aggregate Contributions						
rundraising event instea in section 11:									
No Cash X Personal Check	03/:	18/2014	\$100.00		\$100.00				
If yes, list Event # 03182014A									
Last Name	First			MI	Contribution ID #				
Sorrentino		Vincent			1048				
Residential Street Address	City			State	Zip Code				
274 Broadway		Milford		СТ	06460				
Principal Occupation		Name of Employ	er						
		St Re	alty						
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?									
U No E	03/:	18/2014	\$100.00		\$100.00				
If yes, list Event # 03182014A									
Last Name	First			MI	Contribution ID #				
DeLibro		Robert			1049				
Residential Street Address	City			State	Zip Code				
64 Hickory Knoll Dr		Easton		СТ	06612				
Principal Occupation		Name of Employ	er	-	•				
Broker		DeLib	ro Realty Group						
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 fundamining event listed in Section 112	Date	Received	Aggregate Contributions						
tundraising event risted in Section 31:									
If yes, list Event # 03182014A Cash Credit/Debit Card	03/:	18/2014	\$100.00		\$100.00				
				l					
Last Name	First			MI	Contribution ID #				
Acanfora		John			1050				
Residential Street Address	City			State	Zip Code				
1 W View Rd .		North Haven		СТ	06473				
Principal Occupation		Name of Employ							
			rmel Construction						
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		acpendent cinia (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:	Date	Received	Aggregate Contributions						
Tundraising event listed in Section 31:									
If yes, list Event # 03182014A No Money Order Credit/Debit Card	03/:	18/2014	\$75.00		\$75.00				

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I, MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	o (o	ection A-1)	TYPE OF REPORT						
Lauretti Governor 2014			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
	_	iividais			G (7 (ID //				
Last Name Ryan	First	Steve		MI	Contribution ID # 1051				
Residential Street Address	City			State	Zip Code				
20 Sorrento Rd		Wallingford		СТ	06492				
Principal Occupation		Name of Employ	er						
Senior Project Manager		Banst	om	_					
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	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 award listed in Section 112.	Date	Received	Aggregate Contributions	1					
fundraising event listed in Section J1? Cash Personal Check									
If yes, list Event # 03182014A No Cash Credit/Debit Card	03/:	18/2014	\$75.00		\$75.00				
					La .a . m.				
Last Name	First			MI	Contribution ID #				
Bronn	G'i	Marc		G	1052				
Residential Street Address	City			State	Zip Code				
7 Morning Wood Dr .	<u> </u>	Beacon Falls		СТ	06403				
Principal Occupation		Name of Employ							
Accountant Is contributor a principal of a state contractor or prospective state contractor?			on construction 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	Alliot	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 fundaming award listed in Section 112.	Date	Received	Aggregate Contributions						
X Personal Check									
If yes, list Event # 03182014A No Money Order Credit/Debit Card	03/:	18/2014	\$75.00		\$75.00				
Last Name	First			MI	Contribution ID #				
Pinto		Erica			1053				
Residential Street Address	City			State	Zip Code				
11 Old Town Rd .		Seymour		СТ	06483				
Principal Occupation		Name of Employ	er	-	-				
		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	nt of Contribution				
If yes, indicate which branch or branches of		dependent enna (x No						
government the contract is with:	Dete	Received							
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Method of contribution:	Date	Received	Aggregate Contributions						
If yes, list Event # 03182014A	03/:	18/2014	\$75.00		\$75.00				
					I				
Last Name	First			MI	Contribution ID #				
Pinto		Robert			1054				
Residential Street Address	City			State	Zip Code				
11 Old Town Rd .		Seymour		СТ	06483				
Principal Occupation Electric contractor		Name of Employ self	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	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 # 03182014A No Money Order Credit/Debit Card	03/	18/2014	\$75.00		\$75.00				

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	<u>s (s</u> i	ection A-1)	TYPE OF REPORT					
Lauretti Governor 2014								
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Monaco		Angela			1055			
Residential Street Address	City			State	Zip Code			
449 Green Woods Rd .		Torrington		СТ	06790			
Principal Occupation		Name of Employ	er					
Chef/manager		Mona	co Restaurant					
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	5	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 Parsonal Check								
If yes, list Event # 03182014A No Money Order Credit/Debit Card	03/	18/2014	\$75.00		\$75.00			
in yes, list Event # US102014A								
Last Name	First			MI	Contribution ID #			
Defilippo		Charmaine			1056			
Residential Street Address	City			State	Zip Code			
170 Meadows End Rd .		Milford		СТ	06460			
Principal Occupation		Name of Employ	er	-	•			
		retire	d					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	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	Date	Received	Aggregate Contributions					
rundraising event risted in Section 31?								
U No ☐ The same states	03/	18/2014	\$75.00		\$75.00			
If yes, list Event # 03182014A								
Last Name	First			MI	Contribution ID #			
Defilippo		Joseph			1127			
Residential Street Address	City			State	Zip Code			
170 Meadows End Rd .		Milford		СТ	06460			
Principal Occupation	•	Name of Employ	er	•				
Heating & AC		Centr	al Sheet Metal					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int 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	Date	Received	Aggregate Contributions					
rundraising event fisted in Section 31?								
U No I □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	03/	18/2014	\$100.00		\$100.00			
If yes, list Event # 03182014A								
Last Name	First			MI	Contribution ID #			
Rossetti		Doug			1057			
Residential Street Address	City			State	Zip Code			
27 Soundview Dr .		Shelton		СТ	06484			
Principal Occupation	•	Name of Employ	er	•				
contractor		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			
	0	dependent child of	of a foodyist?					
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?								
No Cash X Personal Check	03/	18/2014	\$75.00		\$75.00			
If yes, list Event # 03182014A	Ι΄.		*					

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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						
Lauretti Governor 2014			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First	ii viuuuis		MI	Contribution ID #				
Rossetti	FIISL	Lynette		MI	1058				
Residential Street Address	City			State	Zip Code				
27 Soundview Dr .		Shelton		СТ	06484				
Principal Occupation		Name of Employ	er	-	•				
wait		JHills	Kitchen						
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 Executive Legislative		dependent china (x No						
government the contract is with:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Dute	received	riggregate contributions						
If yes, list Event # 03182014A No Cash X Personal Check Money Order Credit/Debit Card	03/:	18/2014	\$75.00		\$75.00				
in yes, list Event in OSIOZOTAA Intology Order Into									
Last Name	First			MI	Contribution ID #				
Miller		Michelle			1059				
Residential Street Address	City			State	Zip Code				
20 Punkup Rd .		Oxford		СТ	06478				
Principal Occupation		Name of Employ	er						
Admin Assistant		Oxfor	d BOE						
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	x No						
government the contract is with:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?			1.99.18						
If yes, list Event # 03182014A No Cash X Personal Check Money Order Credit/Debit Card	03/:	18/2014	\$75.00		\$75.00				
					·				
Last Name	First			MI	Contribution ID #				
Miller		Jim			1060				
Residential Street Address	City			State	Zip Code				
20 Punkup Rd .	<u> </u>	Oxford		СТ	06478				
Principal Occupation		Name of Employ	er						
		N/A							
Is contributor a principal of a state contractor or prospective state contractor? Yes 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 fundarioing agent listed in Section 112	Date	Received	Aggregate Contributions						
Tunidasing event listed in Section 31:									
If yes, list Event # 03182014A No Cash Cash Personal Check No Money Order Credit/Debit Card	03/:	18/2014	\$75.00		\$75.00				
Last Name	First			MI	Contribution ID #				
Perry sr	riist	Benjamin		IVII	1061				
Residential Street Address	City	Denjamin		State	Zip Code				
34 Sharon Dr .	City	Shelton		CT	06484				
Principal Occupation		Name of Employ	er		00101				
Finish carpt.		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	,	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						
Tundraising event listed in Section 31:									
If yes, list Event # 03182014A No Money Order Credit/Debit Card	03/:	18/2014	\$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 Lauretti Governor 2014 April 10 Filing - Original								
Lauretti Governor 2014								
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Perry		Sally Ann		-	1070			
Residential Street Address	City	Chaltan		State	Zip Code			
34 Sharon Dr . Principal Occupation		Shelton Name of Employ	or	СТ	06484			
Analyst			en Research					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amo	ınt of Contribution			
If yes, indicate which branch or branches of)	dependent child of	of a lobbyist?	S				
government the contract is with:			x No	<u>'</u>				
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/	18/2014	\$75.00		\$75.00			
If yes, list Event # 03182014A	03/	10/2014	\$73.00		\$75.00			
Last Name	First			MI	Contribution ID #			
Anderson		Todd			1062			
Residential Street Address	City			State	Zip Code			
21 Hamilton Dr .		Shelton		СТ	06484			
Principal Occupation		Name of Employ	er					
Manager			r Brothers					
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	Amo	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	-				
s this contribution associated with a fundraising event listed in Section J1?								
If yes, list Event # 03182014A	03/:	18/2014	\$75.00		\$75.00			
If yes, list Event # 03182014A								
Last Name	First			MI	Contribution ID #			
Anderson		Marcie			1063			
Residential Street Address	City	Cl. II		State	Zip Code			
21 Hamilton Dr . Principal Occupation		Shelton Name of Employ	or	СТ	06484			
Nurse			ncent Medical					
				Amo	ınt 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					
Tunidraising event instead in Section 31:								
If yes, list Event # 03182014A Cash Cash Personal Check No Money Order Credit/Debit Card	03/:	18/2014	\$75.00		\$75.00			
Last Name	First			MI	Contribution ID #			
Simonetti	riist	Melissa		IVII	1064			
Residential Street Address	City	11011354		State	Zip Code			
175 S End Rd # 25		East Haven		СТ	06512			
Principal Occupation		Name of Employ	er					
		n/a						
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Ye	Amo	unt of Contribution			
If yes, indicate which branch or branches of		dependent child of	x No					
government the contract is with:	Det	Pagaiya4		<u>'</u>				
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/:	18/2014	\$75.00		\$75.00			
If yes list Event # 03182014A Money Order Credit/Debit Card	I '		•	1				

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I, MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	10 (3)	ection A-1)	TYPE OF REPORT						
Lauretti Governor 2014			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
	First	ii viuuuis		MI	Contribution ID #				
Last Name Fletcher	First	Melissa		MI	1065				
Residential Street Address	City			State	Zip Code				
23 Meadowridge		Shelton		СТ	06484				
Principal Occupation	•	Name of Employ	er	•	-				
teacher		Fairfie	eld Public Schools						
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	5	dependent child of	of a lobbyist?						
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						
Cash X Personal Check	02/	10/2014	¢7F.00		¢7E 00				
If yes, list Event # 03182014A No Money Order Credit/Debit Card	03/	18/2014	\$75.00		\$75.00				
Last Name	First			MI	Contribution ID #				
Monteino	1 1100	Allen			1067				
Residential Street Address	City	7111011		State	Zip Code				
41 Millville Ave # 202		Naugatuck		СТ	06770				
Principal Occupation		Name of Employ	er	<u> </u>	1 00.70				
Banker		ION E							
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int 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 agent listed in Section 112	Date	Received	Aggregate Contributions						
Tundraising event listed in Section 31:									
If yes, list Event # 03182014A No Money Order Credit/Debit Card	03/	18/2014	\$75.00		\$75.00				
				l	i				
Last Name	First			MI	Contribution ID #				
Giacobbe	a:	Kevin			1068				
Residential Street Address	City	Манио		State CT	Zip Code				
348 Old Zoar Rd . Principal Occupation		Monroe Name of Employ	or	CI	06468				
construction			City Construction						
			obbyist, spouse, or	Amou	int of Contribution				
Yes 🚨 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						
Tunidasing event listed in Section 31:									
If yes, list Event # 03182014A Cash Credit/Debit Card	03/	18/2014	\$75.00		\$75.00				
Lad Name	Einst			MI	Ct-itti ID#				
Last Name Daoutis	First	Tom		MII	Contribution ID # 1069				
Residential Street Address	City	10111		State	Zip Code				
29 Greenbrier Rd .	City	Trumbull		CT	06611				
Principal Occupation		Name of Employ	er	<u> </u>					
		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		acpendent child (x No						
government the contract is with: Executive Legislative		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	02.5	10/2014	# 7 F 00		¢7E 00				
If yes, list Event # 03182014A No Money Order Credit/Debit Card	03/	18/2014	\$75.00		\$75.00				

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I, MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Lauretti Governor 2014			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Dimatteo		Angelo			1071				
Residential Street Address	City			State	Zip Code				
136 Pioneer Dr .		West Hartfor	d	СТ	06117				
Principal Occupation		Name of Employ	er						
In contributors a unincinal of a state contractor or precentative state contractor?		self	obbysist spays or	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes 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: 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 Personal Check									
If yes, list Event # 03182014A No San Money Order Credit/Debit Card	03/	18/2014	\$75.00		\$75.00				
LadNama	Pit			\	Contribution ID #				
Last Name	First	Andrew		MI	Contribution ID #				
Savage Residential Street Address	City	Andrew		State	1074 Zip Code				
11 Rolling Hills Rd .	City	Sharon		CT	06069				
Principal Occupation		Name of Employ	er	<u> </u>	00003				
mason		1 ,	ge Construction						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ant 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						
No X Cash Personal Check	03/	18/2014	\$75.00		\$75.00				
If yes, list Event # 03182014A									
Last Name	First			MI	Contribution ID #				
Savage		Kim			1075				
Residential Street Address	City			State	Zip Code				
11 Rollings Hill Rd .		Sharon		СТ	06069				
Principal Occupation		Name of Employ							
Office Is contributor a principal of a state contractor or prospective state contractor?			ge construction	A					
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	V	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 fundaminary and listed in Section 112.	Date	Received	Aggregate Contributions						
rundraising event fisted in Section 31?									
If yes, list Event # 03182014A	03/	18/2014	\$75.00		\$75.00				
Last Name	First			MI	Contribution ID #				
Lindade	First	Nick		IVII	1076				
Residential Street Address	City	THICK		State	Zip Code				
367 Waverly Rd .	City	Shelton		CT	06484				
Principal Occupation		Name of Employ	er						
		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 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? Method of contribution:	Date	Received	Aggregate Contributions						
No X Cash Personal Check	U3/	18/2014	\$75.00		\$75.00				
If yes, list Event # 03182014A	03/	10/2014	φ/J.00		ψ, σ.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						
Lauretti Governor 2014			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First	ii viuuuis		MI	Contribution ID #				
Araujs	First	Jose		MI	1077				
Residential Street Address	City			State	Zip Code				
386 Westfield Ave		Bridgeport		СТ	06606				
Principal Occupation		Name of Employ	er						
		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 Executive Legislative			X No						
government the contract is with: Is this contribution associated with a fundamina warm listed in Section 112. X Yes Method of contribution:	Date	Received	Aggregate Contributions						
Tunditaising event instead in Section 31?									
If yes, list Event # 03182014A	03/:	18/2014	\$75.00		\$75.00				
				l					
Last Name	First			MI	Contribution ID #				
Benedito	G'i	Americo		Gr. i	1078				
Residential Street Address	City	Chalkan		State	Zip Code				
93 North St . Principal Occupation		Shelton Name of Employ	er	СТ	06484				
Timelpai Occupation		N/A	Ci						
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									
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
If yes, list Event # 03182014A X Cash Personal Check Oredit/Debit Card	03/:	18/2014	\$75.00		\$75.00				
in yes, list Event # US102014A									
Last Name	First			MI	Contribution ID #				
Lindade		Jose		С	1079				
Residential Street Address	City			State	Zip Code				
367 Isinglass Rd .		Shelton		СТ	06484				
Principal Occupation		Name of Employ	er						
		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 fundamining awart listed in Section 112	Date	Received	Aggregate Contributions]					
Tundialsing event listed in Section 71?									
If yes, list Event # 03182014A Solution No Cash Personal Check	03/:	18/2014	\$75.00		\$75.00				
Last Name	First			MI	Contribution ID #				
Thompson	1 1150	Rance			1080				
Residential Street Address	City			State	Zip Code				
87 Brushy Hill Rd .		Newtown		СТ	06470				
Principal Occupation		Name of Employ	er						
		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?	Amou	nt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		cind (x No						
government the contract is with:	Date	Received	Aggregate Contributions	1					
fundraising event listed in Section J1?			30 -0						
If yes, list Event # 03182014A No	03/	18/2014	\$75.00		\$75.00				

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I, MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	5 (5)	ction A-1)	TYPE OF REPORT						
Lauretti Governor 2014			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Daly Jr	11130	James		R	1081				
Residential Street Address	City	James		State	Zip Code				
74 Queen St	City	Newtown		CT	06470				
Principal Occupation		Name of Employ	or	Ci	00470				
chef		self	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	Voc	Alliou	nt of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
	Date	Received	Aggregate Contributions						
Is this contribution associated with a fundraising event listed in Section J1?									
No X Cash Personal Check	03/	18/2014	\$75.00		\$75.00				
If yes, list Event # 03182014A		-,	, , , , ,						
Last Name	First			MI	Contribution ID #				
Dodge		Richard			1082				
Residential Street Address	City			State	Zip Code				
14 Hughes Cir		Ansonia		СТ	06401				
Principal Occupation		Name of Employ	er	<u> </u>	00.01				
maintanance			nall Lane Manor						
			obbyist snouse 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 Executive Legislative			x _{No}						
government the contract is with.	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?			1.00.10.10.10.10.10.10.10.10.10.10.10.10						
No Cash Personal Check	03/	18/2014	\$75.00		\$75.00				
If yes, list Event # 03182014A	03/	10, 2011	Ψ/3.00		473.00				
Last Name	First			MI	Contribution ID #				
Gizzi	1 1150	Carmine Ang	elo		1083				
Residential Street Address	City		<u> </u>	State	Zip Code				
689 Long Hill Ave Apt R	City	Shelton		CT	06484				
Principal Occupation		Name of Employ	er	<u> </u>	00.01				
Account Exceutive		1 '	i Foods						
			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							
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 No Personal Check	03/	18/2014	\$75.00		\$75.00				
If yes, list Event # 03182014A		,	7.5.55						
Last Name	First			MI	Contribution ID #				
Merlo		Gregory			1084				
Residential Street Address	City	0.030.7		State	Zip Code				
14 Partridge	City	Bethel		CT	06801				
Principal Occupation	_	Name of Employ	er	<u> </u>	00001				
. 1			ture Electrical						
Is contributor a principal of a state contractor or prospective state contractor?			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}						
government the contract is with:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?			-						
No X Cash Personal Check	03/	18/2014	\$75.00		\$75.00				
If yes, list Event # 03182014A	l í		·						

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Lauretti Governor 2014			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Keane		Matthew			1085				
Residential Street Address	City			State	Zip Code				
11 Hodge Ave	L	Ansonia		СТ	06401				
Principal Occupation		Name of Employ	^{er} ture Electric						
Is contributor a principal of a state contractor or prospective state contractor?			11 1 ·	Amor	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	1					
Tundraising event instead in Section 31:									
If yes, list Event # 03182014A No Money Order Credit/Debit Card	03/	18/2014	\$75.00		\$75.00				
L AV	F: .			L	Louis B"				
Last Name Beliveau	First	Todd		MI	Contribution ID #				
Residential Street Address	City	Todu		State	Zip Code				
143 Leavenworth Rd		Shelton		CT	06484				
Principal Occupation	-	Name of Employ	er						
		Gabri	elle Truck						
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 lobbyist?						
government the contract is with:			X No	ļ					
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
No Rash Personal Check	03/	18/2014	\$50.00		\$50.00				
If yes, list Event # 03182014A	03/	10/2014	\$50.00		\$30.00				
Last Name	First			MI	Contribution ID #				
Perry		Frank			1087				
Residential Street Address	City			State	Zip Code				
195 Bridgeport	<u> </u>	Shelton		СТ	06484				
Principal Occupation		Name of Employ	er						
Contractor		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}						
government the contract is with: Is this contribution associated with a fundaming over third in Section 112. X Yes Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? X Yes X Cash Personal Check									
If yes, list Event # 03182014A No Money Order Credit/Debit Card	03/	18/2014	\$50.00		\$50.00				
	<u> </u>				1				
Last Name	First			MI	Contribution ID #				
Gloria Residential Street Address	City	Americo		State	Zip Code				
124 Mohegan Rd	City	Shelton		CT	06484				
Principal Occupation	-	Name of Employ	er	<u> </u>	1 00 10 1				
electrician		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	J	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						
No No Personal Check	02/	19/2014	¢E0.00		¢50.00				
If yes, list Event # 03182014A No Money Order Credit/Debit Card	03/.	18/2014	\$50.00	1	\$50.00				

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I, MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Lauretti Governor 2014 April 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Capobianco		Joe			1090				
Residential Street Address	City			State	Zip Code				
81 Alling Street Ext	<u> </u>	West Haven		СТ	06516				
Principal Occupation		Name of Employ N/A	er						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution				
Yes X No	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						
Tunidialising event listed in Section 31:									
If yes, list Event # 03182014A No Money Order Credit/Debit Card	03/	18/2014	\$50.00		\$50.00				
L AV	F: .			L	Louis B"				
Last Name Bartola	First	Joe		MI	Contribution ID #				
Residential Street Address	City	106		State	Zip Code				
17 Johnson St		Middletown		СТ	06457				
Principal Occupation		Name of Employ	er						
contractor		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	J	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 No Personal Check	02/	10/2014	* F0.00		#F0.00				
If yes, list Event # 03182014A	03/	18/2014	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
Balderacchi		Anthony			1092				
Residential Street Address	City			State	Zip Code				
257 Parker Farms Rd .		Wallingford		СТ	06492				
Principal Occupation		Name of Employ	er						
			rucking						
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?									
No Cash Personal Check	03/	18/2014	\$50.00		\$50.00				
If yes, list Event # 03182014A									
Last Name	First			MI	Contribution ID #				
Fevewell		Charles			1093				
Residential Street Address	City	6 .		State	Zip Code				
66 Sawmill Rd	<u> </u>	Wallingford Name of Employ		СТ	06492				
Principal Occupation			vell Appliances						
Is contributor a principal of a state contractor or prospective state contractor?			.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 # 03182014A No Money Order Credit/Debit Card	03/	18/2014	\$50.00		\$50.00				

