Electronic Filing

SEEC FORM 30 Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2012



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COVER	PAGE
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COVERTAGE									
1.NAME OF COMMITTEE						2. TY	PE OF COMMITTEE		
Somers 2014						x	Candidate Committee		
Somers 2014							Exploratory Committee		
3. TREASURER NAME									
First			MI	Last			Suffix		
Constantine			G	Antipas					
4. TREASURER ADDRESS									
Street Address		City			State		Zip Code		
164 Payer Ln		Mysti	c		ст		06355		
5. ELECTION DATE	6. OFFICE SOUGHT (Co	omplete or	nly if Candidate	Committee)	•	7. DISTI	RICT NUMBER (if applicable		
11/04/2014	Lieutenant Governo	or							
8. CANDIDATE NAME (Complete only if (Candidate or Exploratory Co	ommittee	e)						
First			MI	Last			Suffix		
Heather				Somers					
9. TYPE OF REPORT									
April 10 Filing - Original									
10. PERIOD COVERED									
	Beginning Date			Ending Date					
	01/19/2014	thru	L	03/31/2014					
11. CERTIFICATION									
I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.									
Electronic Filing	Constantine Antip	as		04/3	10/2014 9	9:48:07PI	м		
					E CERTIFIED)			
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.									

SEEC FORM 30 Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2012

NAME OF COMMITTEE	TYPE OF REPORT				
Somers 2014	April 10 Filing - Original				
	COLUMN A	COLUMN B			
	This Period	Aggregate			
12. Balance on hand from day Committee was formed		\$0.00			
13. Balance on hand at the beginning of Reporting Period	\$0.00				
14. Contributions received from Individuals (Section A and B)	\$55,760.00	\$55,760.00			
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00			
16. Other Monetary Receipts (Section D through I)	\$1,000.00	\$1,000.00			
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)	\$56,760.00	\$56,760.00			
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$56,760.00	\$56,760.00			
20. Expenses Paid by Committee (Section N)	\$10,069.36	\$10,069.36			
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col	\$46,690.64	\$46,690.64			
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$850.00	\$850.00			
23. In-Kind Contributions Received (Section K)	\$340.83	\$340.83			
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)	\$770.83	\$770.83			
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)	\$770.00				
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$770.00				

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L MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPO	RT						
Somers 2014			April 10 Filing - Original							
A. Total Contributions from Small Contributors-Received this Perio	od ON	VLY		•	ipating Cand	idates ONLY				
	T 19		\$0.0	0						
B. Itemized Contributions from		ividuals			1	1				
Last Name	First				MI	Contribution ID #				
Somers		Mark			J	0001				
Residential Street Address	City				State	Zip Code				
67 Ramsdell St	L	Groton			СТ	06340-3622				
Principal Occupation		Name of Employe								
Physician		L&M M	ledical Group, Inc.							
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a lo dependent child of		Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of government the contract is with:			x	No						
Is this contribution associated with a fundraising event listed in Section 112 Yes	Date F	Received	Aggregate Contributions							
If yes, list Event #	01/2	7/2014	\$100.00		\$100.00					
Last Name	First				MI	Contribution ID #				
Antipas		Constantine			G	0002				
Residential Street Address	City				State	Zip Code				
164 Payer Ln		Mystic			СТ	06355-1643				
Principal Occupation	<u> </u>	Name of Employe	r		_					
Lawyer		Self-e	mployed							
		Is contributor a lo		1	Amou	int of Contribution				
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of		Yes						
If yes, indicate which branch or branches of government the contract is with:			x	No						
Is this contribution associated with a fundraising event listed in Section 112 Yes	Date F	Received	Aggregate Contributions							
If yes, list Event #	01/2	8/2014	\$100.00			\$100.00				
Last Name	First				MI	Contribution ID #				
Collins	THSt	Raymond			V	0003				
Residential Street Address	City	Kaymona			State	Zip Code				
14 Pennywise Ln	City	Old Saybrook			CT	06475-2216				
Principal Occupation		Name of Employe				00475-2210				
Retired		Retire								
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a lo		Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of government the contract is with:		dependent child of	· · ·	No						
Is this contribution associated with a Method of contribution:	Date F	Received	Aggregate Contributions							
fundraising event listed in Section J1?										
If yes, list Event # No Cash Personal Check Order Credit/Debit Card	01/2	9/2014	\$100.00			\$100.00				

Page 4 of 242					
L. MONETARY RECEIPT	'S (Se	ection A-D			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	. (-	,	TYPE OF REPORT		
Somers 2014			April 10 Filing - Original		
B. Itemized Contributions from		Ľ			
	1	lividuals		I	
Last Name	First	_		MI	Contribution ID #
Dauphinais		Jane		S	0004
Residential Street Address	City	a .		State	Zip Code
826 Groton Long Point Rd		Groton		СТ	06340-5604
Principal Occupation		Name of Employe			
Retired		Retire			
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child o	bbbyist, spouse, or f a lobbyist? Yes	Ато	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?	Date	Received	Aggregate Contributions		
X No Cash Personal Check	01/	29/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card	01/.	29/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Dauphinais	1 11 50	Richard		M	0005
Residential Street Address	City	Richard		State	Zip Code
826 Groton Long Point Rd	City	Groton		СТ	06340-5604
Principal Occupation	I	Name of Employe	ər		00540-5004
Retired		Retire			
			bbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child o	Vac	111100	
If yes, indicate which branch or branches of Executive Legislative			X No		
	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
X No Cash Personal Check	01/