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I, MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	o (o	201011 A-1)	TYPE OF REPORT						
Lauretti Governor 2014			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Jones	FIISU	Joe		MI	1094				
Residential Street Address	City			State	Zip Code				
Backes crt		Wallingford		СТ	06492				
Principal Occupation		Name of Employ	er		•				
		B&B 7	rucking						
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?	Dute	Received	riggregate contributions						
No Cash Personal Check	03/:	18/2014	\$50.00		\$50.00				
If yes, list Event # 03182014A			·						
Last Name	First			MI	Contribution ID #				
Jones		Joseph			1095				
Residential Street Address	City			State	Zip Code				
25 Hillsview		Wallingford		СТ	06492				
Principal Occupation		Name of Employ	er		•				
Driver		D&S 7	Trucking						
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						
Personal Check									
If yes, list Event # 03182014A No Money Order Credit/Debit Card	03/	18/2014	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
Gambradella	First	JOe		IVII	1096				
Residential Street Address	City			State	Zip Code				
20 Old Wood Rd		Wallingford		CT	06492				
Principal Occupation		Name of Employ	er						
		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 fundaciona quent listed in Section 112	Date	Received	Aggregate Contributions						
Tunidraising event instead in Section 31:									
If yes, list Event # 03182014A No Cash Personal Check Money Order Credit/Debit Card	03/	18/2014	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
Mesite	First	Joseph		IVII	1097				
Residential Street Address	City	зозерп		State	Zip Code				
260 Parker Ave	City	Meriden		CT	06450				
Principal Occupation		Name of Employ	er						
Linemen		LV#4							
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: Yes	Date	Received	Aggregate Contributions						
Tunidiaising event listed in Section 31:									
If yes, list Event # 03182014A No Money Order Credit/Debit Card	03/:	18/2014	\$50.00		\$50.00				

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	o (o	ection A-1)	TYPE OF REPORT					
Lauretti Governor 2014			April 10 Filing - Original					
B. Itemized Contributions from Individuals								
	First	ii viuuuis		MI	Contribution ID #			
Last Name Pikoe	FIISL	Frank		MII	1098			
Residential Street Address	City			State	Zip Code			
15 N Airline Rd .		Wallingford		СТ	06492			
Principal Occupation		Name of Employ	er	-				
machinest		E&G N	Machine					
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: Executive Legislative		1	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 # 03182014A No Cash Personal Check No Money Order Credit/Debit Card	03/:	18/2014	\$50.00		\$50.00			
T				l	G . 7			
Last Name	First	1		MI	Contribution ID #			
Palmucci Residential Street Address	City	Joseph		J State	1099			
	City	Chaltan		1	Zip Code 06484			
30 Nicholdale Rd Principal Occupation		Shelton Name of Employ	er	СТ	00484			
Tinicipal Occupation		self	Ci					
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:	Doto	Received	Aggregate Contributions					
s this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions					
If yes, list Event # 03182014A No Solution No No No No No No No No No No No No No	03/:	18/2014	\$50.00		\$50.00			
				l				
Last Name Cotela	First	Amanda		MI	Contribution ID # 1100			
Residential Street Address	City	Amanda		State	Zip Code			
785 Riverside Dr .	City	Orange		CT	06477			
Principal Occupation		Name of Employ	er	<u> </u>	00177			
sounselor			ord BOE					
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:			x No					
Is this contribution associated with a fundamining agent listed in Section 112	Date	Received	Aggregate Contributions]				
Tunidraising event instead in Section 31:								
If yes, list Event # 03182014A	03/:	18/2014	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Cotela	11130	Yolanda		IVII	1101			
Residential Street Address	City			State	Zip Code			
785 Riverside Dr	ĺ	Orange		СТ	06477			
Principal Occupation		Name of Employ	er					
Nurse			ot Surgery Center					
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:	Dete	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions					
No Sash Personal Check	03/:	18/2014	\$50.00		\$50.00			
If yes, list Event # 03182014A	ı			I				

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	5 (5)	ction A-i)	TYPE OF REPORT					
Lauretti Governor 2014			April 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Cotela Jr		Michael		J	1136			
Residential Street Address	City			State	Zip Code			
785 Riverside Dr		Orange		СТ	06477			
Principal Occupation		Name of Employ	er					
Unit Director		LNV E	Boys & Girls Club					
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 fundamining quent listed in Section 112	Date	Received	Aggregate Contributions					
X Cash Parsonal Chack								
If yes, list Event # 03182014A No Money Order Credit/Debit Card	03/	18/2014	\$100.00		\$100.00			
in yes, list Event in OSTOZOTAN Intology Order Card	l							
Last Name	First			MI	Contribution ID #			
Cotela Sr		Michael			1137			
Residential Street Address	City			State	Zip Code			
785 Riverside Dr		Orange		СТ	06477			
Principal Occupation		Name of Employ	er					
Exec. Director		Boys	& Girls Club					
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 fundraining event listed in Section 112.	Date	Received	Aggregate Contributions					
X Cash Personal Check								
If yes, list Event # 03182014A No Money Order Credit/Debit Card	03/	18/2014	\$100.00		\$100.00			
				l				
Last Name	First	_		MI	Contribution ID #			
Federico		Ryan			1102			
Residential Street Address	City	5 1		State	Zip Code			
25 Coe Ln		Derby		СТ	06418			
Principal Occupation		Name of Employ						
Landscaping Is contributor a principal of a state contractor or prospective state contractor?			andscaping	1 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:	Date	Received	Aggregate Contributions	ŀ				
fundraising event listed in Section J1?			1.00.10					
No Cash Personal Check	03/	18/2014	\$80.00		\$80.00			
If yes, list Event # 03182014A		,	, , , , , , , , , , , , , , , , , , , ,					
Last Name	First			MI	Contribution ID #			
Dapp		Brady			1103			
Residential Street Address	City	•		State	Zip Code			
5 Lynne Terracce		Shelton		СТ	06484			
Principal Occupation		Name of Employ	er					
		Conne	ecticut					
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	<i>^</i>	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 # 03182014A No Money Order Credit/Debit Card	03/	18/2014	\$80.00		\$80.00			

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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)								
Lauretti Governor 2014 April 10 Filing - Original								
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Fedor		Nicholas			1104			
Residential Street Address	City			State	Zip Code			
33 Wesley St .		Ansonia		СТ	06401			
Principal Occupation		Name of Employ Marat	^{er} hon Packaging					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution			
If we sindicate which branch or branches of	0	dependent child of	of a lobbyist?	'S				
government the contract is with:			X No	닠				
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
No No Personal Check	02/	10/2014	¢00.00		¢80.00			
If yes, list Event # 03182014A	03/	18/2014	\$80.00		\$80.00			
Last Name	First			MI	Contribution ID #			
Arteniz		Jeffrey			1105			
Residential Street Address	City			State	Zip Code			
103 Village St .		Northford		СТ	06472			
Principal Occupation		Name of Employ	er					
		n/a						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	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	7				
fundraising event listed in Section J1?			88 18					
No No Personal Check	03/	18/2014	\$100.00		\$100.00			
If yes, list Event # 03182014A								
Last Name	First			MI	Contribution ID #			
Gagliardi		Sal			1106			
Residential Street Address	City			State	Zip Code			
126 Middletown Ave	<u> </u>	North Haven		СТ	06473			
Principal Occupation		Name of Employ N/A	er					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amor	unt of Contribution			
Yes A No	0	dependent child of	of a lobbyist?	S				
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				
Tunidraising event instead in Section 31:								
If yes, list Event # 03182014A	03/	18/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Giacobbe	11130	John		IVII	1107			
Residential Street Address	City	30		State	Zip Code			
348 Old Zoar Rd		Monroe		СТ	06468			
Principal Occupation		Name of Employ	er	•				
construction		Park o	city Construction					
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		dependent child of	x No					
government the contract is with:	Det	Pagaiya4		<u>'</u>				
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/	18/2014	\$100.00		\$100.00			
If yes list Event # 03182014A 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)	o (o i	ection A-1)	TYPE OF REPORT					
Lauretti Governor 2014			April 10 Filing - Original					
B. Itemized Contributions from Individuals								
	_	iividuais		l ,,,,	G (7 (ID#			
Last Name Ranocchia	First	Michael		MI	Contribution ID # 1108			
Residential Street Address	City			State	Zip Code			
71 Barbara	·	Stratford		СТ	06614			
Principal Occupation		Name of Employ	er	•	•			
		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 Executive Legislative		aepenaent enna e	x _{No}					
government the contract is with:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?			1.00.10.10.10.10.10.10.10.10.10.10.10.10					
If yes, list Event # 03182014A No No No No No Personal Check No No Money Order Credit/Debit Card	03/	18/2014	\$100.00		\$100.00			
in yes, list Event # 05102014A								
Last Name	First			MI	Contribution ID #			
Curcio Jr		Gus			1109			
Residential Street Address	City			State	Zip Code			
3010 Huntington		Stratford		СТ	06614			
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 Executive Legislative		dependent enna e	x No					
government the contract is with:	Data	Received	Aggregate Contributions					
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions					
No S Cash Personal Check	03/	18/2014	\$100.00		\$100.00			
If yes, list Event # 03182014A	03/	10/2014	Ψ100.00		———			
Last Name	First			MI	Contribution ID #			
Cataudella		Al			1112			
Residential Street Address	City			State	Zip Code			
30 Deerfield		Shelton		СТ	06484			
Principal Occupation		Name of Employ	er	-	-			
remodeling		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 enna e	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 No Personal Check	03/	19/2014	\$100.00		\$100.00			
If yes, list Event # 03182014A	03/	18/2014	\$100.00		\$100.00 			
Last Name	First			MI	Contribution ID #			
Turto		Guy			1113			
Residential Street Address	City			State	Zip Code			
136 3rd Ave		Stratford		СТ	06615			
Principal Occupation		Name of Employ	er					
		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	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		sependent emit (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 Sash Personal Check	U3/	18/2014	\$100.00		\$100.00			
If yes, list Event # 03182014A Money Order Credit/Debit Card	""	10,2017	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)	o (o i	ection A-1)	TYPE OF REPORT					
Lauretti Governor 2014			April 10 Filing - Original					
B. Itemized Contributions from Individuals								
		iividuais			G (7 (ID //			
Last Name	First	Dacqualo		MI	Contribution ID # 1114			
Pappano Residential Street Address	City	Pasquale		State	Zip Code			
18 David Dr .	City	Shelton		CT	06484			
Principal Occupation		Name of Employ	er	Ci	00404			
sales		Frito I						
			obbyjet enouge or	Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Voc	711100	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 fundamining awart listed in Section 112	Date	Received	Aggregate Contributions	1				
tundraising event risted in Section 31:								
□ No □	03/	18/2014	\$100.00		\$100.00			
If yes, list Event # 03182014A	<u> </u>							
Last Name	First			MI	Contribution ID #			
Santilli		Kristen			1115			
Residential Street Address	City			State	Zip Code			
30 Lazy Brook Rd .		Shelton		СТ	06484			
Principal Occupation		Name of Employ	er					
Admin		Shelto	on Public Schools					
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					
Perconal Check								
If yes, list Event # 03182014A No Money Order Credit/Debit Card	03/	18/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Santilli		Anthony			1116			
Residential Street Address	City			State	Zip Code			
30 Lazy Brook Rd		Shelton		СТ	06484			
Principal Occupation		Name of Employ						
Plumber			li Fuel					
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			x _{No}					
government the contract is with:	В.	D : 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/	10/2014	\$100.00		¢100.00			
If yes, list Event # 03182014A	03/	18/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Smith	THSt	Paul		IVII	1117			
Residential Street Address	City	T dui		State	Zip Code			
725 James Farm Rd .	City	Stratford		CT	06614			
Principal Occupation		Name of Employ	er		00011			
- European		retire						
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 Method of contribution:	Date	Received	Aggregate Contributions]				
X Cook Develor Check								
If yes, list Event # 03182014A No Money Order Credit/Debit Card	03/	18/2014	\$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					
Lauretti Governor 2014			April 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals	•		
Last Name	First			MI	Contribution ID #
DelRe		Donna			1118
Residential Street Address	City			State	Zip Code
360 Eagle Ct		Oxford		СТ	06478
Principal Occupation		Name of Employ	er		
		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?	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?					
No X Cash Personal Check	03/:	18/2014	\$100.00		\$100.00
If yes, list Event # 03182014A					
Last Name	First			MI	Contribution ID #
Cuyluk		Dom			1119
Residential Street Address	City			State	Zip Code
305 Kings Hwy		Stratford		СТ	06615
Principal Occupation		Name of Employ	er		
		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	int 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:	Dete	Received			
Is this contribution associated with a fundraising event listed in Section J1? X Yes Method of contribution:	Date	Received	Aggregate Contributions		
No Sash Personal Check	03/	18/2014	\$100.00		\$100.00
If yes, list Event # 03182014A	03/	10/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Testo		Andrew			1120
Residential Street Address	City			State	Zip Code
136 Third Ave		Stratford		СТ	06615
Principal Occupation		Name of Employ	er		
		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	n 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 X Cash Personal Check	02/	10/2014	¢100.00		¢100.00
If yes, list Event # 03182014A	03/.	18/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Testo	1 1130	Hallie		1411	1121
Residential Street Address	City			State	Zip Code
136 Third Ave	ĺ	Stratford		СТ	06615
Principal Occupation		Name of Employ	er		!
		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 fobbyist?		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a	Date	Received	Aggregate Contributions		
X Cook Powonal Charle					
If yes list Event # 03182014A No Money Order Credit/Debit Card	03/	18/2014	\$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								
Lauretti Governor 2014			April 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Perry		Salvatore			1122			
Residential Street Address	City			State	Zip Code			
34 Lazy Brook Rd .		Shelton		СТ	06484			
Principal Occupation		Name of Employ	er					
		self						
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	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		aepenaent enna e	x _{No}					
government the contract is with:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?			86 18					
No X Cash Personal Check	03/	18/2014	\$100.00		\$100.00			
If yes, list Event # 03182014A								
Last Name	First			MI	Contribution ID #			
Perry		Tracy			1123			
Residential Street Address	City			State	Zip Code			
34 Lazy Brook Rd .		Shelton		СТ	06484			
Principal Occupation		Name of Employ						
Realtor			Estate Two					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or	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?			1.00.10					
No X Cash Personal Check	03/	18/2014	\$100.00		\$100.00			
If yes, list Event # 03182014A			•					
Last Name	First			MI	Contribution ID #			
Gloria		Laura			1124			
Residential Street Address	City			State	Zip Code			
124 Mohegan Rd .		Shelton		СТ	06484			
Principal Occupation		Name of Employ						
		retire						
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					
s this contribution associated with a fundraising event listed in Section J1?								
No No Personal Check	03/	18/2014	\$100.00		\$100.00			
If yes, list Event # 03182014A								
Last Name	First			MI	Contribution ID #			
Guardiano		Vincent			1125			
Residential Street Address	City			State	Zip Code			
8 Devon View Rd .		Derby		СТ	06418			
Principal Occupation		Name of Employ	er					
Real Estate Apprsr. 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? Yes X No)	dependent child of	Vac	Amou	in or Controution			
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?			-					
No Solution Transfer of the No.	03/	18/2014	\$100.00		\$100.00			
If yes, list Event # 03182014A	I			I				

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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					
Lauretti Governor 2014			April 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Queen	1 1150	James			1126			
Residential Street Address	City	James		State	Zip Code			
18 Waycliffe Ter	City	Seymour		CT	06483			
Principal Occupation		Name of Employ	er		00 103			
Director		1 ,	& Girls Club					
			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 fundamining awart listed in Section 112	Date	Received	Aggregate Contributions					
tundraising event risted in Section 31:								
No X Cash Personal Check	03/:	18/2014	\$100.00		\$100.00			
If yes, list Event # 03182014A								
Last Name	First			MI	Contribution ID #			
Toth		Darren			1128			
Residential Street Address	City			State	Zip Code			
41 Far Mill St		Shelton		СТ	06484			
Principal Occupation		Name of Employ	er					
Adustment		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: Executive Legislative			x No					
government the contribution associated with a fundamental fundamen	Date	Received	Aggregate Contributions	1				
tundraising event risted in Section 31:								
No X Cash Personal Check	03/:	18/2014	\$100.00		\$100.00			
If yes, list Event # 03182014A								
Last Name	First			MI	Contribution ID #			
Miller		Jenna			1129			
Residential Street Address	City			State	Zip Code			
20 Punkup		Oxford		СТ	06478			
Principal Occupation		Name of Employ	er	!				
		stude	nt					
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 fundamining awart listed in Section 112	Date	Received	Aggregate Contributions					
Tunidiasing event instead in Section 31:								
U No I To The Control of the Control	03/:	18/2014	\$100.00		\$100.00			
If yes, list Event # 03182014A								
Last Name	First			MI	Contribution ID #			
Colavolpe		Andrew			1130			
Residential Street Address	City			State	Zip Code			
72 Woodview		East Haven		СТ	06512			
Principal Occupation		Name of Employ	er		-			
		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 fundamining awart listed in Section 112	Date	Received	Aggregate Contributions					
X Cook Develor Check								
If yes, list Event # 03182014A No Money Order Credit/Debit Card	03/:	18/2014	\$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					
Lauretti Governor 2014			April 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Staron		Sean			1133
Residential Street Address	City			State	Zip Code
38 Rosedale Cir		Shelton		СТ	06484
Principal Occupation		Name of Employ	er		
Telcom		self		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 of a lobbyist? Yes	Amou	int of Contribution
If yes, indicate which branch or branches of Executive Legislative		acpendent enna c			
government the contract is with:	Doto	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
No Sash Personal Check	03/-	18/2014	\$100.00		\$100.00
If yes, list Event # 03182014A	03/.	10/2014	Ψ100.00		4100.00
Last Name	First			MI	Contribution ID #
Nikola		Eric			1134
Residential Street Address	City			State	Zip Code
328 E Village Rd		Shelton		СТ	06484
Principal Occupation		Name of Employ	er	•	
MArshal		self			
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: Executive Legislative			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 # 03182014A No Money Order Credit/Debit Card	03/:	18/2014	\$100.00		\$100.00
T				L	la .a . m.
Last Name	First	Vatarina		MI	Contribution ID #
Nikola Residential Street Address	City	Katarina		State	Zip Code
328 E Village Rd	City	Shelton		CT	06484
Principal Occupation	<u> </u>	Name of Employ	er	<u> </u>	00101
Ademin Assistant			Vorldwide		
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			
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	
Tunidasing event instead in Section 31:					
If yes, list Event # 03182014A	03/:	18/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Dorosh		John		_	1132
Residential Street Address	City	064		State	Zip Code
47 Tram Dr		Oxford		СТ	06478
Principal Occupation Police		Name of Employ			
			f Derby obbyist, spouse, or	Δmou	unt of Contribution
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	Anot	J. Commoundin
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?					
If yes, list Event # 031820144 No No No No No No No No No No No No No	03/:	18/2014	\$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					
Lauretti Governor 2014			April 10 Filing - Original					
B. Itemized Contributions from Individuals								
		iividuais		М	Contribution ID #			
Last Name	First	Manusian		MI	Contribution ID #			
Martin	G'i	Maurice		A	1066			
Residential Street Address	City	CI II		State	Zip Code			
33 New St		Shelton		СТ	06484			
Principal Occupation		Name of Employ						
Sales			hon Packaging	i .				
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? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent enna 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					
Cash X Barsanal Chack								
If yes, list Event # 03182014A No Money Order Credit/Debit Card	03/:	18/2014	\$75.00		\$75.00			
Last Name	First			MI	Contribution ID #			
Pietrandrea		Marie			1131			
Residential Street Address	City			State	Zip Code			
123 Beech St		North Branfo	rd	СТ	06471			
Principal Occupation		Name of Employ	er					
		waitre	ess					
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 fundamining event listed in Section 112.	Date	Received	Aggregate Contributions					
rundraising event fisted in Section 31?								
U No E	03/:	18/2014	\$100.00		\$100.00			
If yes, list Event # 03182014A								
Last Name	First			MI	Contribution ID #			
Pietrandrea		Victor			1046			
Residential Street Address	City			State	Zip Code			
123 Beech St	ĺ	North Branfo	rd	СТ	06471			
Principal Occupation		Name of Employ						
		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 No)	dependent child of						
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the conduct is with.	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?			1.00.10					
No Cash X Personal Check	03/	18/2014	\$100.00		\$100.00			
If yes, list Event # 03182014A	03/	10/2014	Ψ100.00		ψ100.00			
Last Name	First			MI	Contribution ID #			
Sulvester	riist	Barbara		IVII	1042			
	City	Daibaia		Ct-t-				
Residential Street Address	City	Ch albana		State	Zip Code			
55 Jefferson St	Щ,	Shelton		СТ	06484			
Principal Occupation		Name of Employ						
Realtor		WM R						
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 ennd (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					
Tundraising event listed in Section 31:	1							
If yes, list Event # 03182014A No Money Order Credit/Debit Card	03/:	18/2014	\$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 i	ection A-1)	TYPE OF REPORT					
Lauretti Governor 2014			April 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Basher	1 1130	Debbie		1411	1088			
Residential Street Address	City			State	Zip Code			
195 Bridgeport Ave		Shelton		СТ	06484			
Principal Occupation		Name of Employ	er	-	•			
Admin		Equip	ower					
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		aepenaem emia (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 # 03182014A No No No Personal Check No No Money Order Credit/Debit Card	03/	18/2014	\$50.00		\$50.00			
If yes, list Event # 05102014A								
Last Name	First			MI	Contribution ID #			
Rofoed		Jacqueline			1037			
Residential Street Address	City			State	Zip Code			
43 Barbara Dr .		Shelton		СТ	06484			
Principal Occupation		Name of Employ N/A	er					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ınt 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 risted in Section 31?								
If yes, list Event # 03182014A No Money Order Credit/Debit Card	03/	18/2014	\$100.00		\$100.00			
T. Al	Б			 	C C C D			
Last Name Dellavolpe	First	Denise		MI	Contribution ID # 1073			
Residential Street Address	City	2000		State	Zip Code			
95 Orland St		Milford		СТ	06460			
Principal Occupation		Name of Employ	er	!				
Teacher		Oxfor	d BOE					
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 roodyrst:					
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/	10/2014	¢50.00		¢50.00			
If yes, list Event # 03182014A	03/	18/2014	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Baldyga		Peter			1047			
Residential Street Address	City			State	Zip Code			
10 Astoria Ln		Shelton		СТ	06484			
Principal Occupation		Name of Employ	er	-	-			
			ctive Systems					
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or Yes Yes	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 # 03182014A	03/	18/2014	\$100.00		\$100.00			
1 Jos, not by one 1 O TO ZO T TO I WHO HEY OTHER LIP CIEUT DEDIT CARD								

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I. MONETARY RECEIPT	S (S	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					
Lauretti Governor 2014			April 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals	•		
Last Name	First			MI	Contribution ID #
Martin Jr		Raymond			1110
Residential Street Address	City			State	Zip Code
39 Deerfield Dr		Easton		СТ	06612
Principal Occupation		Name of Employ	er		
Broker		Martir	n-Caselli RE		
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:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1? X Yes Method of contribution:					
If yes, list Event # 03182014A	03/	18/2014	\$100.00		\$100.00
Lost Nome	First			MI	Contribution ID #
Last Name	FIISt	William		IVII	1361
DiLegge Residential Street Address	City	Williaili		State	Zip Code
1018 Main St .	City	Branford		CT	06405
Principal Occupation		Name of Employ	er	<u> </u>	00403
owner		Pasta			
Is contributor a principal of a state contractor or proceeding state contractor?			-1.1	Amou	ant of Contribution
	ა	dependent child of	of a lobbyist? Yes		
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	1	
Tundraising event listed in Section J1?					
If yes, list Event #	03/	18/2014	\$100.00		\$100.00
in yes, list Event #					
Last Name	First			MI	Contribution ID #
Haus		Burt			1364
Residential Street Address	City			State	Zip Code
11 Hillside Ln	L	Wallingford		СТ	06492
Principal Occupation		Name of Employ			
Supervisor Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amor	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	dependent child of	V	Amou	in 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? Yes X Cash					
If yes, list Event #	03/	18/2014	\$40.00		\$40.00
Last Name	First			MI	Contribution ID #
Carbone	First	Christopher		IVII	1365
Residential Street Address	City	Сппэсорпсі		State	Zip Code
29 Greenfield Dr		North Haven		CT	06473
Principal Occupation		Name of Employ	er		
Electrician		All Br	ite Electric		
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:	Dot-	Received			
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	03/	18/2014	\$50.00		\$50.00
If yes, list Event # Money Order Credit/Debit Card	03/.	10/2014	φυ.υυ		ψυ.υυ

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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		
Lauretti Governor 2014			April 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Mautinho		Etelrino			1366
Residential Street Address	City			State	Zip Code
653 Daniels Farm Rd .		Trumbull		СТ	06611
Principal Occupation		Name of Employ	er		
		N/A			
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?	Amou	nt 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?	Duite	10001100	1.6g. egate controlations		
x No Cash x Personal Check	03/:	18/2014	\$100.00		\$100.00
If yes, list Event #			•		·
Last Name	First			MI	Contribution ID #
Contrucci		Lynn			1233
Residential Street Address	City			State	Zip Code
130 W River St		Milford		СТ	06460
Principal Occupation		Name of Employ	er		
		N/A			
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		F	x _{No}		
government the contract is with:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X No Cash X Personal Check	03/:	19/2014	\$100.00		\$100.00
If yes, list Event #			Ţ		
Last Name	First			MI	Contribution ID #
Anastasion		Damon			1234
Residential Street Address	City			State	Zip Code
15 Willard Rd .		Shelton		СТ	06484
Principal Occupation		Name of Employ	er		
Owner		Plaza			
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		F	x _{No}		
government the contract is with:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Bute	Received	Aggregate Controlations		
X No Cash X Personal Check	03/:	19/2014	\$100.00		\$100.00
If yes, list Event #			•		·
Last Name	First			MI	Contribution ID #
Anastasion		Jodi			1235
Residential Street Address	City			State	Zip Code
15 Willard Rd .		Shelton		СТ	06484
Principal Occupation		Name of Employ	er		
		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 Executive Legislative		Sima	x No		
government the contract is with:	Doto	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?	Date	received	115510gate Contributions		
X No Cash X Personal Check	03/	19/2014	\$100.00		\$100.00
If yes_list Event # Money Order Credit/Debit Card	I '			ı	

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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					
Lauretti Governor 2014			7 prii 10 r iiing - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Abraham		Russ			1236
Residential Street Address	City			State	Zip Code
70 Perry Hill Rd .		Shelton		СТ	06484
Principal Occupation sales		Name of Employ Torrio			
			obbyist, spouse, or	Amou	int of Contribution
is contributor a principal of a state contractor or prospective state contractor?)	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 Yes Method of contribution:	Date	Received	Aggregate Contributions		
tundraising event listed in Section 31?					
If yes, list Event # Cash Credit/Debit Card	03/	20/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Guedes	First	John		N N	1237
Residential Street Address	City	301111		State	Zip Code
207 Huntington St .		Shelton		СТ	06484
Principal Occupation		Name of Employ	er		!
developer		self			
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	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/	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 #
Brenia		Bruce		w	1243
Residential Street Address	City			State	Zip Code
25 Allen St		Naugatuck		СТ	06770
Principal Occupation		Name of Employ	er		
Attorney		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	int 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	-	
fundraising event listed in Section J1?			1.00.10		
If yes, list Event # Cash	03/	20/2014	\$100.00		\$100.00
indicy order					
Last Name	First			MI	Contribution ID #
Volpe	O.	Frederick			1282
Residential Street Address 47 Thorson Rd .	City	Ovford		State	Zip Code
47 THORSOII Rd . Principal Occupation		Oxford Name of Employ	er	СТ	06478
Timerpai Occupation		retire			
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 foodyfst?		
government the contract is with:	-		x _{No}	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	U3/	20/2014	\$100.00		\$100.00
If yes_list Event # Money Order Credit/Debit Card	I ""	20,2017	φ100.00	1	¥100.00

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I, MONETARY RECEIPTS (Section A-I)									
	2 (20	ection A-I)	TWDE OF DEDORT						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Lauretti Governor 2014			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Volpe		Evelyn			1283				
Residential Street Address	City			State	Zip Code				
47 Thorson Rd .		Oxford		СТ	06478				
Principal Occupation		Name of Employ	er						
		retire	d						
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	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/	20/2014	\$100.00		\$100.00				
If yes, list Event #		-							
Last Name	First			MI	Contribution ID #				
Gugliotti		Cathy			1275				
Residential Street Address	City			State	Zip Code				
640 Davis Street Ext		Watertown		CT	06795				
Principal Occupation		Name of Employ	or	<u> </u>	00733				
Office Manager									
			ord Health care MEd Group	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?	Alliou	iit of Collification				
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	\$50.00		\$50.00				
				<u> </u>					
Last Name	First			MI	Contribution ID #				
Bernardo		Vincent			1238				
Residential Street Address	City			State	Zip Code				
6 Silo View Rd .		North Haven		СТ	06473				
Principal Occupation		Name of Employ	er	-	•				
		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						
5 C 5 C 5 C 5 C 5 C 5 C 5 C 5 C 5 C 5 C	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
X No Cash X Personal Check	03/3	20/2014	\$75.00		\$75.00				
If yes, list Event #		•			·				
Last Name	First			MI	Contribution ID #				
Fenwick		Richard		J	1308				
Residential Street Address	City	Richard		State	Zip Code				
142 Ferry Rd	City	Old Saybrool	,	CT	06475				
		Old Saybrook		Ci	00473				
Principal Occupation		Name of Employ N/A	Ci .						
Is contributor a principal of a state contractor or prospective state contractor?			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	1					
fundraising event listed in Section J1?			000 20111104110110						
X No Cash X Personal Check	037	20/2014	\$100.00		\$100.00				
If yes, list Event # Money Order Credit/Debit Card	l ^{U3/.}	20/2014	\$100.00		φ100.00				

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I. MONETARY RECEIPTS (Section A-I)									
	5 (5 6	ection A-1)	TYPE OF PEROPE						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Lauretti Governor 2014			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Lambert		Dawn			1239				
Residential Street Address	City			State	Zip Code				
14500 Terra Vita Dr .		Edmond		ОК	73034				
Principal Occupation		Name of Employ	er						
		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	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 X Personal Check	03/	21/2014	\$100.00		\$100.00				
If yes, list Event #			7						
Last Name	First			MI	Contribution ID #				
Pellitteri	1 1150	Donna		M	1244				
Residential Street Address	City	Domia		State	Zip Code				
	City	Chaltan		CT	06484				
49 West St		Shelton		CI	00484				
Principal Occupation		Name of Employ							
tax collection			of Trumbull						
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 e	<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	03/2	21/2014	\$50.00		\$50.00				
in yes, and break in the state of the state									
Last Name	First			MI	Contribution ID #				
Reinheimer		Marcos			1246				
Residential Street Address	City			State	Zip Code				
270 Wells St		Bridgeport		СТ	06606				
Principal Occupation		Name of Employ	er						
		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						
fundraising event listed in Section J1?									
X No Cash X Personal Check	03/2	21/2014	\$100.00		\$100.00				
If yes, list Event #		•			·				
Last Name	First			MI	Contribution ID #				
Guedes		Patricia		С	1241				
Residential Street Address	City	ratificia		State	Zip Code				
207 Huntington St .	City	Shelton		CT	06484				
	_		OF .	CI	00404				
Principal Occupation		Name of Employ							
Teacher			Diocese		nt of Containation				
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: 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	03/2	21/2014	\$100.00		\$100.00				

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I MONETA BY DECEMBER (C. P. A. D.								
I. MONETARY RECEIPT	S (S	ection A-I)	TYPE OF REPORT					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Lauretti Governor 2014			April 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals	•					
Last Name	First			MI	Contribution ID #			
DiSanto		Rocco		F	1188			
Residential Street Address	City			State	Zip Code			
100 Woodbine Ter		Morgaton		NC	28655			
Principal Occupation		Name of Employ	er					
Telecommunication								
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	03/	21/2014	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card			,					
Last Name	First			MI	Contribution ID #			
DiSanto	1 1150	Ann		R	1189			
Residential Street Address	City	AIIII		State	Zip Code			
	City	Managantan			28655			
100 Woodbind	<u> </u>	Morganton		NC	28055			
Principal Occupation		Name of Employ	er					
		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	03/2	21/2014	\$100.00		\$100.00			
,								
Last Name	First			MI	Contribution ID #			
DiSanto		Rocco		М	1190			
Residential Street Address	City			State	Zip Code			
300 W Hargett St		Raliegh		NC	27602			
Principal Occupation		Name of Employ	er					
Research Assistant		NCSU						
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:								
If yes list Event # Cash Personal Check Money Order X Credit/Debit Card	03/2	21/2014	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card								
Last Name	First			MI	Contribution ID #			
Sheehy		Holly		R	1240			
Residential Street Address	City	- ,		State	Zip Code			
203 Wakelee Ave .		Ansonia		СТ	06401			
Principal Occupation		Name of Employ	er	<u> </u>	20.02			
Teacher			atuck Brd. of Ed					
			abbreigt anguag 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 Contribution			
If yes, indicate which branch or branches of Executive Legislative		=	x _{No}					
government the contract is with:	D.	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			+100.00			
If yes, list Event # Money Order Credit/Debit Card	03/2	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						
Lauretti Governor 2014			April 10 1 lilling - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Guedes		Armindo			1245				
Residential Street Address	City			State	Zip Code				
1425 Noble Ave		Bridgeport		СТ	06610				
Principal Occupation		Name of Employ	er						
Project Manager		Primr	ose Construction						
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 awart listed in Section 112	Date	Received	Aggregate Contributions						
ididalising event fisted in Section 31:									
X No Cash X Personal Check	03/2	21/2014	\$100.00		\$100.00				
If yes, list Event #		-							
Last Name	First			MI	Contribution ID #				
Leidel		Linda			1370				
Residential Street Address	City			State	Zip Code				
45 Terrell Rd .		Woodbury		СТ	06798				
Principal Occupation		Name of Employ	er	<u> </u>	00730				
· · · · · · · · · · · · · · · · · · ·		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 Executive Legislative			x _{No}						
government the contract is with: In 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/	22/2014	¢100.00		¢100.00				
If yes, list Event # Money Order Credit/Debit Card	03/.	22/2014	\$100.00		\$100.00				
Laddian	First			MI	Contribution ID #				
Last Name	FIISt	1l·		MII					
Grosberg	O.	Jack		a	1242				
Residential Street Address	City	0.6.1		State	Zip Code				
182 Country Club Rd .		Oxford		СТ	06478				
Principal Occupation		Name of Employ							
		retire							
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 X Personal Check									
If yes, list Event # Money Order Credit/Debit Card	03/2	22/2014	\$25.00		\$25.00				
Last Name	First			MI	Contribution ID #				
Corra		Ronald		S	1302				
Residential Street Address	City			State	Zip Code				
371 Paper Rdg	L	Shelton		СТ	06484				
Principal Occupation		Name of Employ							
Telephone repair		AT&T							
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 fundaminary and listed in Section 112.	Date	Received	Aggregate Contributions						
Tunidiaising event instead in Section 31:									
If yes, list Event # 03222014A No Money Order Credit/Debit Card	03/2	22/2014	\$50.00		\$50.00				

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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		
Lauretti Governor 2014			April 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals	•		
Last Name	First			MI	Contribution ID #
Waddle		Dave			1303
Residential Street Address	City			State	Zip Code
57 Bank St		Derby		СТ	06418
Principal Occupation		Name of Employ	er		
Is contributor a principal of a state contractor or prospective state contractor?		N/A	obbysist analysis or	Amou	nt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	obbyist, spouse, or of a lobbyist? 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	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1? X Yes X Cash Personal Check					
If yes, list Event # 03222014A No San Service Credit/Debit Card	03/2	22/2014	\$100.00		\$100.00
If yes, list Event # USZZZZOTAN I Money Order I Credit Debit Call					
Last Name	First			MI	Contribution ID #
Zahornesky		Thomas		Е	1304
Residential Street Address	City			State	Zip Code
665 Lantern Park Dr Principal Occupation		Naugatuck Name of Employ		СТ	06770
construction		self	er		
			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 X Yes Method of contribution:	Date	Received	Aggregate Contributions		
Tunidiaising event risted in Section 31?					
If yes, list Event # 03222014A Solution No Solution No Money Order Credit/Debit Card	03/2	22/2014	\$100.00		\$100.00
USZZZOTAN USZZZOTAN				<u> </u>	
Last Name	First			MI	Contribution ID #
Uchida		Susan			1305
Residential Street Address	City	Carabbana		State	Zip Code
44 Little Fox Ln Principal Occupation		Southbury Name of Employ	or	СТ	06488
типера оссирания		N/A	ci		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt 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 Method of contribution:	Date	Received	Aggregate Contributions		
Tunidasing event issed in Section 71:					
If yes, list Event # 03222014A Solution No	03/2	22/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Agostini Residential Street Address	City	Mary Jean		Ctata	1306
22 Brockett Rd	City	Niantic		State CT	Zip Code 06357
Principal Occupation	-	Name of Employ	er	CI	00337
RE Broker		Realty			
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution
)	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	Date	Received	Aggregate Contributions		
Tunidasing event issed in Section 71:					
If yes list Event # 03222014A	03/2	22/2014	\$100.00		\$100.00

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I MONETA DV DECEDTO (CC A. D.									
L. MONETARY RECEIPT	5 (50	ection A-I)	I						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT						
Lauretti Governor 2014			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Carniwucci		Christopher			1307				
Residential Street Address	City			State	Zip Code				
170 County Woods Ln		Southbury		СТ	06488				
Principal Occupation		Name of Employ	er						
MLB Scout		Arizor	na Diamondbacks						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	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	Voc						
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?									
No Cash X Personal Check	03/:	22/2014	\$100.00		\$100.00				
If yes, list Event # 03222014A			4						
Last Name	First			MI	Contribution ID #				
Lambert	1 1150	Michael			1279				
Residential Street Address	City	riiciidei		State	Zip Code				
	City	Cauthhumi			06488				
15 Harrut Ln	_	Southbury		СТ	00488				
Principal Occupation		Name of Employ	er						
scientist									
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	int of Contribution				
If yes, indicate which branch or branches of		dependent enna (
government the contract is with:									
Is this contribution associated with a fundraicing event listed in Section 112	Date	Received	Aggregate Contributions						
X Personal Check									
If yes, list Event # 03222014A No Money Order Credit/Debit Card	03/2	22/2014	\$100.00		\$100.00				
OSEEEOI III.									
Last Name	First			MI	Contribution ID #				
Velenz		Meg			1247				
Residential Street Address	City			State	Zip Code				
31 Meriline Ave		Waterbury		СТ	06705				
Principal Occupation		Name of Employ	er						
realtor		self							
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	1					
rundraising event insect in section 31:									
X No	03/2	23/2014	\$40.00		\$40.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Mucci		Claudio			1248				
Residential Street Address	City			State	Zip Code				
2 Overlook Rd		Sandy Hook		СТ	06482				
Principal Occupation		Name of Employ	er		00.02				
· · · · · · · · · · · · · · · · · · ·		self							
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	Vac	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	ŀ					
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
X No Personal Check	02.	24/2014	#E0.00		¢E0.00				
If yes, list Event # Money Order Credit/Debit Card	03/	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)									
Lauretti Governor 2014			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Tzeyos		Robert			1249				
Residential Street Address	City			State	Zip Code				
99 Burr Hill Rd .	L	Middlebury		СТ	06762				
Principal Occupation		Name of Employ							
			Tavern						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	о	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 Method of contribution:	Date	Received	Aggregate Contributions	1					
fundraising event listed in Section J1? Yes X Cash Personal Check									
X No X Cash Personal Check If yes, list Event #	03/2	24/2014	\$10.00		\$10.00				
in yes, list Event #									
Last Name	First			MI	Contribution ID #				
Donnarumma		Francis		М	1250				
Residential Street Address	City	147 11		State	Zip Code				
20 Hurds Hill Rd	<u> </u>	Woodbury Name of Employ	or.	СТ	06798				
Principal Occupation Attorney		Self	ei						
			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						
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? Yes Cash Personal Check									
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	03/2	24/2014	\$25.00		\$25.00				
	<u> </u>								
Last Name	First			MI	Contribution ID #				
Sodikee	o:	Mizza		- C	1251				
Residential Street Address 815 Wolcott Rd .	City	Waterbury		State CT	Zip Code 06705				
Principal Occupation	<u> </u>	Waterbury Name of Employ	er	Ci	00703				
Owner		Euro (
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt 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 Credit/Debit Card	03/2	24/2014	\$20.00		\$20.00				
Last Name	First			MI	Contribution ID #				
Thind	1 1130	Paul		IVII	1252				
Residential Street Address	City			State	Zip Code				
26 Brookside		Middlebury		СТ	06762				
Principal Occupation	•	Name of Employ	er	•	•				
CPA		HSBC							
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		zependent ennu (x No						
government the contract is with: Legislative Legislative Legislative	Dot-	Pagaiyad							
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/	24/2014	\$20.00		\$20.00				
If yes, list Event # Money Order	I 55/	, === .	420.00		,				

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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					
Lauretti Governor 2014			April 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Brar		Sukhdev			1253			
Residential Street Address	City			State	Zip Code			
16 Plymouth Ln		Middlebury		СТ	06762			
Principal Occupation		Name of Employ	er	•	•			
		retire	d					
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 fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
X Cash Personal Check			400.00		100.00			
If yes, list Event # No Money Order Credit/Debit Card	03/2	24/2014	\$20.00		\$20.00			
LadNama	First			MI	Contribution ID#			
Last Name Temkin	FIISt	Dwies		MII	Contribution ID # 1254			
Residential Street Address	City	Bruce		State	Zip Code			
43 Partridge Ln	City	Burlington		CT	06013			
Principal Occupation		Name of Employ	er	Ci	00013			
· I- · · · · · · · ·		Attorr						
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 Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
Tunidraising event instead in Section 31:								
If yes, list Event # Cash Credit/Debit Card	03/2	24/2014	\$100.00		\$100.00			
I yes, ist broken								
Last Name	First			MI	Contribution ID #			
Temkin		Linda			1255			
Residential Street Address	City			State	Zip Code			
43 Patridge Ln	<u></u>	Burlington		СТ	06013			
Principal Occupation		Name of Employ	er					
spa/salon owner Is contributor a principal of a state contractor or prospective state contractor?		slef	obbyist spays or	Amou	nt of Contribution			
Yes X No	o	dependent child of	obbyist, spouse, or	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?								
X No Cash X Personal Check	03/2	24/2014	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Amato		Gail			1256			
Residential Street Address	City			State	Zip Code			
5439 Riverview Dr		North Royalt	on	ОН	44133			
Principal Occupation		Name of Employ	er					
VP		Hubbe	ell					
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		acpendent child (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 X Personal Check	027	24/2014	#100 00		¢100 00			
If yes_list Event # No Money Order Credit/Debit Card	l ^{U3/}	∠ 1 /∠∪14	\$100.00	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					
Lauretti Governor 2014			April 10 Filing - Original					
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Amato		Patricia		A	1257			
Residential Street Address 5439 Riverview Dr .	City	Nowth Dovalt		State OH	Zip Code 44133			
Principal Occupation	Ь	North Royalto		Un	44133			
типери оссиранов		n/a						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	unt of Contribution			
If was indicate which beaugh as broughes 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					
X No Cash X Personal Check	03/3	24/2014	\$100.00		\$100.00			
If yes, list Event #	03/2	24/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Dunne		George			1258			
Residential Street Address	City			State	Zip Code			
8 Lakeview Ter	L	Derby		СТ	06418			
Principal Occupation		Name of Employ						
L stillets with a first test state of the st		retire	11 14	1	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	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 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 Credit/Debit Card	03/2	24/2014	\$25.00		\$25.00			
Last Name	First			MI	Contribution ID #			
Dunne		Judith		I	1259			
Residential Street Address	City			State	Zip Code			
8 Lakeview Ter	L.,	Derby		СТ	06418			
Principal Occupation		Name of Employ						
Is contributor a principal of a state contractor or prospective state contractor?		retire	obbyist, spouse, or	Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes No	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 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	03/2	24/2014	\$25.00		\$25.00			
Last Name	First			MI	Contribution ID #			
Gable		David			1192			
Residential Street Address	City			State	Zip Code			
112 Patrick Ave	Щ,	Norwalk		СТ	06851			
Principal Occupation		Name of Employ						
President Is contributor a principal of a state contractor or prospective state contractor?		Hocor Is contributor a l	.1.1	Атог	unt of Contribution			
Yes X N	o	dependent child of	Vac	Amot	J. Commonion			
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? Yes Cash Personal Check								
X No Cash Personal Check	03/2	24/2014	\$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 Lauretti Governor 2014 April 10 Filing - Original									
Lauretti Governor 2014			April 10 1 lilling - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Wunder		Mathew			1191				
Residential Street Address	City			State	Zip Code				
4 Golfview Dr		Easton		СТ	06612				
Principal Occupation		Name of Employ	er						
Finance		Wund	er Financial						
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	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/	24/2014	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card	00,		Ψ100.00						
Last Name	First			MI	Contribution ID #				
Smith	1 1150	Alicia			1197				
Residential Street Address	City	Alicia		State	Zip Code				
29 Maxine Rd .	City	Dlainvilla			06062				
		Plainville		СТ	06062				
Principal Occupation		Name of Employ	er						
		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 ennu (·						
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	03/	24/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Testani		Christine		N	1198				
Residential Street Address	City			State	Zip Code				
1 Lynnwood Ct .		Shelton		CT	06484				
Principal Occupation		Name of Employ	er						
Investment Mgr		Wells	Fargo						
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						
Tandarasing event insect in Section 31:									
× No F cash	03/	24/2014	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Mowad		Antoine			1321				
Residential Street Address	City			State	Zip Code				
16 Pleasant St		Waterbury		СТ	06706				
Principal Occupation		Name of Employ	er	<u>.</u>	00700				
. ···		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	Vac	711100	commount				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with:	Dot-	Paggivad							
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
x No Cash Personal Check		24/2014	+20.00		+30.00				
If yes, list Event # Money Order Credit/Debit Card	03/	24/2014	\$20.00		\$20.00				

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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		
Lauretti Governor 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Mauwad		Milad			1322
Residential Street Address	City			State	Zip Code
16 Pleasant St		Waterbury		СТ	06706
Principal Occupation		Name of Employ			
		retire	-		
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	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 X Cash Personal Check					
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	03/	24/2014	\$20.00		\$20.00
In you, and I want of the control of					
Last Name	First			MI	Contribution ID #
Graziano		Vinnie			1310
Residential Street Address	City	No. 1 III I		State	Zip Code
233 South St	<u> </u>	Middlebury Name of Employ	on.	СТ	06762
Principal Occupation Exec		Name of Employ			
			11 14	Amou	unt 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}		
Is this contribution associated with a Is greatly a Is a Is a Is a Is a Is a Is a Is a Individual of contribution: Individual of contribution: Is a In	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1? X Yes X Cash Personal Check					
If yes, list Event # 03242014A No Sash Crestonal Check No Money Order Credit/Debit Card	03/	24/2014	\$50.00		\$50.00
If yes, list Event # UJZ4Z014A I Money Order I Credit Debit Cald					
Last Name	First			MI	Contribution ID #
Tzepos		Demetria			1260
Residential Street Address	City			State	Zip Code
99 Burr Hall Rd	<u> </u>	Middlebury		СТ	06762
Principal Occupation		Name of Employ	er		
Is contributor a principal of a state contractor or prospective state contractor?		n/a 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		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		
fundraising event listed in Section J1? Yes X Cash Personal Check					
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	03/	24/2014	\$10.00		\$10.00
Last Name	First			MI	Contribution ID #
Tzepos	C'i	Barbara		A	1311
Residential Street Address 99 Burr Hall Rd	City	Middlohum		State CT	Zip Code 06762
Principal Occupation	<u> </u>	Middlebury Name of Employ	or	CI	00702
ттери оссирани		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	J	dependent child of	or a robbyist?		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a fundacional social section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
Tunidaising event listed in Section 31:					105.05
If yes, list Event # 03242014A No Money Order Credit/Debit Card	03/	24/2014	\$25.00		\$25.00

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I. MONETARY RECEIPT	S (Se	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Lauretti Governor 2014			TYPE OF REPORT April 10 Filing - Original		
			Transfer and the second		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Tzepos		George		С	1316
Residential Street Address	City	No. 1 III I		State	Zip Code
99 Burr Hall Rd Principal Occupation		Middlebury Name of Employ	or.	СТ	06762
Attorney		self	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 Executive Legislative		dependent child c	x No		
government the contract is with:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?			36 -6		
If yes, list Event # 03242014A	03/2	24/2014	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Vallillo		Paul		R	1319
Residential Street Address	City			State	Zip Code
36 Colonial Dr		Prospect		СТ	06712
Principal Occupation		Name of Employ	er		•
Attorney		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 government the contract is with:		dependent enna e	x No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
No No Personal Check	03/2	24/2014	\$20.00		\$20.00
If yes, list Event # 03242014A					_
Last Name	First			MI	Contribution ID #
Minchella		Anthony		R	1292
Residential Street Address	City	No. 1 III I		State	Zip Code
222 Porter Hill Rd Principal Occupation		Middlebury Name of Employ	or.	СТ	06762
attorney		self	Ci		
,			obbyist, spouse, or	Amou	nt of Contribution
Yes A No)	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	03/2	24/2014	\$13.00		\$13.00
Last Name	First			MI	Contribution ID #
Mucci		Enzo			1309
Residential Street Address	City			State	Zip Code
511 High Ridge Rd .		Southbury		СТ	06488
Principal Occupation		Name of Employ self	er		
Is contributor a principal of a state contractor or prospective state contractor?)		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 fundaminary work listed in Section 112.	Date	Received	Aggregate Contributions	1	
Tundraising event listed in Section 31:					
If yes list Event # 03242014A	03/2	24/2014	\$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)			TYPE OF REPORT April 10 Filing - Original		
Lauretti Governor 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Feranzi		Ismian			1312
Residential Street Address	City			State	Zip Code
160 Stonefield Dr		Waterbury		СТ	06705
Principal Occupation Attorney		Name of Employ Minne	er ella, Tramuta		
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	ŀ	
fundraising event listed in Section J1?	Dute	received	riggiogue Controutions		
If yes, list Event # 03242014A No X Cash Personal Check Oredit/Debit Card	03/	24/2014	\$20.00		\$20.00
Last Name	First			MI	Contribution ID #
Kotsaftis		Dean			1313
Residential Street Address	City			State	Zip Code
300 Old Watertown Rd		Middlebury		СТ	06762
Principal Occupation		Name of Employ	er	•	•
resturant owner		self			
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 fundamining quantilisted in Section 112	Date	Received	Aggregate Contributions		
No Cash X Personal Check	03/	24/2014	\$25.00		\$25.00
If yes, list Event # 03242014A					
Last Name	First			MI	Contribution ID #
Tzepos		George		N	1314
Residential Street Address	City	144		State	Zip Code
75 Midwood Ave Principal Occupation	ļ	Waterbury Name of Employ	ou.	СТ	06708
Probation Officer		State			
				Amou	ınt of Contribution
Yes 🔼 N	О	dependent child of	37		
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		
Tunidiasing event instead in Section 71:					
If yes, list Event # 03242014A Solution No Cash Cash Credit/Debit Card	03/	24/2014	\$25.00		\$25.00
Last Name	First			MI	Contribution ID #
Habegger		Chet			1315
Residential Street Address	City			State	Zip Code
143 Woodpark Dr		Watertown		СТ	06795
Principal Occupation		Name of Employ	er		
Realtor			avies RE		
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 Executive Legislative		1	x _{No}	1	
government the contract is with:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?			55 -5	1	
If yes, list Event # 03242014A No No No No No No No No No No No No No	03/	24/2014	\$15.00		\$15.00

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A MONETARY RECEIPT	G (G	A T			
I. MONETARY RECEIPTS	5 (50	ection A-I)	I		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Lauretti Governor 2014			April 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Stambouloglo		George		К	1323
Residential Street Address	City			State	Zip Code
5 Cindy Dr		Waterbury		СТ	06402
Principal Occupation		Name of Employ	er		
Fin. Advisor		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?	•	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		
tundraising event risted in Section 31?					
No Cash Personal Check	03/2	24/2014	\$20.00		\$20.00
If yes, list Event # 03242014A					
Last Name	First			MI	Contribution ID #
Daniels		Mariana			1264
Residential Street Address	City			State	Zip Code
27 Pleasant St .		Woodbury		СТ	06798
Principal Occupation		Name of Employ	er	<u> </u>	00730
		retire			
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 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	riggiegate Contributions		
X No Cash X Personal Check	027	DE /2014	¢25.00		\$25.00
If yes, list Event #	03/.	25/2014	\$25.00		\$23.00
LadNama	First			М	Contribution ID#
Last Name	First			MI	Contribution ID #
Welch	a:	Mary Sue		a	1284
Residential Street Address	City	D: 1 6 11		State	Zip Code
73 Ivy Hill Rd .		Ridgefield		СТ	06877
Principal Occupation		Name of Employ			
teacher			port Publc School		
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? Method of contribution:	Date	Received	Aggregate Contributions		
_					
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	03/2	25/2014	\$100.00		\$100.00
' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '					
Last Name	First			MI	Contribution ID #
Ryan		Janet			1266
Residential Street Address	City			State	Zip Code
41 Artillary Rd .		Woodbury		СТ	06762
Principal Occupation		Name of Employ	er		
Financial Research		LL Glo	bal		
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		аерениені спиа (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 #	03/2	26/2014	\$100.00		\$100.00

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I MONETA DV DECEME	0 (0	4° A T			
L. MONETARY RECEIPT	5 (50	ection A-I)	T		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Lauretti Governor 2014			April 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals	•		
Last Name	First			MI	Contribution ID #
Dunne		Diane			1261
Residential Street Address	City			State	Zip Code
241 Silver Hill Rd .	ĺ	Derby		СТ	06418
Principal Occupation		Name of Employ	er		
Piano instructor			vood School of Music		
			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	Vac	Alliou	int of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
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		
Cash X Personal Check					
If yes, list Event # Cash Credit/Debit Card	03/2	26/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Dunne		Richard			1262
Residential Street Address	City			State	Zip Code
241 Silver Hill Rd .		Derby		СТ	06418
Principal Occupation		Name of Employ	er		
Ex Director		VCOG			
			abbyist spanse or	Amou	ınt of Contribution
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	711100	ant 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	03/2	26/2014	\$100.00		\$100.00
in yes, and break in the state of the state					
Last Name	First			MI	Contribution ID #
Paquette		Jessica			1263
Residential Street Address	City			State	Zip Code
55 Oak Leaf Cir		Coventry		СТ	06238
Principal Occupation		Name of Employ	er		
Legal Asst.		Attorr	ney Bruce Temkin		
			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			
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?	Date	Received	Aggregate Contributions		
X No Cash X Personal Check		25 (224 4	4400.00		
If yes, list Event #	03/.	26/2014	\$100.00		\$100.00
					· · · · · · · · · · · · · · · · · · ·
Last Name	First			MI	Contribution ID #
Spadan		Jenny			1265
Residential Street Address	City			State	Zip Code
11 Penny Ln		Wallingford		СТ	06492
Principal Occupation		Name of Employ	er		
		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	of a lobbyist?		
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?	Date		ob-epare contributions		
X No Personal Check		26/2014	#100.00		¢100.00
If yes, list Event # Money Order Credit/Debit Card	03/2	26/2014	\$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)	- (TYPE OF REPORT		
Lauretti Governor 2014			April 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Izzo		Benedetto			1199
Residential Street Address	City			State	Zip Code
18 Janet Dr .		North Haven		СТ	06473
Principal Occupation		Name of Employ	er		
Contractor			Restoration		
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	nt of Contribution
If yes, indicate which branch or branches of		dependent cinia (
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 x Personal Check	03/	26/2014	\$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 #
Tramuta		Allen			1143
Residential Street Address	City			State	Zip Code
796 Washington Ave		Waterbury		СТ	06708
Principal Occupation		Name of Employ	er	!	
		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
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 # 03262014A No Money Order Credit/Debit Card	03/	26/2014	\$50.00		\$50.00
LadVana	First			MI	Contribution ID #
Last Name Koutroumanis	FIISt	George		IVII	1138
Residential Street Address	City	George		State	Zip Code
15 Rollin Rd	City	Woodbridge		CT	06525
Principal Occupation		Name of Employ	er		
		N/a			
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			x _{No}		
Is this contribution associated with a fundraising event listed in Section 112	Date	Received	Aggregate Contributions		
Cook X Parsavel Check					
If yes, list Event # 03262014A	03/	26/2014	\$100.00		\$100.00
LadVana	Pit			MI	Contribution ID#
Last Name Cifarelli	First	Domenico		MI	Contribution ID # 1139
Residential Street Address	City	Domenico		State	Zip Code
54 Hine St	City	West Haven		CT	06516
Principal Occupation		Name of Employ	er	<u> </u>	00010
Patient transport			NH Hospital		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution
)	dependent child of	of a foodyfst?		
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 # 03262014A Cash Cash Personal Check Osciolate Osciola	03/	26/2014	\$100.00		\$100.00

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I. MONETARY RECEIPT	C (C	notion A D			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	o (o	ection A-1)	TYPE OF REPORT		
Lauretti Governor 2014			April 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First	111144415		MI	Contribution ID #
Stewart	riist	Carolyn		IVII	1140
Residential Street Address	City	Carolyli		State	Zip Code
5 Tolland Cir	City	Simchury		CT	06010
Principal Occupation	_	Simsbury Name of Employ	OF .	CI	00010
rincipal Occupation		retire			
In contribution with the first contribution of the contribution of				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?	Атои	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 award listed in Section 112.	Date	Received	Aggregate Contributions		
rundraising event instea in section 11:					
No Cash X Personal Check	03/2	26/2014	\$50.00		\$50.00
If yes, list Event # 03262014A					
Last Name	First			MI	Contribution ID #
DeBrum		Lubelia			1141
Residential Street Address	City			State	Zip Code
18 Seahawk Ct		Milford		СТ	06460
Principal Occupation		Name of Employ	er		
police		City o	f Shelton		
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 Society 12 X Yes Method of contribution:	Date	Received	Aggregate Contributions		
rundraising event risted in Section 31?					
No Cash X Personal Check	03/2	26/2014	\$100.00		\$100.00
If yes, list Event # 03262014A		,			
Last Name	First			MI	Contribution ID #
Liquori		Carmine			1142
Residential Street Address	City			State	Zip Code
261 Brushy Plain Rd .		Branford		СТ	06405
Principal Occupation		Name of Employ	er		
		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 fundaming awart listed in Section 112	Date	Received	Aggregate Contributions		
tundraising event risted in Section 31:					
U No F Cash	03/2	26/2014	\$100.00		\$100.00
If yes, list Event # 03262014A					
Last Name	First			MI	Contribution ID #
Iaboni		Luigino			1144
Residential Street Address	City			State	Zip Code
55 Chelsea Cir		Bethany		СТ	06524
Principal Occupation		Name of Employ	er		-
		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 event listed in Section 112	Date	Received	Aggregate Contributions		
Tundraising event listed in Section 31:	l				
If yes, list Event # 03262014A No Money Order Credit/Debit Card	03/2	26/2014	\$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)	10 (01	ction A-i)	TYPE OF REPORT		
Lauretti Governor 2014			April 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Billie		David			1146
Residential Street Address	City			State	Zip Code
21 Turnberry Rdq		Wallingford		СТ	06492
Principal Occupation		Name of Employ	er		
.1		self			
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	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 event listed in Section 112	Date	Received	Aggregate Contributions		
rundraising event instea in section 11:					
□ No □ □ ·······························	03/2	26/2014	\$100.00		\$100.00
If yes, list Event # 03262014A					
Last Name	First			MI	Contribution ID #
Dorosh		Robert			1148
Residential Street Address	City			State	Zip Code
217 Great Hill Rd .		Seymour		CT	06483
Principal Occupation		Name of Employ	er		
Customer Service		South	ern CT Gas		
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 fundamining event listed in Section 112	Date	Received	Aggregate Contributions		
X Personal Check					
If yes, list Event # 03262014A No Money Order Credit/Debit Card	03/2	26/2014	\$50.00		\$50.00
<u> </u>					
Last Name	First			MI	Contribution ID #
Pepe		Joseph			1149
Residential Street Address	City			State	Zip Code
35 Red Bluff Rd		East Haven		CT	06512
Principal Occupation		Name of Employ	er		
		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: 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 # 03262014A Cash Credit/Debit Card	03/2	26/2014	\$100.00		\$100.00
LadNama	First			MI	Contribution ID#
Last Name	First	Contino		IVII	Contribution ID #
Durante Residential Street Address	City	Santino		State	Zip Code
51 Spoke Dr .	City	Shelton		CT	06484
Principal Occupation		Name of Employ	or	CI	00404
		stude			
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 foodyist?		
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 # 03262014A No Money Order Credit/Debit Card	03/2	26/2014	\$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		
Lauretti Governor 2014			April 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Scacca		Anthony		J	1151
Residential Street Address	City	,		State	Zip Code
46 Ralph Dr		Berlin		СТ	06037
Principal Occupation		Name of Employ	er		
owner		Outba	ack Rest.		
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 No)	dependent child of	of a lobbyist? Yes		
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 Cosh Personal Check					
If yes, list Event # 03262014A No Money Order Credit/Debit Card	03/	26/2014	\$100.00		\$100.00
in yes, list Event # 03202014A					
Last Name	First			MI	Contribution ID #
Aurioso		Domenic			1152
Residential Street Address	City			State	Zip Code
216 McCay Ave		East Haven		CT	06512
Principal Occupation		Name of Employ	er		
owner		Painte	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	of a lobbyist?		
government the contract is with:			x No		
Is this contribution associated with a fundamining agent listed in Section 112	Date	Received	Aggregate Contributions		
X Cash Personal Chack					
If yes, list Event # 03262014A No Money Order Credit/Debit Card	03/	26/2014	\$100.00		\$100.00
In yes, list 2 tells 10 US202014A					
Last Name	First			MI	Contribution ID #
Ballaro		Michael			1153
Residential Street Address	City			State	Zip Code
14 Boehm Cir		Shelton		CT	06484
Principal Occupation		Name of Employ	er		
owner		Easte	rn Marble & Granite		
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 fundraicing event licted in Section II2	Date	Received	Aggregate Contributions		
Tunidasing event listed in Section 31:					
If yes, list Event # 03262014A	03/	26/2014	\$50.00		\$50.00
-					
Last Name	First			MI	Contribution ID #
Ballaro		Andrea		_	1154
Residential Street Address	City	G1 11		State	Zip Code
14 Boehm Cir		Shelton		СТ	06484
Principal Occupation		Name of Employ			
medical biller			ute Performance		nt of Contribution
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: Legislative Legislative Legislative	D-4	P. osoivad			
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.	26/2014	#E0.00		¢50.00
If yes, list Event # 03262014A No Money Order Credit/Debit Card	03/.	26/2014	\$50.00		\$50.00

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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 RE			
Lauretti Governor 2014			April 10 Filing - Origin	паі		
B. Itemized Contributions from	n Ind	lividuals				
Last Name	First				MI	Contribution ID #
Sanfrancesco		Claudio				1155
Residential Street Address	City				State	Zip Code
520 Whisingwell Ln	Ļ.,	Stratford			СТ	06614
Principal Occupation		Name of Employ	er			
Is contributor a principal of a state contractor or prospective state contractor?		•	obbyist, spouse, or	_	Amou	nt of Contribution
Yes X No	o	dependent child		Yes		
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?						
If yes, list Event # 03262014A No Money Order Credit/Debit Card	03/2	26/2014	\$100.0	00		\$100.00
	I				l	
Last Name	First	Mileo			MI	Contribution ID #
Proto Residential Street Address	City	Mike			State	1156 Zip Code
38 Old Meadow Rd	City	Milford			CT	06460
Principal Occupation		Name of Employ	er		<u> </u>	00.00
		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	5	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 No Personal Check	02/	26/2014	¢50.0	00		¢50.00
If yes, list Event # 03262014A	03/2	26/2014	\$50.0	JU		\$50.00
Last Name	First				MI	Contribution ID #
Querken		John				1157
Residential Street Address	City				State	Zip Code
469 Tawman Rd		Orange			СТ	06477
Principal Occupation		Name of Employ	er			
sales			echnologies			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of		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?						
	03/2	26/2014	\$50.0	00		\$50.00
If yes, list Event # 03262014A						
Last Name	First				MI	Contribution ID #
Krenisky		Peter				1158
Residential Street Address	City				State	Zip Code
1 N Forest Cir	<u> </u>	West Haven			СТ	06516
Principal Occupation buyer		Name of Employ	^{er} Metal Management			
			obbyist, spouse, or	_	Amou	nt of Contribution
Yes X No	o	dependent child of		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? X Yes X Cash Personal Check						
If yes, list Event # 03262014A No Money Order Credit/Debit Card	03/2	26/2014	\$50.0	00		\$50.00

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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		
Lauretti Governor 2014			April 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Martino Jr		Ed			1159
Residential Street Address	City	-		State	Zip Code
222 Hawthorne Ln		Orange		СТ	06477
Principal Occupation		Name of Employ	er		
		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?)	dependent child of	of a lobbyist? Yes		
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		
Tunidiaising event risted in Section 31?					
□ No □ □	03/	26/2014	\$100.00		\$100.00
If yes, list Event # 03262014A					
Last Name	First			MI	Contribution ID #
Mastriano Jr		Peter		С	1160
Residential Street Address	City			State	Zip Code
11 Cold Springs Ave		East Haven		СТ	06512
Principal Occupation		Name of Employ	er		
manager		MGM	Carting		
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 event listed in Section 112	Date	Received	Aggregate Contributions		
X Cash Personal Chack					
If yes, list Event # 03262014A No Money Order Credit/Debit Card	03/	26/2014	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Mastriano		Pete			1161
Residential Street Address	City			State	Zip Code
48 Voss Rd		West Haven		СТ	06516
Principal Occupation		Name of Employ			
owner			Carting		
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:	В.	D : 1			
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
No San Personal Check	03/	26/2014	¢E0.00		¢E0.00
If yes, list Event # 03262014A Money Order Credit/Debit Card	03/.	26/2014	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Burns Sr	11130	Peter		F	1162
Residential Street Address	City	i etei		State	Zip Code
4514 Prytania St	City	New Orleans		LA	70115
Principal Occupation		Name of Employ			70113
Professor			a University		
			abbreigt anguag 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}		
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: X Cash Personal Check					
If yes, list Event # 03262014A No Cash Personal Check No Money Order Credit/Debit Card	03/	26/2014	\$100.00		\$100.00
1. jes, not byont in ODZOZOITA III Withit Vitati Citati Debit Cald					

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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) April 10 Filing - Original
B. Itemized Contributions from Individuals Last Name Barone B. Itemized Contributions from Individuals First Enrico MI Contribution ID # 1163 Residential Street Address 85 Mill Pond Rd Principal Occupation Name of Employer N/A Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of subcomment the contract is with. If yes, list Event # 03262014A Last Name Last Name Last Name Last Name Last Name Last Name Iwanowicz Residential Street Address 100 Reid St Principal Occupation Managing Director Residential Street Address Name of Employer Credit/Debit Card Aggregate Contributions MI Contribution ID # 1165 Aggregate Contributions State
East Name Barone
Executive Fersional Check Frincipal Occupation Frincipal Occupation Frincipal Occupation Frincipal Occupation Fersional Check Fersional Check Frincipal Occupation Fersional Check Fersional Check Fersional Check Fersional Check Fersional Check Fersional Check First Fir
Residential Street Address Stall Pond Rd Stratford Stratfo
Stratford Stra
Principal Occupation Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of sovernment the contract is with: Is this contribution associated with a fundraising event listed in Section J1? Is a state contract is with: Executive Legislative Le
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: Secontribution associated with a fundraising event listed in Section J1? Ves
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 # 03262014A No
Executive Legislative Le
fundraising event listed in Section J1? If yes, list Event # 03262014A
Last Name Last Name First Mil Contribution ID # 1165 Residential Street Address City State Zip Code 100 Reid St Fairfield Tynicipal Occupation Managing Director Managing Director State Contributor a principal of a state contractor or prospective state contractor? Yes X No Is this contribution associated with a fundraising event listed in Section J1? Yes X Cash Personal Check
Iwanowicz Residential Street Address City Fairfield CT 06824 Principal Occupation Managing Director State CTp Code To 06824 Principal Occupation Managing Director 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 Aggregate Contributions
Residential Street Address 100 Reid St Principal Occupation Managing Director 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: Activ Fairfield Name of Employer Euro Am Capital Inc Is contributor a lobbyist, spouse, or dependent child of a lobbyist? X No Amount of Contribution Amount of Contribution Aggregate Contributions Aggregate Contributions
Fincipal Occupation Managing Director 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 Personal Check Pe
Principal Occupation Managing Director Buro Am Capital Inc 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: Method of contribution: Date Received Aggregate Contributions Amount of Contribution Aggregate Contributions
Managing Director 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? Executive Legislative Legislative Legislative Date Received Aggregate Contributions Amount of Contribution Amount of Contribution Aggregate Contributions
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: Ves X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No X No No No No No No No
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 X No 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 Yes Personal Check
Is this contribution associated with a fundraising event listed in Section J1? X Yes Method of contribution: Date Received Aggregate Contributions
X Cash Personal Check
If yes, list Event # 03262014A
Last Name First MI Contribution ID #
Beranolo Hideuglas 1166
Residential Street Address City State Zip Code
279 South Trl Stratford CT 06614 Principal Occupation Name of Employer
President Eurto Am capital
Is contributor a principal of a state contractor or prospective state contractor? Yes No ls contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Yes
Yes A No dependent child of a lobbyist?
If yes, indicate which branch or branches of government the contract is with: Executive Legislative
Is this contribution associated with a
Tuitalaising event instead in section 31:
If yes, list Event # 03262014A
Last Name First MI Contribution ID #
Delmonaco Antonio 1167
Residential Street Address City State Zip Code
198 Cove St New Haven CT 06512
Principal Occupation Name of Employer
owner Anthony's Oceanview
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 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 X Cash Personal Check

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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								
Lauretti Governor 2014									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Manos		Linda			1168				
Residential Street Address 4 Harborview Pl	City	Stratford		State CT	Zip Code 06615				
Principal Occupation		Name of Employ	er	Ci	00013				
		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 Executive Legislative		dependent enna (x _{No}						
government the contract is with:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? X Yes X Cash Personal Check									
If yes, list Event # 03262014A No XX Cash Personal Check Money Order Credit/Debit Card	03/2	26/2014	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
DeMonica		Antonio			1170				
Residential Street Address	City			State	Zip Code				
29 Skyline Dr	L	Shelton		СТ	06484				
Principal Occupation		Name of Employ	er						
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	0	dependent child of	Vac	Amot	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 fundamining event listed in Section 112	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
If yes, list Event # 03262014A No Money Order Credit/Debit Card	03/2	26/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Dora		Pietro			1171				
Residential Street Address	City			State	Zip Code				
1178 Madison Ave		Bridgeport		СТ	06606				
Principal Occupation		Name of Employ							
Is contributor a principal of a state contractor or prospective state contractor?		Retire		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 fundamining quent listed in Section 112	Date	Received	Aggregate Contributions						
Tunidraising event risted in Section 71:									
If yes, list Event # 03262014A No No Money Order Personal Check	03/2	26/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Pagliarulo		Pasquale		Α	1177				
Residential Street Address	City			State	Zip Code				
43 Whitman Rd		Madison		СТ	06443				
Principal Occupation		Name of Employ N/A	er						
Is contributor a principal of a state contractor or prospective state contractor?	0	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 robbyist?						
government the contract is with: Executive Legislative	Det	Pagaiya4							
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
If yes, list Event # 03262014A No No No No No No No No No No No No 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)	. (.)	Audit A-1)	TYPE OF REPORT						
Lauretti Governor 2014			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Suppa		Francesco			1178				
Residential Street Address	City			State	Zip Code				
119 Scrub Oak Rd		North Haven		СТ	06473				
Principal Occupation		Name of Employ	er	•	•				
		N/A							
Is contributor a principal of a state contractor or prospective state contractor?	Š		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: Executive Legislative			x _{No}						
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
No Resonant Check									
If yes, list Event # 03262014A No Money Order Credit/Debit Card	03/2	26/2014	\$100.00		\$100.00				
LadVinna	First			MI	Contribution ID #				
Last Name	FIISt	locoph		IVII					
Ianucci Residential Street Address	City	Joseph		State	Zip Code				
	City	North Pronfo	rd		06471				
3 Rose Ln Principal Occupation		North Branfo Name of Employ		СТ	004/1				
типера Оссираноп		Name of Employ	ei						
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 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 Personal Check	03/2	26/2014	\$100.00		\$100.00				
If yes, list Event # 03262014A		,							
Last Name	First			MI	Contribution ID #				
Bajko		Adam			1180				
Residential Street Address	City			State	Zip Code				
200 Old Tavern Rd		Orange		СТ	06477				
Principal Occupation		Name of Employ	er						
owner		Chips							
Is contributor a principal of a state contractor or prospective state contractor?	Š		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 fundraining event listed in Section 112.	Date	Received	Aggregate Contributions						
Tunidasing event listed in Section 31:									
If yes, list Event # 03262014A No Seash Personal Check Money Order Credit/Debit Card	03/2	26/2014	\$100.00		\$100.00				
	-				G . 7				
Last Name	First	Amaul		MI	Contribution ID #				
Spinella Residential Street Address	City	Apaul		State	1181				
Residential Street Address 1 Lewis St	City	Hartford		State CT	Zip Code 06103				
Principal Occupation		Name of Employ	or	CI	00103				
·····eya. coupuioi		Name of Employ	v.						
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 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 # 03262014A No Money Order Credit/Debit Card	03/2	26/2014	\$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						
Lauretti Governor 2014			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Carusone		Nicola			1183				
Residential Street Address	City			State	Zip Code				
71 Wheaton Rd .		East Haven		СТ	06512				
Principal Occupation Name of Employer J&N Electric 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:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Duic	received	riggiogue Controutions						
If yes, list Event # 03262014A No Solution No No No No No No No No No No No No No	03/2	26/2014	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
Tramuta	1 1130	Sophia		1411	1172				
Residential Street Address	City			State	Zip Code				
10 Stone Manor Dr		Milford		СТ	06461				
Principal Occupation		Name of Employ	er		•				
		stude	nt	_					
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 Executive Legislative		dependent chird (x No						
government the contract is with:	Date	Received	Aggregate Contributions						
st this contribution associated with a fundraising event listed in Section J1?									
If yes, list Event # 03262014A No S Cash Personal Check One of the control of the	03/2	26/2014	\$20.00		\$20.00				
	L			l					
Last Name	First	1		MI	Contribution ID #				
Tramuta Residential Street Address	City	Joseph		State	Zip Code				
10 Stone Manor Dr	City	Milford		CT	06461				
Principal Occupation		Name of Employ	er						
Attorney		Minell	a, Tramuta & Edwards						
Is contributor a principal of a state contractor or prospective state contractor?	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:			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 # 03262014A No No No No No No No No No No No No No	03/2	26/2014	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
Chatzopoulos	11130	George		IVII	1182				
Residential Street Address	City			State	Zip Code				
20 Indian River Rd		Orange		СТ	06477				
Principal Occupation	•	Name of Employ	er		•				
Owner		Chips							
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	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						
fundraising event listed in Section J1?			55 -5						
If yes, list Event # 03262014A No X Cash Personal Check Money Order Credit/Debit Card	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									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Lauretti Governor 2014									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Della volpe		Ashley		Е	1176				
Residential Street Address	City	Mile		State	Zip Code				
95 Orland St		Milford	or	СТ	06460				
Principal Occupation Name of Employer stylist Song Bella									
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l	obbyist, spouse, or Yes	Amou	int 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 # 03262014A	03/	26/2014	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
Tramuta		Olivia			1173				
Residential Street Address	City			State	Zip Code				
10 Stone Manor Dr .		Milford		СТ	06461				
Principal Occupation		Name of Employ	er	-	•				
		stude							
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	int 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 Method of contribution:	Date	Received	Aggregate Contributions	1					
No No Personal Check	03/	26/2014	\$20.00		\$20.00				
If yes, list Event # 03262014A									
Last Name	First			MI	Contribution ID #				
Tramuta		Meg			1174				
Residential Street Address	City			State	Zip Code				
10 Stone Manor Dr .	<u> </u>	Milford		СТ	06461				
Principal Occupation		Name of Employ self	er						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ınt of Contribution				
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	Date	Received	Aggregate Contributions						
Tunidraising event instead in Section 31:									
If yes, list Event # 03262014A No Cash Personal Check Money Order Credit/Debit Card	03/	26/2014	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
Barone		Salvatore			1164				
Residential Street Address	City			State	Zip Code				
120 Lantern Rd .		Stratford		СТ	06614				
Principal Occupation		Name of Employ Cente	^{er} r Motorsports						
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l	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: Executive Legislative	F :	D . 1	x _{No}	4					
Is this contribution associated with a fundraising event listed in Section J1? X Yes Method of contribution:	Date	Received	Aggregate Contributions						
No Sash Personal Check	03/	26/2014	\$100.00		\$100.00				
If yes list Event # 03262014A Money Order Credit/Debit Card	1			1					

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I, MONETARY RECEIPTS (Section A-I)										
	5 (5 (ection A-I)	TWING OF DEPORT							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT										
Lauretti Governor 2014 April 10 Filing - Original										
B. Itemized Contributions from Individuals										
Last Name	First			MI	Contribution ID #					
Dempsey		John		М	1169					
Residential Street Address	City			State	Zip Code					
190 Swanson Ave		Stratford		СТ	06614					
Principal Occupation		Name of Employ	er							
		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}							
Is this contribution associated with a fundamining quant listed in Section 112	Date	Received	Aggregate Contributions							
rundraising event risted in Section 31?										
No Cash Personal Check	03/2	26/2014	\$50.00		\$50.00					
If yes, list Event # 03262014A	Ĺ	•								
Last Name	First			MI	Contribution ID #					
Richetelli		Michael			1147					
Residential Street Address	City	riiciidei		State	Zip Code					
435 Treat Ln	City	Orango		CT	06477					
Principal Occupation		Orange Name of Employ	ON .	CI	00477					
		1 7								
Real Estate			ial 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	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? Method of contribution:	Date	Received	Aggregate Contributions							
Cash X Personal Check										
If yes, list Event # 03262014A No Money Order Credit/Debit Card	03/2	26/2014	\$75.00		\$75.00					
<u> </u>										
Last Name	First			MI	Contribution ID #					
Ragaini		Raymond			1145					
Residential Street Address	City			State	Zip Code					
30 Winter St		Ansonia		CT	06401					
Principal Occupation		Name of Employ	er		•					
consult		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 fundamining event listed in Section 112 X Yes Method of contribution:	Date	Received	Aggregate Contributions							
rundraising event risted in Section 31?										
No Cash X Personal Check	03/2	26/2014	\$50.00		\$50.00					
If yes, list Event # 03262014A		•	·							
Last Name	First			MI	Contribution ID #					
Spadaro		Michael			1268					
Residential Street Address	City	riiciidei		State	Zip Code					
11 Penny Ln	City	Wallingford		CT	06492					
		Name of Employ	ON.	Ci	00432					
Principal Occupation										
Accountant Is contributor a principal of a state contractor or prospective state contractor?			sky & Berney	A :	nt of Contribution					
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: Executive Legislative	لــا									
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	03/2	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										
Lauretti Governor 2014			April 10 Filing - Original							
B. Itemized Contributions from Individuals										
Last Name	First			MI	Contribution ID #					
Skilton		Janelle			1267					
Residential Street Address	City			State	Zip Code					
90 Slab Meadow Rd .		Morris		СТ	06763					
Principal Occupation		Name of Employ	er							
Accountant		Levits	sky & Berney PC							
Is contributor a principal of a state contractor or prospective state contractor?			obbyist spouse or	Amou	ant 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						
fundraising event listed in Section J1? Method of contribution: Yes										
x No Cash x Personal Check	03/	27/2014	\$100.00		\$100.00					
If yes, list Event #		.,	4							
Last Name	First			MI	Contribution ID #					
Cappelletti	1 1150	Stephen			1269					
Residential Street Address	City	Зсерпеп		State	Zip Code					
	City	NA: al all a la como			-					
3 Birchwood Ter		Middlebury		СТ	06762					
Principal Occupation		Name of Employ	er							
Appraiser		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	ant 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 Method of contribution:	Date	Received	Aggregate Contributions							
rundraising event listed in Section J1?										
If yes, list Event # Cash Credit/Debit Card	03/2	27/2014	\$100.00		\$100.00					
in you, not 2 feet to 2 feet and										
Last Name	First			MI	Contribution ID #					
Hannon		Barbara			1270					
Residential Street Address	City			State	Zip Code					
38 Knox Rd .		Litchfield		СТ	06759					
Principal Occupation		Name of Employ	er	•	•					
Accountant		Decar	lo & Doll							
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	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 Personal Check	03/2	27/2014	\$100.00		\$100.00					
If yes, list Event #		•								
Last Name	First			MI	Contribution ID #					
Kosmit		Paula			1271					
Residential Street Address	City	- Tuulu		State	Zip Code					
330 Reeds Gap Rd W	City	Northford		CT	06472					
	Ь		or.	L	JUT/2					
Principal Occupation		Name of Employ								
Admin Asst			do & Doll		unt of Contailentin					
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			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 Personal Check Money Order 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										
Lauretti Governor 2014 April 10 Filing - Original										
B. Itemized Contributions from Individuals										
Last Name	First			MI	Contribution ID #					
Bonitatibus		Anna Mae			1285					
Residential Street Address	City			State	Zip Code					
8 Stowe Dr	Ļ.,	Shelton		СТ	06484					
Principal Occupation		Name of Employ	er							
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		dependent child c	x No							
government the contract is with: In this contribution accordance with a Mathed of contribution.	Date	Received	Aggregate Contributions	1						
fundraising event listed in Section J1?										
If yes, list Event # X No X Cash Personal Check Money Order Credit/Debit Card	03/2	28/2014	\$50.00		\$50.00					
Last Name	First			MI	Contribution ID #					
Bonitatibus	1 1150	Geno			1286					
Residential Street Address	City			State	Zip Code					
8 Stowe Dr .		Shelton		СТ	06484					
Principal Occupation	-	Name of Employ	er	•						
		retire	d							
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 government the contract is with:		dependent child of	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	03/2	28/2014	\$50.00		\$50.00					
Last Name	First			MI	Contribution ID #					
Malvey		Janet			1287					
Residential Street Address	City			State	Zip Code					
64 May Ave		Naugatuck		СТ	06770					
Principal Occupation		Name of Employ	er							
		N/A								
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 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	28/2014	\$50.00		\$50.00					
Last Name	First			MI	Contribution ID #					
Luna		Johnny		D	1288					
Residential Street Address	City			State	Zip Code					
37 Granola Rd .		Waterbury		СТ	06704					
Principal Occupation		Name of Employ								
Driver		USES								
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	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	03/2	28/2014	\$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							
Lauretti Governor 2014			April 10 Filing - Original							
B. Itemized Contributions from Individuals										
Last Name	First			MI	Contribution ID #					
Musco		Vincent		J	1289					
Residential Street Address	City			State	Zip Code					
98 Maurulko Ave		Waterbury		СТ	06705					
Principal Occupation		Name of Employ								
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution					
Yes X N 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? Yes Method of contribution:	Date	Received	Aggregate Contributions							
X No Personal Check	02/	20/2014	¢10.00		¢10.00					
If yes, list Event # Money Order Credit/Debit Card	03/.	28/2014	\$10.00		\$10.00					
Last Name	First			MI	Contribution ID #					
DiSanto		Alfred		R	1193					
Residential Street Address	City			State	Zip Code					
222 Camelot Dr .		Morganton		NC	28655					
Principal Occupation		Name of Employ								
		Retire								
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}							
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	28/2014	\$100.00		\$100.00					
If yes, list Event # Creativibetit Card										
Last Name	First			MI	Contribution ID #					
DiSanto		Jo		Α	1194					
Residential Street Address	City	Morganton		State NC	Zip Code 28655					
222 Camelot Dr . Principal Occupation	<u> </u>	Morganton Name of Employ	er	INC	28033					
Timepai occupanoi		Retire								
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution					
If yes, indicate which branch or branches of	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							
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					
Last Name	First			MI	Contribution ID #					
Greaney		Nicholas			1290					
Residential Street Address	City			State	Zip Code					
7 Denna Ln		Wolcott		СТ	06716					
Principal Occupation		Name of Employ	er							
Network IT		Verizo								
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 Executive Legislative		1	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?			55 -5							
If yes, list Event #	03/2	29/2014	\$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								
Lauretti Governor 2014			April 10 Tilling - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Tutjen		Karen			1291				
Residential Street Address	City	-		State	Zip Code				
601 Essex Connector	ļ.,	Torrington Name of Employ	ON .	СТ	06790				
Principal Occupation Project manger		1 ,	rth Inc						
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:			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/	29/2014	\$100.00		\$100.00				
If yes, list Event #	03/	29/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Pisciotti		Amparo			1300				
Residential Street Address	City			State	Zip Code				
44 Zuella Dr		Waterbury		СТ	06704				
Principal Occupation		Name of Employ							
Is contributor a principal of a state contractor or prospective state contractor?		retire	abbriet enauge or	Amou	ant of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	О	dependent child of	Vac	7 tinot	in 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 Sociated with a Yes Method of contribution:	Date	Received	Aggregate Contributions						
Tundraising event listed in Section J1?									
If yes, list Event #	03/	29/2014	\$10.00		\$10.00				
	I			l					
Last Name Fabozzi	First	Dominic		MI	Contribution ID # 1293				
Residential Street Address	City	DOMINIC		State	Zip Code				
100 Myrtle St		Shelton		CT	06484				
Principal Occupation		Name of Employ	er						
		retire	d						
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	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 X Personal Check	03/	29/2014	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Fabozzi		Jean			1294				
Residential Street Address	City			State	Zip Code				
100 Myrtle St	l	Shelton		СТ	06484				
Principal Occupation		Name of Employ retire							
Is contributor a principal of a state contractor or prospective state contractor?			obbriet enouge or	Amou	unt of Contribution				
Yes X No	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 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	03/	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 April 10 Filing - Original						
Lauretti Governor 2014	April 10 Filing - Original								
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Wetmore		Jonathan			1295				
Residential Street Address	City			State	Zip Code				
79 Summit St		Derby		СТ	06418				
Principal Occupation Attorney		Name of Employ 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	0	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	03/	29/2014	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Valentino		James		_	1296				
Residential Street Address 42 Burks Hill Rd	City	Waterbury		State CT	Zip Code 06704				
Principal Occupation	<u> </u>	Waterbury Name of Employ	er	CI	06704				
Timepa eccapation		retire							
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: Executive	I 5 .	n : 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 Z Cash Personal Check	03/	29/2014	\$20.00		\$20.00				
If yes, list Event #		,	T-2122						
Last Name	First			MI	Contribution ID #				
Williams		Stella			1297				
Residential Street Address	City			State	Zip Code				
673 Meriden Rd .	<u> </u>	Waterbury		СТ	06705				
Principal Occupation Surg. Tech		Name of Employ	^{er} NH Hospital						
				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 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/	29/2014	\$10.00		\$10.00				
Last Name	First			MI	Contribution ID #				
Rapacioli		Sarah			1298				
Residential Street Address	City			State	Zip Code				
32 Buckwheat Hill Rd		Watertown		СТ	06795				
Principal Occupation		Name of Employ	er						
CNA		N/A		1					
Is contributor a principal of a state contractor or prospective state contractor? Yes 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: 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 If yes, list Event # Credit/Debit Card	03/	29/2014	\$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								
Lauretti Governor 2014			April 10 Filling - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Sotir		Filip			1299				
Residential Street Address	City	14/= tt		State	Zip Code				
279 Oakville Ave Principal Occupation		Waterbury Name of Employ	or	СТ	06708				
Типера оссараноп		1 ,	akcion						
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	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	03/	29/2014	\$10.00		\$10.00				
If yes, list Event #	03/.	29/2014	\$10.00		\$10.00 				
Last Name	First			MI	Contribution ID #				
Frattini		Lawrence			1330				
Residential Street Address	City			State	Zip Code				
26 Winthrop Woods Rd	<u> </u>	Shelton		СТ	06484				
Principal Occupation		Name of Employ retire							
Is contributor a principal of a state contractor or prospective state contractor?			abbriet anauga ar	Amou	ant 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 Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
Cash		20/2011							
If yes, list Event # 03302014A No Money Order Credit/Debit Card	03/	30/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Berger		Leonard		F	1331				
Residential Street Address	City			State	Zip Code				
10 Philip Dr .		Shelton		СТ	06484				
Principal Occupation		Name of Employ							
Is contributor a principal of a state contractor or prospective state contractor?		retire		Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o	dependent child of		Amot	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 Nethod of contribution:	Date	Received	Aggregate Contributions	1					
Tunidraising event instead in Section 71:									
If yes, list Event # 03302014A	03/	30/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Martin	That	Edward		F	1333				
Residential Street Address	City			State	Zip Code				
30 Colonial Vlg		Shelton		СТ	06484				
Principal Occupation		Name of Employ	er	-					
		retire							
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						
fundraising event listed in Section J1?									
If yes, list Event # 03302014A	03/	30/2014	\$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		
Lauretti Governor 2014			April 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Martin		Susan			1336
Residential Street Address	City			State	Zip Code
30 Colonial Vlg		Shelton		СТ	06484
Principal Occupation		Name of Employ			
teacher			Regional Adult Ed		
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 Executive Legislative		•	x _{No}		
government the contract is with:	Date	Received	Aggregate Contributions	ł	
fundraising event listed in Section J1?			1.00.10.11		
No Cash X Personal Check	03/3	30/2014	\$100.00		\$100.00
If yes, list Event # 03302014A					
Last Name	First			MI	Contribution ID #
Noga		William			1334
Residential Street Address	City			State	Zip Code
20 Twinbrook Dr # 8		Shelton		СТ	06484
Principal Occupation		Name of Employ			
		retire	-		
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 Executive Legislative			x No		
government the contract is with:	Date	Received	Aggregate Contributions	ł	
fundraising event listed in Section J1?					
No Cash X Personal Check	03/3	30/2014	\$50.00		\$50.00
If yes, list Event # 03302014A				ļ	
Last Name	First			MI	Contribution ID #
D'Antonia		John			1337
Residential Street Address	City			State	Zip Code
25 Dauria Dr	ļ.,,	Seymour		СТ	06483
Principal Occupation		Name of Employ	er		
Is contributor a principal of a state contractor or prospective state contractor?		N/A	obbyist spays or	Amou	nt of Contribution
Yes X No.)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	iit 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? X Yes Method of contribution: X Cash Personal Check					
U No I □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	03/3	30/2014	\$100.00		\$100.00
If yes, list Event # 03302014A					
Last Name	First			MI	Contribution ID #
Capra		James			1338
Residential Street Address	City			State	Zip Code
22 Lady Slipper Dr		Shelton		СТ	06484
Principal Occupation		Name of Employ			
Property manager Is contributor a principal of a state contractor or prospective state contractor?			n Bay communities 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	Amou	in of Contitoution
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 # 03302014A	03/3	30/2014	\$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		
Lauretti Governor 2014			April 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals	•		
Last Name	First			MI	Contribution ID #
Mucci		Claudio			1340
Residential Street Address	City			State	Zip Code
92 Overlook Knoll Rd		Sandy Hook		СТ	06482
Principal Occupation		Name of Employ	er		
• •		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 X Personal Check	03/	30/2014	\$50.00		\$50.00
If yes, list Event # 03302014A	00,	30, 202 .	430.00		
Last Name	First			MI	Contribution ID #
Davis	1 1150	Arthur		J	1345
Residential Street Address	City	Artiful		State	Zip Code
	City	M/			*
247 West Walk		West Haven		СТ	06516
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 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 fundacional organization for the second	Date	Received	Aggregate Contributions		
Tundraising event listed in Section 31?					
If yes, list Event # 03302014A No Money Order Credit/Debit Card	03/3	30/2014	\$100.00		\$100.00
<u> </u>					
Last Name	First			MI	Contribution ID #
Temple		George			1347
Residential Street Address	City			State	Zip Code
2 Jewsen Farm Rd		Oxford		CT	06478
Principal Occupation		Name of Employ	er		
First Selectman		Oxfor	d		
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 fundaming award listed in Section 112.	Date	Received	Aggregate Contributions		
rundraising event fisted in Section 31?					
No Cash X Personal Check	03/3	30/2014	\$100.00		\$100.00
If yes, list Event # 03302014A		•	·		·
Last Name	First			MI	Contribution ID #
Taylor		Scarlett		F	1368
Residential Street Address	City	Scaricti		State	Zip Code
41 Brownson Dr .	City	Shelton		CT	06484
	_		on.	CI	00404
Principal Occupation		Name of Employ			
In contributors a unincipal of a state contract		Educa Is contributor of			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	03/3	30/2014	\$100.00		\$100.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Laurettii Governor 2014 Silvenor Provided Contributions from Individuals Simons Sim
Last Name Simon
Residential Street Address Simons S
Simon
Second
Principal Occupation Agent
Name of Employer
Secontributor a principal of a state contractor or prospective state contractor?
Secutivation a principal of a state contractor prospective state contractor?
First Date Security Legislative L
Security Security
Last Name First Thomas MI Contribution ID # State Contractor or prospective state contractor? Shelton Thomas Shelton Total Julion ID # State Contribution ID # State Contribution ID # Shelton Aggregate Contribution ID # Shelton Amount of Contribution ID # Shelton Thomas MI Contribution ID # Shelton Thomas Shelton Total Julion ID # Shelton Thomas Thomas Thomas Shelton Thomas Tho
First
If yes, list Event # 03302014A
Thomas
State Zip Code Z46 Aspetuck Trl Shelton CT 06484
Shelton CT 06484 Principal Occupation Principal Occupation Is contributor a principal of a state contractor or prospective state contractor?
Principal Occupation 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 Taylor Residential Street Address Given and the contract of prospective state contractor? Name of Employer N/A Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No Date Received Aggregate Contributions Aggregate Contributions First MI Contribution ID # Jackson Jackson Jackson Shelton CT 06484
Is contributor a principal of a state contractor or prospective state contractor?
Is contributor a principal of a state contractor or prospective state contractor? Yes X No s
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 Taylor Residential Street Address 41 Brownson Dr Executive Legislative Date Received Aggregate Contributions \$100.00
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 # 03302014A Legislative Date Received Aggregate Contributions \$\frac{\text{X}}{\text{No}}\$ \ \$\frac{\text{No}}{\text{Solothorough Today}}\$ \ \$\frac{\text{No}}{\text{No}}\$ \ \$\frac{\text{No}}{\text{Cash}}\$ \ \$\frac{\text{X}}{\text{Personal Check}}\$ \ 03/30/2014 \ \$\frac{\text{100.00}}{\text{\$100.00}}\$ \ \$\frac{\text{\$100.00}}{\text{\$100.00}}\$ \ \$\frac{\text{Solothorough Today}}{\text{\$1342}}\$ \ \$\frac{\text{Taylor}}{\text{Ves}}\$ \ \$\frac{\text{First}}{\text{Jackson}}\$ \ \$\frac{\text{City}}{\text{Shelton}}\$ \ \$\frac{\text{State}}{\text{Zip Code}}\$ \ \$\frac{\text{State}}{\text{Zip Code}}\$ \ \$\frac{\text{City}}{\text{Shelton}}\$ \ \$\text{City} \ \$\text{Shelton}\$ \ \$\text{City} \ \$\text{Shelton}\$ \ \$\text{City}\$ \ \$\text{Shelton}\$ \ \$\text{City} \ \$\text{Shelton}\$ \ \$\text{City}\$ \ \$\text{Shelton}\$ \ \$\text{City}\$ \ \$\text{Shelton}\$ \ \$\text{City}\$ \
Is this contribution associated with a fundraising event listed in Section J1? Last Name Taylor Residential Street Address 41 Brownson Dr Method of contribution: Method of contribution: Date Received Aggregate Contributions \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00
fundraising event listed in Section J1? If yes, list Event # 03302014A Last Name Taylor Residential Street Address 41 Brownson Dr To by the fundraising event listed in Section J1? A yes Personal Check O3/30/2014 \$100.00 \$100.00 First MI Contribution ID # 1342 City State Zip Code Zip Code CT 06484 CT 06484
Last Name First Jackson MI State Zip Code Residential Street Address 41 Brownson Dr City Shelton State Zip Code A1 Brownson Dr Shelton CT 06484
Last Name First Taylor Residential Street Address 41 Brownson Dr Money Order Credit/Debit Card First Jackson First Jackson State State Zip Code Shelton CT 06484
Taylor Jackson 1342 Residential Street Address City State Zip Code 41 Brownson Dr Shelton CT 06484
Residential Street Address City State Zip Code 41 Brownson Dr Shelton CT 06484
41 Brownson Dr Shelton CT 06484
District the second sec
Principal Occupation Name of Employer
N/A
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 Executive Legislative Legislative
government the contract is with: Is this contribution associated with a fundaminant product of the contribution: Is this contribution associated with a fundaminant product
initialising event insection 51:
If yes, list Event # 03302014A
Last Name First MI Contribution ID #
Taylor Thomas D 1343
Residential Street Address City State Zip Code
41 Brownson Dr Shelton CT 06484
Principal Occupation Name of Employer
Adm. Assistant City of Shelton
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
Executive Locislative XI xt.
government the contract is with: Executive
Evacutiva Lagislativa

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I. MONETARY RECEIPT	S (S	ection A_D			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	5 (51	ction A-1)	TYPE OF REPORT		
Lauretti Governor 2014					
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Pavone		Peter		R	1348
Residential Street Address	City			State	Zip Code
18 Coachmans Ln	ĺ	Shelton		СТ	06484
Principal Occupation		Name of Employ	er		
Computer App.		City o	f Shelton		
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 # 03302014A No Money Order Credit/Debit Card	03/3	30/2014	\$50.00		\$50.00
in you, in the result is a second country of the interest of the country of the interest of the country of the interest of the country of the interest of the country of the interest of the country of the interest of the country of the interest of the country of the interest of the country of the interest of the country of the interest of the country of the interest of the country of the interest of the country of the interest of the country of the interest of the country of the interest of the country of the interest of the country of the interest of the country of the interest of the country of the interest of the country of th					
Last Name	First			MI	Contribution ID #
Pavone		Carol			1349
Residential Street Address	City			State	Zip Code
18 Coachmans Ln	L	Shelton		СТ	06484
Principal Occupation		Name of Employ	er		
Asst. Teacher		TEAM			
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		асренаен сина с	<u></u>		
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 # 03302014A No Money Order Credit/Debit Card	03/3	30/2014	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Pavone		Catherine		M	1350
Residential Street Address	City	CI II		State	Zip Code
18 Coachmans Ln		Shelton		СТ	06484
Principal Occupation		Name of Employ			
IT/Phone System Admin Is contributor a principal of a state contractor or prospective state contractor?			Resources Corp	Amou	nt of Contribution
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 Executive Legislative			x _{No}		
government the contract is with:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?			1.00.10.10.10.10.10.10.10.10.10.10.10.10		
No X Cash Personal Check	03/:	30/2014	\$15.00		\$15.00
If yes, list Event# 03302014A			7-2		
Last Name	First			MI	Contribution ID #
Noga		Nancy		Α	1335
Residential Street Address	City	•		State	Zip Code
20 Twinbrook Dr	ĺ	Shelton		СТ	06484
Principal Occupation		Name of Employ	er		
		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
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 # 03302014A Solution If yes, list Event # 03302014A Solution If yes, list Event # 03302014A	03/3	30/2014	\$50.00		\$50.00

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I MONETADY DECEIDT	C (C.					
I. MONETARY RECEIPT	5 (5 6	ection A-I)	TWDE OF DEPORT			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT April 10 Filing - Original			
Lauretti Governor 2014 April 10 Filing - Original						
B. Itemized Contributions from	n Ind	lividuals				
Last Name	First			MI	Contribution ID #	
Fitzgerald		Margaret			1341	
Residential Street Address	City			State	Zip Code	
18 Garden Ter		Shelton		СТ	06484	
Principal Occupation		Name of Employ	er			
		stude	nt			
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			
rundraising event fisted in Section 31?						
No X Cash Personal Check	03/3	30/2014	\$35.00		\$35.00	
If yes, list Event # 03302014A						
Last Name	First			MI	Contribution ID #	
Fitzgerald		Brian			1344	
Residential Street Address	City	2		State	Zip Code	
18 Garden Ter	City	Shelton		CT	06484	
			or	Ci	00404	
Principal Occupation Name of Employer Coca-Cola						
To contributor a unincipal of a state contractor or procupative state contractor?			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	Vac	Amou	iit 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			
Cash X Personal Check						
If yes, list Event # 03302014A No Money Order Credit/Debit Card	03/3	30/2014	\$50.00		\$50.00	
Last Name	First			MI	Contribution ID #	
Monaco		Domenic		С	1346	
Residential Street Address	City			State	Zip Code	
76 Westfield Dr		Trumbull		СТ	06611	
Principal Occupation		Name of Employ	er			
sales		Premi	er Graphics			
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 fundamining event listed in Section 112.	Date	Received	Aggregate Contributions			
rundraising event fisted in Section 31?						
No Cash X Personal Check	03/3	30/2014	\$100.00		\$100.00	
If yes, list Event # 03302014A						
Last Name	First			MI	Contribution ID #	
Conklin		Edmund		М	1324	
Residential Street Address	City			State	Zip Code	
60 Gray St	City	Shelton		CT	06484	
,			ON.	Ci	00404	
Principal Occupation IT		Name of Employ	uter & Imaging Solution			
			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	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? Method of contribution:	Date	Received	Aggregate Contributions			
Cook X Parsonal Cheek		20/2011			+50.00	
If yes, list Event # 03302014A Solution If yes, list Event # 03302014A Solution If yes, list Event # 03302014A	03/3	30/2014	\$50.00		\$50.00	

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I. MONETARY RECEIPT	S (Se	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Lauretti Governor 2014			TYPE OF REPORT April 10 Filing - Original		
Lauretti Governor 2014			7 tprii 10 1 iiing - Originiai		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Conklin		Barbara Wied	lmeyer		1325
Residential Street Address	City	2 1 1:		State	Zip Code
60 Gray St Principal Occupation		Shelton Name of Employe		СТ	06484
sonographer			can Diagnostic Services		
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 fundaciona quent listed in Section 112	Date	Received	Aggregate Contributions		
Cash Personal Check					
If yes, list Event # 03302014A No Money Order Credit/Debit Card	03/3	30/2014	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Conklin	riist	Ashley		IVII	1326
Residential Street Address	City	, isine y		State	Zip Code
60 Gray St		Shelton		СТ	06484
Principal Occupation		Name of Employ	er	•	-
		stude	nt		
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Gallaboriet Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent child o	i a loodyist?		
government the contract is with: Executive Legislative		D 1 1	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	03/3	30/2014	\$20.00		\$20.00
If yes, list Event # 03302014A	03/.	30/2014	\$20.00		¥20.00
Last Name	First			MI	Contribution ID #
Nesteriak		Sandra		М	1339
Residential Street Address	City			State	Zip Code
21 Maple Ln		Shelton		СТ	06484
Principal Occupation		Name of Employ			
		retire			
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 Government the contract is with: 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: X Personal Check					
If yes, list Event # 03302014A	03/3	30/2014	\$50.00		\$50.00
in yes, list Event # 05302014A				<u> </u>	
Last Name	First			MI	Contribution ID #
Holden		Wendy			1327
Residential Street Address	City	Chaltan		State	Zip Code
275 Soundview Ave Principal Occupation		Shelton Name of Employe	or	СТ	06484
Retail manager			haven Mart Inc		
			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 event listed in Section 112	Date	Received	Aggregate Contributions]	
Tunidasing event listed in Section 31:					
If yes, list Event # 03302014A No Acash Personal Check	03/3	30/2014	\$50.00		\$50.00

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I MONETARY DECEME	0 (0	4° A T)			
I. MONETARY RECEIPT	5 (5 6	ection A-I)	TWDE OF DEPORT		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Lauretti Governor 2014			April 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Holden		Mark		S	1328
Residential Street Address	City			State	Zip Code
275 Soundview Ave		Shelton		СТ	06484
Principal Occupation		Name of Employ	er		
Insurance Agent		The H	Iolden Agency		
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}		
	Date	Received	Aggregate Contributions		
s this contribution associated with a fundraising event listed in Section J1?					
No Cash X Personal Check	03/:	30/2014	\$50.00		\$50.00
If yes, list Event # 03302014A	,				
Last Name	First			MI	Contribution ID #
Lee		Penny		В	1354
Residential Street Address	City	Territy		State	Zip Code
20 Anna St	City	Shelton		CT	06484
Principal Occupation		Name of Employ	on.	CI	00404
BOE Operations		-	f Bridgeport		
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	03/3	31/2014	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Lauretti		Nicholas			1202
Residential Street Address	City			State	Zip Code
14 David Dr .		Shelton		CT	06484
Principal Occupation		Name of Employ	er		•
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	03/3	31/2014	\$100.00		\$100.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Testani		Mark			1200
Residential Street Address	City			State	Zip Code
1 Lynnwood Ct		Shelton		СТ	06484
Principal Occupation		Name of Employ	er	<u> </u>	
GM			red Precision		
			abbyigt grange or	Amou	nt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	AIIIOU	or 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 X Personal Check		21/2014	#100.00		¢100.00
If yes, list Event # Money Order Credit/Debit Card	03/3	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)			TYPE OF REPORT April 10 Filing - Original		
Lauretti Governor 2014			April 10 Tilling - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Fortini		Wayne			1201
Residential Street Address	City			State	Zip Code
220 Soundview Ave .		Shelton		СТ	06484
Principal Occupation VP		Name of Employ Prefe	er rred Tool & Die		
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 lobbyist?		
government the contract is with:	Б.	D : 1		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/	31/2014	\$100.00		\$100.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Nault		Roger		 	1203
Residential Street Address	City	D I6 - Il		State	Zip Code
16 High Ridge Rd . Principal Occupation		Brookfield Name of Employ	er	СТ	06804
Timetpai Occupation		rvaine of Employ	Ci		
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?		
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/	31/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Nault		Roger			1375
Residential Street Address	City			State	Zip Code
16 High Ridge Rd .		Brookfield		СТ	06804
Principal Occupation		Name of Employ	er		
		N/A		 	
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes)	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 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	03/	31/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Nebinger		Darlene			1204
Residential Street Address	City			State	Zip Code
332 Quaker Farms Rd .		Oxford		СТ	06478
Principal Occupation		Name of Employ	er		
Is contributor a principal of a state contractor or prospective state contractor?		N/a Is contributor a l	obbyist, spouse, or Yes	Amou	unt of Contribution
If we 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 112	Date	Received	Aggregate Contributions		
tundraising event listed in Section 31?		24 /2011	1.6		+400.00
If yes list Event # Cash Credit/Debit Card	03/	31/2014	\$100.00	1	\$100.00

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Y MONTH AND DECEMBER	a (a				
I. MONETARY RECEIPTS	S (Se	ection A-I)	I		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Lauretti Governor 2014			April 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Horton		Kenneth			1205
Residential Street Address	City			State	Zip Code
41 Ironwood Rd .		Guilford		CT	06437
Principal Occupation		Name of Employ	er		
Contractor		Horto	n 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 Personal Check Money Order Credit/Debit Card	03/3	31/2014	\$100.00		\$100.00
in yes, his bythen					
Last Name	First			MI	Contribution ID #
Horton		Kenneth			1373
Residential Street Address	City			State	Zip Code
41 Ironwood Rd .		Guilford		СТ	06437
Principal Occupation		Name of Employ	er		
Developer		Horto	n 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		
fundraising event listed in Section J1?					
If yes, list Event #	03/3	31/2014	\$100.00		\$100.00
n yes, nst Event #					
Last Name	First			MI	Contribution ID #
Nebinger		Darlene			1374
Residential Street Address	City			State	Zip Code
332 Quaker Farms Rd		Oxford		CT	06478
Principal Occupation		Name of Employ	er	-	•
		N/A			
Is contributor a principal of a state contractor or prospective state contractor? $\qquad \qquad			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:			x _{No}		
Is this contribution associated with a Method of contribution: Yes Method of contribution:	Date	Received	Aggregate Contributions		
Tandraising event insect in section 31:					
If yes, list Event #	03/3	31/2014	\$100.00		\$100.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Welch III		John			1351
Residential Street Address	City			State	Zip Code
73 Ivy Rd .		Ridgefield		CT	06877
Principal Occupation		Name of Employ	er		
Sales		US Bo	oiler		
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: 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	03/3	31/2014	\$100.00		\$100.00

Page	345	of	382	
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I. MONETARY RECEIPT	S (Se	ection A-I)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	`			FREPORT		
Lauretti Governor 2014			April 10 Filing -	Original		
B. Itemized Contributions from	m Ind	lividuals	•			
Last Name	First				MI	Contribution ID #
Gooch		Donna			D	1352
Residential Street Address	City				State	Zip Code
105 Kinwood St .		Morganton			NC	28655
Principal Occupation		Name of Employe	er			•
VP marketing		compo	contech			
Is contributor a principal of a state contractor or prospective state contractor?			bbyist, spouse, or	Yes	Amo	ount of Contribution
If yes, indicate which branch or branches of	0	dependent child o	f 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 Contribu	itions		
Tundraising event listed in Section 31?						
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	03/3	31/2014	\$1	100.00		\$100.00
If you, list Evene if						
Last Name	First				MI	Contribution ID #
Rountree		James			R	1353
Residential Street Address	City				State	Zip Code
105 Kinwood St	<u> </u>	Morganton			NC	28655
Principal Occupation		Name of Employe	er			
CEO CEO			contech			
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a lo dependent child o	obbyist, spouse, or	Yes	Amo	ount of Contribution
If yes, indicate which branch or branches of		dependent child o	i a ioooyist?			
government the contract is with: Executive Legislative	,			x No		
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contribu	itions		
fundraising event listed in Section J1? Cash Personal Check						
If yes, list Event # Cash Cash Personal Check Money Order X Credit/Debit Card	03/3	31/2014	\$1	100.00		\$100.00
1	-					
				Total of S	Section B	\$109,325.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Section 2)	ions A	+ B) (Tot	al on Line 14 of Si	ummary Page)		\$109,325.00
I. MONETARY RECEIPT	rs (s	ection A-I)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE	OF REP	ORT
Lauretti Governor 2014				April 10 Filing	g - Original	
Lauretti Governor 2014					, ,	
C1. Contributions from Other Co	mmi	ttees				
Name of Committee		Name of Treasure	r			
Name of Committee		ivallie of Treasure	ı			
Address						
Is th		bution associated wi		Yes	No A	mount of Contribution
func	draising	g event listed in Sect	10n J1?			
<u> </u>		If yes, list Event #	•			
City State Zip Code	Date Re	eceived	Aggregate Contr	ibutions		
			n	Fotal of Socti	on C1	
				Total of Secti	on C1	

I. MONET	ARY RECI	EIPTS (S	Section A	A-I)			
NAME OF COMMITTEE					Т	YPE OF REPOR	RT
Lauretti Governor 2014 April 10 Filing - Original							
C2. Reimbursements, P	ayments, or S	Surplus D	istributi	ions from other Co	mmittees		
Name of Committee				Name of Treasurer			
Address					Date Received	l	Amount of Receipt
City	State	Zip Code		Reimbursement for s			
		•			То	tal of Section C	2
I. MO	NETARY R	ECEIPT	ΓS (Sect	tion A-I)			
NAME OF COMMITTEE					TYPE	OF REPORT	
Lauretti Governor 2014 April 10 Filing - Original							
D. Loans Received this Period							
Name of Lender			Source of		To disside	1 Other	Date of Receipt
Street Address		City	Bank	c Candidate	Individua State	l Other Zip Code	Is there a cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)		<u> </u>			<u> </u>	I	Amount Received
Street Address		City			State	Zip Code	-
					<u> </u>	Total of Section	1 D
							•
I. MONETARY RECEIPTS (Section A-I)							
NAME OF COMMITTEE						TYPE OF REPO	ORT
Lauretti Governor 2014					Apri	l 10 Filing - Origina	I
E. Personal Funds of the Candidate I	Received this	Period (C	Candidat	e Committees ON	LY)		
Date of Receipt Method of Payment Cash	Pe	sonal Check		Credit/Debit Card			Amount
					Total of	f Section E	

Total of Section H

I.	Monetary Receipt	ts (Section A-I)			
NAME OF COMMITTEE				TYPE OF REPOR	RT
Lauretti Governor 2014			А	pril 10 Filing - Original	
G. Interest	from Deposits in Au	uthorized Accounts			
Name of Institution			Date Rec	reived	Amount
Webster Bank			01/09/	2014	
Street Address	City		State	Zip Code	
Bridgeport Ave.	Shelton		СТ	06418	\$0.15
Name of Institution			Date Rec		Amount
Webster Bank			01/09/	2014	
Street Address	City		State	Zip Code	
Bridgeport Ave.	Shelton		СТ	06484	\$0.14
				Total of Section G	\$0.29
I. MOI	NETARY RECEI	PTS (Section A-K)			
NAME OF COMMITTEE				TYPE OF REPOR	Т
Lauretti Governor 2014	April 10 Filing - Original				
H. Public Grant F	unds Received from	the Citizens' Election F	und		
Purpose of Grant:	Grant Cycle:			Date Received	Amount
Initial Grant Adjustment	Primary	General Election S	pecial Election		
Supplemental/Post Election Deficit	•				

I. MONETARY RECEIPTS (Section A-K)									
NAME OF COMMITTEE				TYPE OF REPORT					
Lauretti Governor 2014			April 1	0 Filing - Original					
I. Miscellaneous Mone	etary Receipts not Considered Contri	butions							
Name			Date of	f Transaction	Amount Received				
Street Address	City	State		Zip Code					
Description									
				Total of Section I					

11	. FUNDRAISING EVENT A	ACTIV	/ITY	(Sections J1 - J	3)				
NAME OF COMMITTEE						TYPE OF R	REPORT	Γ	
Lauretti Governor 2014						April 10 Filing - Origina	al		
	J1. Fundraising Event	Inform	ation						
Fundraising Event # Date of Fundraiser Letter 01/09/2014 A	Description Dinner Event								
Location: Street Address Roosevelt Drive					City Seymour			State CT	Zip Code 06483
Was this fundraising event hosted at a personal resid	lence?	X	Yes No			tions not Considered Contr chases made by host(s) for			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		tions not Considered Contri	ibutions a	nd	
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 01/14/2014 Letter A	Description Dinner Event								
Location: Street Address 500 Howe Ave .					City Shelton			State CT	Zip Code 06484
Was this fundraising event hosted at a personal resid	lence?	X	Yes No		In-Kind Dona	tions not Considered Contr chases made by host(s) for			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		tions not Considered Contri	ibutions a	nd	
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 01/25/2014 Letter C	Description Home Fundraiser								
Location: Street Address 23 Couchmen Dr .					City Bethany			State CT	Zip Code 06524
Was this fundraising event hosted at a personal resid	lence?	X	Yes No			tions not Considered Contr chases made by host(s) for			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		tions not Considered Contri	ibutions a	nd	
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

1	I. FUNDRAISING EVENT	ACTIVIT	Y (Sections J1 -	J3)			
NAME OF COMMITTEE					TYPE OF R	EPORT	
Lauretti Governor 2014					April 10 Filing - Original	I	
	J1. Fundraising Event	Informatio	n				
Fundraising Event # Date of Fundraiser 01/26/2014 Letter A	Description Home Fundraiser						
Location: Street Address 14 David Dr .				City Shelton		State CT	Zip Code 06484
Was this fundraising event hosted at a personal residual	dence?	X Yes No			ons not Considered Contril hases 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 3 complete required in		ons 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 R	eceipts here.)			\$0.00
Fundraising Event # Date of Fundraiser 02/16/2014 Letter A	Description Cocktail Event						
Location: Street Address 15 Soundview Ave				City Shelton		State CT	Zip Code 06484
Was this fundraising event hosted at a personal residual	dence?	Yes X No			ons not Considered Contril hases 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 I complete required in		ons 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 R	eceipts here.)			\$0.00
Fundraising Event # Date of Fundraiser 02/17/2014 Letter A	Description Cocktail Event						
Location: Street Address 100 Center St				City Shelton		State CT	Zip Code 06484
Was this fundraising event hosted at a personal residual	dence?	Yes X No			ons not Considered Contril hases 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 I complete required in		ons 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 X No	(If yes, enter Total R	eceipts here.)			\$0.00

1	I. FUNDRAISING EVENT A	ACTIVI	TY (Sections J1 - J	3)			
NAME OF COMMITTEE						TYPE OF R	EPORT	
Lauretti Governor 2014						April 10 Filing - Original	I	
	J1. Fundraising Event	Informa	tion					
Fundraising Event # Date of Fundraiser 02/24/2014 Letter A	Description Dinner Event							
Location: Street Address 45 Murphy Rd .					City Prospect		State CT	Zip Code 06712
Was this fundraising event hosted at a personal residual	dence?		Yes No			ons not Considered Contri hases 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 No	If yes, to to Section J3 complete required info		ons 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 No	(If yes, enter Total Rec	ceipts here.)			\$0.00
Fundraising Event # Date of Fundraiser 03/05/2014 Letter A	Description Cocktail Event							
Location: Street Address 375 Bridgeport Ave					City Shelton		State CT	Zip Code 06484
Was this fundraising event hosted at a personal residual	dence?	_	Yes No			ons not Considered Contri hases 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 No	If yes, to to Section J3 complete required info		ons 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 No	(If yes, enter Total Rec	ceipts here.)			\$0.00
Fundraising Event # Date of Fundraiser 03/06/2014 Letter A	Description Dinner Event							
Location: Street Address 112 High St					City Derby		State CT	Zip Code 06418
Was this fundraising event hosted at a personal residual	dence?		Yes No			ons not Considered Contri hases 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 No	If yes, to to Section J3 complete required info		ons 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	\equiv	Yes No	(If yes, enter Total Rec	ceipts here.)			\$0.00

I	I. FUNDRAISING EVENT A	ACTIV.	ITY (Sections J1 - J	(3)			
NAME OF COMMITTEE						TYPE OF R	EPORT	
Lauretti Governor 2014						April 10 Filing - Original	I	
	J1. Fundraising Event	Informa	tion		·			
Fundraising Event # Date of Fundraiser 03/09/2014 Letter A	Description Home Fundraiser							
Location: Street Address 59 Rowledge Pond Rd					City Monroe		State CT	Zip Code 06482
Was this fundraising event hosted at a personal resid	dence?	X	Yes No			ions not Considered Contril hases 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	X	Yes No	If yes, to to Section J3 complete required info		ons 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 No	(If yes, enter Total Red	ceipts here.)			\$0.00
Fundraising Event # Date of Fundraiser 03/11/2014 Letter A	Description Cocktail Event							
Location: Street Address 134 Norwood Rd .					City West Harti	ford	State CT	Zip Code 06117
Was this fundraising event hosted at a personal resid	dence?	X	Yes No		In-Kind Donat	ions not Considered Contril hases made by host(s) for 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		Yes No	If yes, to to Section J3 complete required info		ons 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	X	Yes No	(If yes, enter Total Rec	ceipts here.)			\$0.00
Fundraising Event # Date of Fundraiser 03/12/2014 Letter A	Description Cocktail Event							
Location: Street Address 464 Howe Ave					City Shelton		State CT	Zip Code 06484
Was this fundraising event hosted at a personal residual	dence?	X	Yes No			ions not Considered Contril hases made by host(s) for f		nd
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	X	Yes No	If yes, to to Section J3 complete required info		ons 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	X	Yes No	(If yes, enter Total Rec	ceipts here.)			\$0.00

11	. FUNDRAISING EVENT A	CTIV	ITY ((Sections J1 - J	3)			
NAME OF COMMITTEE						TYPE OF R	EPORT	
Lauretti Governor 2014						April 10 Filing - Origina	I	
	J1. Fundraising Event I	Informa	tion					
Fundraising Event # Date of Fundraiser 03/16/2014 Letter A	Description Cocktail Event							
Location: Street Address 140 Center St .					City Shelton		State CT	Zip Code 06484
Was this fundraising event hosted at a personal resid	lence?	X	Yes No			tions not Considered Contri chases made by host(s) for		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		Yes No	If yes, to to Section J3 complete required info		ions not Considered Contri	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 Red	ceipts here.)			\$0.00
Fundraising Event # Date of Fundraiser 03/16/2014 Letter B	Description Cocktail Event							
Location: Street Address 6 Hayfield Dr					City Shelton		State CT	Zip Code 06484
Was this fundraising event hosted at a personal resid	lence?	x	Yes No			tions not Considered Contri chases made by host(s) for t		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 Contri	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 Red	ceipts here.)			\$0.00
Fundraising Event # Date of Fundraiser 03/18/2014 Letter A	Description Dinner Event							
Location: Street Address 450 Lighthouse Rd					City New Have	en	State CT	Zip Code 06512
Was this fundraising event hosted at a personal resid	lence?	X	Yes No			tions not Considered Contri chases made by host(s) for t		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 Contri	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

11	I. FUNDRAISING EVENT A	ACTIV	ITY ((Sections J1 - J.	3)			
NAME OF COMMITTEE						TYPE OF R	EPORT	
Lauretti Governor 2014						April 10 Filing - Origina	ıl	
	J1. Fundraising Event	Inform	ation					
Fundraising Event # Date of Fundraiser Letter 03/22/2014 A	Description Cocktail Event							
Location: Street Address 15 Harrut Ln	·				City	1	State CT	Zip Code 06488
Was this fundraising event hosted at a personal resid	lence?	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?	ess entity of up to \$200 or items	X	Yes No	If yes, to to Section J3 complete required info		ions not Considered Contri	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	eipts here.)			\$0.00
Fundraising Event # Date of Fundraiser 03/24/2014 Letter A	Description Cocktail Event							
Location: Street Address 530 Middlebury Rd .					City		State CT	Zip Code 06762
330 Middlebuly Ru .					Middlebur	У		100702
Was this fundraising event hosted at a personal resid	lence?	X	Yes No			tions not Considered Control chases made by host(s) for		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 Contri	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	eipts here.)			\$0.00
Fundraising Event # Date of Fundraiser 03/26/2014 Letter A	Description Cocktail Event							
Location: Street Address 1573 Boston Post Rd .					City Milford		State CT	Zip Code 06460
Was this fundraising event hosted at a personal resid	lence?	X	Yes No			tions not Considered Control chases made by host(s) for		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 Contri	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	(If yes, enter Total Rec	reipts here.)			\$0.00

II. FUNDRAISING EVENT ACTIVITY (Sections J1 - J3)											
NAME OF COMMITTEE								TYPE OF	REPO	ORT	
Lauretti Governor 2014								April 10 Filing - Origir	nal		
	J1. Fund	raising Event l	Informat	tion							
Fundraising Event # Date of Fundraiser 03/30/2014 Letter A	Description Luncheon Event										
Location: Street Address 14 David Dr .							City Shelton			State CT	Zip Code 06484
Was this fundraising event hosted at a personal	residence?			Yes No		required info		ations not Considered Con chases made by host(s) fo			and
Did this fundraiser include items donated by a donated by an individual of up to \$100?	business entity of up to \$200 or	items		Yes No		o Section J3 required info		tions not Considered Cont	ributio	ns and	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? Yes (If yes, enter Total Receipts here.) X No \$0.00							\$0.00				
							To	otal of Section J1			\$0.00
	II. FUNDRAISI	NG EVENT A	ACTIVI	TY (Section	ns J1 - J	[3)				
NAME OF COMMITTEE (Provide	Complete Name as Reg	istered with Com	nmission)					TYPE OF REI	PORT		
Lauretti Governor 2014							Αŗ	oril 10 Filing - Original			
	J3. In-Kind Donat	ions Not Consi	idered Co	ontril	butions						
Name of the Donor											
Street Address					City					State	Zip Code
Donation Given by:	Description of Donation										ket Value of
Individual					1					D	
Business Entity	Date Received	Event #				Ag	gregate value	for this event			
Sole Proprietorship											
								Total of Section J3			

III. NONMONI	ЕТА	RY RE	CEIPTS (Section	s K - M)				
NAME OF COMMITTEE					TY	PE OF RE	PORT	
Lauretti Governor 2014					April 10 Filing -	Original		
K. In-Kin	d Co	ntributi	ons		•			
Name								
Street Address City								Zip Code
Is this contribution associated with a fundraising event listed in Section 31? If yes, list Event# No		Description	of In-Kind Contribution				•	
of a lobbyist?	ctor?	indicate whi	of a state contractor or prospects branch or branches of attract is with:		cutive	Yes No Legislative		arket Value of this Contribution
Type of Contributor: Date Received Aggregate contributions Individual Committee Sole Proprietorship								
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		l				<u> </u>	
					Total of	Section K		
III. Non Mono	etar	v Recei	pts (Sections K - M	1)				
NAME OF COMMITTEE (Provide Complete Name as Registered	with (Commissi	ion)		TYPI	E OF REP	ORT	
Lauretti Governor 2014					April 10 Filing -	Original		
L. Refundable Deposit to	Tel	lephone	Company					
Last Name of Individual		First Nan	ne		MI	Date De	eposit Made	
Residential Street Address	Ci	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									
Lauretti Governor 2014 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	C D								
			Total of Section M						

	IV. EXPENDITURES (S	Sections N - S)				
NAME OF COMMITTEE (Prov	ride Complete Name as Registered with Commission)		TYPE	OF REPORT		
Lauretti Governor 2014			April 10 Filing -	ng - Original		
	N. Expenses Paid By Comn	nittee				
Name of Payee Webster Bank			of Payment 08/2014		ment neck # sbit Card	
Street Address 375 Bridgeport Ave		City Shelton		State CT	Zip Code 06484	
Purpose of Expend BNK	Description checks				Amount	
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	\$94.75					
Name of Payee USPS			of Payment 09/2014		ment neck# <u>092</u> ebit Card	
Street Address 83 Bridge St		City Shelton		State CT	Zip Code 06484	
Purpose of Expend POST	Description Stamps				Amount	
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	No (if ap	nditure # plicable)	Event#		\$85.10	
Name of Payee Villa Bianca			of Payment 09/2014		ment neck# <u>093</u> ebit Card	
Street Address 312 Roosevelt Dr		City Seymour		State CT	Zip Code 06483	
Purpose of Expend FOOD	Description Villa Bianca Fundraiser				Amount	
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	No (if ap	plicable)	Event # 1092014A		\$5,320.00	

	IV. EXPENDITURES	(Sections N - S))				
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Commission)		ТҮРЕ (OF REPORT		
Lauretti Governor 2014			Ар	oril 10 Filing -	ng - Original		
	N. Expenses Paid By Con	nmittee	L				
Name of Payee Webster Bank			Date of Paymer 01/09/2014			rment neck # sbit Card	
Street Address 375 Bridgeport Ave .		City Shelton	·		State CT	Zip Code 06484	
Purpose of Expend BNK	Description					Amount	
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co		\$0.29					
Name of Payee Sean Jaques	nt 4	Method of Payment X Check # 094 Debit Card					
Street Address 335 Newark Ave		City Union			State NJ	Zip Code 07083	
Purpose of Expend WEB	Description Web establishment hosting					Amount	
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	X No (i	xpenditure # f applicable)	Event#			\$2,000.00	
Name of Payee Amici's			Date of Paymer 01/18/2014			rment neck# <u>095</u> ebit Card	
Street Address 500 Howe Ave		City Shelton			State CT	Zip Code 06484	
Purpose of Expend FOOD	Description Amici Fundraiser					Amount	
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	X No (i	xpenditure # f applicable)	Event # 01142014	4A		\$1,335.00	

IV. EXPENDITURES (Sections N - S)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYP					TYPE	OF REPORT		
Lauretti Governor 2014 April 10 F					April 10 Filing -	ng - Original		
N. Expenses Paid By Committee								
				Date of Pay 01/23/20		Method of Payment Check # Debit Card		
Street Address City 494 Bridgeport Ave Shelton						State CT	Zip Code 06484	
Purpose of Expend PRNT	Description copies						Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum					#	\$100.50		
Name of Payee Date Grass Roots East 01/2						Method of Payment X Check # 096 Debit Card		
Street Address City PO Box 979 Federal Westbro						State CT	Zip Code 06498	
Purpose of Expend PTY-BLDG	Description Meeting						Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum				Event #	#		\$80.00	
Name of Payee Date of Payment Cosco 01/24/2014						Method of Payment Check # X Debit Card		
Street Address 1718 Boston Post Rd .			City Milford			State CT	Zip Code 06460	
Purpose of Expend FOOD	Description food for fundraiser						Amount	
•		Expend (if appl		Event #			\$356.85	

	IV. EXPENDITURES (S	ections N - S)				
NAME OF COMMITTEE (Prov	ride Complete Name as Registered with Commission)		TYPE	OF REPORT	OF REPORT	
Lauretti Governor 2014			April 10 Filing	- Original		
	N. Expenses Paid By Comm	ittee				
Name of Payee Costco			Date of Payment 01/24/2014	1 =	rment neck # ebit Card	
Street Address 1718 Boston Post Rd .		City Milford		State CT	Zip Code 06460	
Purpose of Expend FOOD	Description food and supplies for fundraiser				Amount	
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	x No (if ap	nditure # plicable)	Event # 01262014A		\$214.55	
Name of Payee Sean Jaques			Date of Payment 01/25/2014	1 =	rment neck# <u>097</u> ebit Card	
Street Address 335 Newark Ave		City Union		State NJ	Zip Code 07083	
Purpose of Expend WEB	Description Web site expenses				Amount	
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	X No (if ap	nditure # plicable)	Event #		\$2,000.00	
Name of Payee Dematteo, John			Date of Payment 01/27/2014		ment neck# <u>101</u> ebit Card	
Street Address 23 Couchmen Dr .		City Bethany		State CT	Zip Code 06524	
Purpose of Expend FNDR *	Description food, plates, for home fundraiser				Amount	
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	No (if ap	nditure # plicable)	Event # 01252014C		\$326.47	

	IV. EXPENDITURES (S	Sections N - S)		
NAME OF COMMITTEE (Prov	ride Complete Name as Registered with Commission)		TY	PE OF REPORT
Lauretti Governor 2014			April 10 F	iling - Original
	N. Expenses Paid By Comn	nittee		
Name of Payee Premier Graphics			Date of Payment 01/27/2014	Method of Payment X Check # 098 Debit Card
Street Address 860 Honeyspot Rd		City Stratford		State Zin Code CT 06615
Purpose of Expend PRNT	Description envelopes 500			Amount
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	No (if ap	nditure # plicable)	Event #	\$192.00
Name of Payee usps			Date of Payment 01/28/2014	Method of Payment Check # X Debit Card
Street Address 83 Bridgeport St		City Shelton		State Zip Code CT 06484
Purpose of Expend POST	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 #	\$11.17
Name of Payee USPS			Date of Payment 01/30/2014	Method of Payment Check # Debit Card
Street Address 83 Bridgeport Rd .		City Shelton		State Zip Code CT 06484
Purpose of Expend POST	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 #	\$98.00

	IV. EXPENDITURES (So	ections N - S)				
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Commission)		ТҮРЕ	OF REPORT	OF REPORT	
Lauretti Governor 2014			April 10 Filing	- Original		
	N. Expenses Paid By Commi	ttee				
Name of Payee the ups store			Date of Payment 01/30/2014	1 =	ment neck # ebit Card	
Street Address 494 Bridgeport Ave		City Shelton		State CT	Zip Code 06484	
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	liture # licable)	Event #		\$7.45	
Name of Payee Joseph T. Coppola			Date of Payment 01/31/2014	1 🗂	ment neck# <u>99</u> ebit Card	
Street Address 115 Technology Dr # B207		City Trumbull		State CT	Zip Code 06611	
Purpose of Expend WAGE	Description legal compliance and review of data/forms/invoices	for fundraisers			Amount	
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	X No (if app		Event #		\$1,500.00	
Name of Payee Premier Graphics			Date of Payment 01/31/2014		ment neck# <u>91</u> ebit Card	
Street Address 860 Honeyspot Rd .		City Stratford		State CT	Zip Code 06482	
Purpose of Expend PRNT	Description Includes envelopes, delivery and postage				Amount	
Is this expenditure coordinated with a which reimbursement is sought?	nother candidate for Yes Expendigation in Addardam	liture # licable)	Event #		\$665.04	

	IV. EXPENDITURES (Se	ections N - S)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE O				OF REPORT	
Lauretti Governor 2014			April 10 Filing -	Original	
	N. Expenses Paid By Commi	ttee			
Name of Payee Premier Graphics			ate of Payment 2/07/2014		ment neck # <u>100</u> ebit Card
Street Address 860 Honeyspot Rd		City Stratford		State CT	Zip Code 06615
Purpose of Expend PRNT	Description contribution letter, envelopes and mailing				Amount
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	No (if appl	liture # icable)	Event#		\$2,105.36
Name of Payee Brownson Country Club			ate of Payment 2/16/2014	-	ment neck# <u>104</u> ebit Card
Street Address 15 Soundview Ave		City Shelton		State CT	Zip Code 06484
Purpose of Expend FOOD	Description Country CLub Event				Amount
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	No (if appl		Event# 02162014A		\$1,375.00
Name of Payee The UPS Store #4778			ate of Payment 2/17/2014	-	ment neck # ebit Card
Street Address 494 Bridgeport Ave		City Shelton		State CT	Zip Code 06484
Purpose of Expend PRNT	Description copies				Amount
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	No (if appl	liture # icable)	Event #		\$22.34

	IV. EXPENDITURES (S	Sections N - S)		
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Commission)		TYI	PE OF REPORT
Lauretti Governor 2014			April 10 Fili	ng - Original
	N. Expenses Paid By Comm	nittee	•	
Name of Payee The UPS Store			Date of Payment 02/18/2014	Method of Payment Check # Debit Card
Street Address 494 Bridgeport Ave		City Shelton		State Zip Code CT 06484
Purpose of Expend Misc *	Description shipping costs mailing supplies			Amount
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	x No (if ap	nditure # plicable)	Event #	\$98.00
Name of Payee Verace			Date of Payment 02/19/2014	Method of Payment X Check # 105 Debit Card
Street Address Center Street		City Shelton		State Zip Code CT 06484
Purpose of Expend FOOD	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 # 02172014A	\$1,180.87
Name of Payee Joseph T. Coppola Esq			Date of Payment 02/19/2014	Method of Payment X Check # 103 Debit Card
Street Address 115 Technology Dr # B207		City Trumbull		State Zip Code CT 06611-6347
Purpose of Expend WAGE	Description Payment for Accuracy of filings			Amount
Is this expenditure coordinated with a which reimbursement is sought?	<u> </u>	nditure # plicable)	Event #	\$1,218.75

	IV. EXPENDITURES (Sections N - S)				
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Commission)		ТҮРЕ	OF REPORT	OF REPORT	
Lauretti Governor 2014			April 10 Filing	- Original		
	N. Expenses Paid By Com	nittee				
Name of Payee Republican Coventry RTC			Date of Payment 02/20/2014		rment neck # <u>106</u> ebit Card	
Street Address Ave		City Coventry		State CT	Zip Code 06238	
Purpose of Expend CHAR	Description				Amount	
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	No (if a	enditure # opticable)	Event #		\$290.00	
Name of Payee Hartford Rep. Town Committee			Date of Payment 02/20/2014		ment neck # <u>109</u> ebit Card	
Street Address Ave.		City Hartford		State CT	Zip Code 06106	
Purpose of Expend ATT *	Description Republican committee event				Amount	
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	No (if a	enditure # oplicable)	Event#		\$90.00	
Name of Payee UPS Store			Date of Payment 02/24/2014	. –	ment neck # ebit Card	
Street Address 494 Bridgeport Ave		City Shelton		State CT	Zip Code 06484	
Purpose of Expend Misc *	Description shipping supplies				Amount	
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	X No (if a	enditure # oplicable)	Event#		\$68.15	

	IV. EXPENDITURES (S	ections N - S)				
NAME OF COMMITTEE (Prov	ride Complete Name as Registered with Commission)		ТҮРЕ	OF REPORT	OF REPORT	
Lauretti Governor 2014			April 10 Filing	- Original		
	N. Expenses Paid By Comm	ittee				
Name of Payee Town Tavern			Date of Payment		rment neck # <u>126</u> ebit Card	
Street Address 530 Middlebury Rd		City Middlebury		State CT	Zip Code 06762	
Purpose of Expend FOOD	Description Fundraiser at Town Tavern Middlebury CT				Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum Yes Expenditure # (if applicable) O3242014A					\$1,675.72	
Name of Payee Date of Payment Aria Wedding and Banquet Facility 02/24/2014				rment neck# <u>102</u> ebit Card		
Street Address 45 Murphy Rd		City Prospect		State CT	Zip Code 06712	
Purpose of Expend FOOD	Description Aria Event				Amount	
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	No (if app	iditure # olicable)	Event #		\$4,160.00	
Name of Payee staples			Date of Payment 02/28/2014	I =	rment neck # ebit Card	
Street Address 3 Armstrong Dr		City Shelton		State CT	Zip Code 06484	
Purpose of Expend OFFICE	Description paper				Amount	
Is this expenditure coordinated with a which reimbursement is sought?		diture # plicable)	Event #		\$27.11	

	IV. EXPENDITURES (S	ections N - S)			
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Commission)		TYPE	OF REPORT	
Lauretti Governor 2014			April 10 Filing -	· Original	
	N. Expenses Paid By Comm	ittee			
Name of Payee The UPS Store #4778			Date of Payment 02/28/2014		ment neck # sbit Card
Street Address 494 Bridgeport Ave		City Shelton		State CT	Zip Code 06484
Purpose of Expend PRNT	Description copies				Amount
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	No (if app	diture # dicable)	Event #		\$63.81
Name of Payee Premier Printing and Mailing			Date of Payment 02/28/2014		ment neck# <u>108</u> ebit Card
Street Address 860 Honeyspot Rd		City Stratford		State CT	Zip Code 06615
Purpose of Expend PRNT	Description envelopes				Amount
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	No (if app	diture # dicable)	Event #		\$227.50
Name of Payee Webster Bank			Date of Payment 02/28/2014		ment neck # ebit Card
Street Address 375 Bridgeport Ave .		City Shelton		State CT	Zip Code 06484
Purpose of Expend BNK	Description MOnthly Fee				Amount
Is this expenditure coordinated with a which reimbursement is sought?		diture # licable)	Event #		\$35.00

	IV. EXPENDITURES (S	ections N - S)				
NAME OF COMMITTEE (Prov	ride Complete Name as Registered with Commission)			TYPE	OF REPORT	
Lauretti Governor 2014			4	April 10 Filing -	· Original	
	N. Expenses Paid By Comm	ittee	•			
Name of Payee Webster Bank			Date of Paym 03/05/203			ment neck # ebit Card
Street Address 375 Bridgeport Ave		City Shelton			State CT	Zip Code 06484
Purpose of Expend BNK	Description Returned check and bank fee					Amount
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	No (if app	nditure # plicable)	Event#			\$65.00
Name of Payee The Hartford Golf Club			Date of Paym 03/11/20			ment neck# <u>113</u> ebit Card
Street Address 134 Norwood Rd		City West Hartford			State CT	Zip Code 06117
Purpose of Expend FOOD	Description Hartford Golf Club Event					Amount
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	No (if app	nditure # plicable)	Event # 031120	14A		\$3,659.42
Name of Payee Sean Jaques			Date of Paym 03/11/203			ment neck# <u>111</u> ebit Card
Street Address 335 Newark Ave		City Union			State NJ	Zip Code 07083
Purpose of Expend WEB	Description Technology Retainer Web Domains					Amount
Is this expenditure coordinated with a which reimbursement is sought?		nditure # plicable)	Event #			\$850.00

	IV. EXPENDITURES (Se	ections N - S)			
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Commission)		TYPE	OF REPORT	
Lauretti Governor 2014			April 10 Filing -	Original	
	N. Expenses Paid By Commi	ttee			
Name of Payee webster bank			ate of Payment 3/12/2014	$\overline{}$	ment neck # sbit Card
Street Address 375 Bridgeport Ave		City Shelton		State CT	Zip Code 06484
Purpose of Expend BNK	Description Returned check and bank fee				Amount
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	No (if appl	diture # dicable)	Event#		\$115.00
Name of Payee Richard Knoll			ate of Payment 3/13/2014		ment eck# <u>116</u> ebit Card
Street Address 60 Knorr Ave		City Seymour		State CT	Zip Code 06483
Purpose of Expend Misc *	Description return check cannot accept				Amount
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	X No (if appl	diture # dicable)	Event#		\$100.00
Name of Payee Rich Knoll			ate of Payment 3/13/2014		ment eck# <u>116</u> bit Card
Street Address 60 Knorr St		City Seymour		State CT	Zip Code 06483
Purpose of Expend REF	Description refund of contribution				Amount
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	No (if appl	liture # licable)	Event #		\$100.00

	IV. EXPENDITURES (Sections N - S)				
NAME OF COMMITTEE (Prov	ride Complete Name as Registered with Commission)			TYPE	OF REPORT	
Lauretti Governor 2014			Арі	ril 10 Filing -	Original	
	N. Expenses Paid By Com	mittee	'			
Name of Payee La Salla			Date of Paymer 03/16/2014			rment neck # <u>1102</u> ebit Card
Street Address 73 High St		City Derby	•		State CT	Zip Code 06410
Purpose of Expend FOOD	Description La Salla Fundraiser					Amount
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	No (if	penditure # applicable)	Event # 03062014	1A		\$2,706.00
Name of Payee Bar 140		_	Date of Paymer 03/16/2014			ment neck# <u>120</u> ebit Card
Street Address 140 Center St		City Shelton			State CT	Zip Code 06468
Purpose of Expend FOOD	Description Bar 140 Fundraiser					Amount
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	No (if	penditure # applicable)	Event # 03162014	1A		\$1,697.38
Name of Payee Tower Printing		_	Date of Paymer 03/17/2014		_	ment neck# <u>123</u> ebit Card
Street Address Thomaston Avenue		City Waterbury			State CT	Zip Code 06704
Purpose of Expend A-SIGN	Description Posters and Flyers					Amount
Is this expenditure coordinated with a which reimbursement is sought?	<u> </u>	penditure # applicable)	Event #			\$255.24

	IV. EXPENDITURES (Sections N - S)				
NAME OF COMMITTEE (Prov	ride Complete Name as Registered with Commission)			TYPE	OF REPORT	
Lauretti Governor 2014			A	April 10 Filing	- Original	
	N. Expenses Paid By Comm	nittee				
Name of Payee Webster Bank			Date of Payn 03/17/20		_ =	rment neck # ebit Card
Street Address 375 Bridgeport Ave .		City Shelton	•		State CT	Zip Code 06484
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 a	enditure # oplicable)	Event#			\$65.00
Name of Payee Anthony's Ocean View			Date of Payn 03/18/20			ment neck# <u>115</u> ebit Card
Street Address 450 Lighthouse Rd		City New Haven			State CT	Zip Code 06512
Purpose of Expend FOOD	Description Anthony's Ocean View Fundraiser					Amount
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	No (if a	enditure # oplicable)	Event#			\$4,850.00
Name of Payee Eric McPherson			Date of Payn 03/18/20			ment neck# <u>119</u> ebit Card
Street Address 72 Wheeler St		City Shelton			State CT	Zip Code 06484
Purpose of Expend PRNT	Description 100 color copies Fed ex Office					Amount
Is this expenditure coordinated with a which reimbursement is sought?		enditure # oplicable)	Event #			\$80.00

	IV. EXPENDITURES	(Sections N	C)					
NAME OF COMMITTEE (Prov	OF REPORT							
Lauretti Governor 2014				April 10 Filing	Original			
	N. Expenses Paid By Con	mmittee						
Name of Payee Bee Intelligencer Date of Payment 03/18/2014						ment neck# <u>117</u> ebit Card		
Street Address PO Box 10			State CT	Zip Code 06762				
Purpose of Expend A-NEWS	Description Ad for March 24 event			Amount				
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum Yes Expenditure # (if applicable) O3242014A						\$230.00		
Name of Payee Date of Payment O3/24/2014						Method of Payment X Check # 127 Debit Card		
Street Address 6 Trescott Hill Rd						Zip Code 06018		
Purpose of Expend Misc *	Description Entertainment for 3-24-14 event				Amount			
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum Expenditure # (if applicable) 03242					\$250.00			
Name of Payee GHI Sign			Date of Pay 03/24/2		Method of Payment X Check # 125 Debit Card			
Street Address PO Box 45		City Canaan			State CT	Zip Code 06018		
Purpose of Expend A-SIGN	Description Yard signs and wire stakes					Amount		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes Expenditure # (if applicable) Event #						\$440.00		

	IV. EXPENDITURES	(Sections N - S)		
NAME OF COMMITTEE (Prov	TYPE OF REPORT			
Lauretti Governor 2014			April 10	Filing - Original
	N. Expenses Paid By Com	mittee	I	
Name of Payee Cigarello's			Date of Payment 03/24/2014	Method of Payment X Check # 121 Debit Card
Street Address 464 Howe Ave		City Shelton		State Zip Code CT 06484
Purpose of Expend FOOD	Description Cigar Event			Amount
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	\$505.67			
Name of Payee The USPS Store #4778	Method of Payment Check # Debit Card			
Street Address 494 Bridgeport Ave .		City Shelton		State Zip Code CT 06484
Purpose of Expend PRNT	Description			Amount
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	\$63.81			
Name of Payee Webster Bank	Method of Payment Check # Debit Card			
Street Address 375 Bridgeport Ave		City Shelton		State Zip Code CT 06484
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	penditure # applicable)	Event #	\$100.00

	IV. EXPENDITURES (Se	ections N - S)					
NAME OF COMMITTEE (Prov	NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE						
Lauretti Governor 2014			April 10 Filing	- Original			
	N. Expenses Paid By Commi	ittee	l				
Name of Payee Villano's Restaurant	Date of Payment 03/26/2014						
Street Address 1573 Boston Post Rd			State Zip Code CT 06460				
Purpose of Expend FOOD	Description Villano's Event				Amount		
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	Event#	\$2,611.35					
Name of Payee the ups store	Date of Payment 03/28/2014	Method of Payment Check # X Debit Card					
Street Address 494 Bridgeport Ave	rt Ave City Shelton				Zip Code 06484		
Purpose of Expend PRNT	Description shipping costs				Amount		
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	Event#		\$6.39				
Name of Payee costco	Date of Payment 03/28/2014	Method of Payment Check # X Debit Card					
Street Address 1718 Boston Post Rd		City Milford		State CT	Zip Code 06460		
Purpose of Expend Misc *	Description Food for various events				Amount		
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	\$185.47						

	IV. EXPENDITURES	S (Sec	tions N - S)						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE							OF REPORT		
Lauretti Governor 2014					April 10 Filing -	· Original			
	N. Expenses Paid By Co	ommitt	ee						
Name of Payee Date of Paymer Costco 03/28/2014						Method of Payment Check # Debit Card			
Street Address 1718 Boston Post Rd				State CT	Zip Code 06460				
Purpose of Expend Misc *	Description food and beverage for events						Amount		
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum Event # (if applicable)							\$348.81		
Name of Payee Date of P Anthony Simonette 03/29/						Method of Payment X Check # 129 Debit Card			
Street Address 16 Hayfield Dr			City Shelton			State CT	Zip Code 06484		
Purpose of Expend FNDR *	Description Food and Beverage for 3-16-14 event						Amount		
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum				Event #		\$720.00			
Name of Payee Date of Payment Shop Rite 03/29/2014						Method of Payment Check # X Debit Card			
Street Address 875 Bidgeport Ave			City Shelton			State CT	Zip Code 06484		
Purpose of Expend FNDR *	Description Food for events						Amount		
Is this expenditure coordinated with another candidate for Wes Expenditure # Event # Which reimbursement is sought? Event # (if applicable)					÷		\$61.50		

	IV. EXPENDITURES (S	ections N - S)				
NAME OF COMMITTEE (Prov	OF REPORT					
Lauretti Governor 2014			April 10 Filing	iling - Original		
	N. Expenses Paid By Comm	ittee				
Name of Payee Frankies			Date of Payment 03/29/2014		ment neck # 122 bit Card	
Street Address 530 Middlebury Rd .		City Middlebury		State CT	Zip Code 06762	
Purpose of Expend FOOD	Description				Amount	
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	Event # 03242014A	\$1,499.53				
Name of Payee The Orange Times, LLC	Date of Payment 03/31/2014	Method of Payment X Check # 139 Debit Card				
Street Address PO Box 584					Zip Code 06477	
Purpose of Expend A-NEWS	Description				Amount	
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	Event#		\$307.00			
Name of Payee Webster Bank	Date of Payment 03/31/2014	Method of Payment Check # X Debit Card				
Street Address 375 Bridgeport Ave		City Shelton		State CT	Zip Code 06484	
Purpose of Expend BNK	Description Monthly fee				Amount	
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co		\$35.00				

	IV. EXPENDITURES (Sections N - S)				
NAME OF COMMITTEE (Prov	ride Complete Name as Registered with Commission)		ТҮРЕ	OF REPORT		
Lauretti Governor 2014			April 10 Filing	- Original		
	N. Expenses Paid By Com	nittee	'			
Name of Payee Joseph T. Coppola, Esq	Date of Payment 03/31/2014	Method of Payment X Check # 131 Debit Card				
Street Address 115 Technology Dr # B207			State Zip Code CT 06611-6347			
Purpose of Expend WAGE	Description review of filings and data			Amount		
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	\$1,875.00					
Name of Payee Sheila O'Malley	Date of Payment 03/31/2014	Method of Payment X Check # 132 Debit Card				
Street Address 37 Booth Ave Unit 7		City Oakville		State Zip Code CT 06779		
Purpose of Expend WAGE	Description Fundraiser coordination, billing and data entry			Amount		
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	Event #	\$1,170.00				
Name of Payee Sheila O'Malley	Date of Payment 03/31/2014	Method of Payment X Check # 137 Debit Card				
Street Address 37 Booth Ave Unit 7		City Oakville		State Zip Code CT 06779		
Purpose of Expend RCW	Description purchase of P.O. box for campaign			Amount		
Is this expenditure coordinated with a which reimbursement is sought?	\$62.00					

IV. EXPENDITURES (Sections N - S)										
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)						TYPE OF REPORT				
Lauretti Governor 2014							April 10 Filing -	Original		
	N.	Expenses Paid By	Commit	tee						
					Date of Payment 03/31/2014		X C	Method of Payment X Check # 135 Debit Card		
Street Address 458 River Rd				City Shelton				State CT	Zip Code 04648	
Purpose of Expend FOOD	Expend Description Catering for 3-5-14 fundraiser								Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum Expenditure # (if applicable)						Event #		\$1,127.03		
							Total of	Total of Section N \$53,166.38		
	IV.	EXPENDITURI	ES (Sec	tions N - S))					
NAME OF COMMITTEE (Prov	vide Complete Name as Re	egistered with Commis	ssion)				TY	PE OF REPO	ORT	
							April 10 Filin	g - Original		
	O. Expe	enses Paid By Cand	idate				l			
Name of Payee (Name of vendor who cand	didate paid directly)				•	Date of Paym	ent	Is Reimburse	ment Claimed? Yes	No
Street Address		City			State	Zip Co	de		Amount	
Purpose of Expenditure (by code) Descript	ion					Event #		_		
								ol of Section C	. [

IV. EXPENDITURES (Sections N - S)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)						TYPE OF REPORT			
Lauretti Governor 20	14					A	April 10 Filing - Origir	al	
		P. Expenses Incur	red on Commit	tee Cre	edit Card				
Name of Issuing Institution	Name of Issuing Institution Type of Credit Card: Visa Master Card Discover Other							er	American Express
Name of Vendor					- I			Date of Tra	nsaction
Street Address					City			State	Zip Code
Purpose of Expenditure (by code)		Description							Amount
Is this expenditure coordinated with another candidate for Yes Expenditure # Event # (if applicable) If yes, assign an Expenditure # and complete Itemization in Addendum									
Total of Section P									
							Total of Section :		
		IV. EXPENDI	TURES (Sec	tions N	N - S)				
NAME OF COMMITTE	EE (Pr	rovide Complete Name as Registered	with Commission	n)			TYPE OF	REPORT	
Lauretti Governor 201	14						April 10 Filing - Orig	nal	
		Q. Expenses Incurred By Co	mmittee but No	ot Paid	During this Period	l			
Name of Creditor								Date Incurred	
Street Address				City				State	Zip Code
Purpose of Expenditure (by code)	Desci	ription							unt Incurred ate or Actual)
Is this expenditure coordinated reimbursement is sought? If yes, assign an Expenditure # 3		other candidate for which upletes Itemization in Addendum Q	Yes No		Expenditure # (if applicable)	Event #			
						Tota	l of Section O		,

IV. EXPENDITURES (Sections N - S)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								PORT	
Lauretti Governor 2014						April 10	Filing - Original		
R. Itemizatio	on of Reimbursem	ents to C	Committee Wo	rkers and (Consu	ltants			
Last Name of Worker/Consultant	First			MI	Dat	Date of Payment		Method of Payment	
								,	Check # Debit Card
Secondary Payee					<u> </u>			<u> </u>	Debit Card
		-							
Street Address			City					State	Zip Code
Purpose of Expenditure Description (by code)	on								Amount
Is this expenditure coordinated with another candidate for Yes Expenditure # (if applicable)						Event#			
If yes, assign an Expenditure # and completes Itemization in	No Addendum R								
						Total o	of Section R		
	IV. EXPEND	ITURE	ES (Sectuibs)	N - S)					
NAME OF COMMITTEE (Provide Complete N	ame as Registered w	ith Comm	nission)				TYPE OF REP	ORT	
Lauretti Governor 2014						April 10 I	Filing - Original		
S. S	Surplus Distributio	on of Eq	uipment and F	urniture					
Name of Recipient									
Street Address	City			te	Zip Code		Original Purchase Amount of Item		
Description of Item	1								
Total of Section S							tion S		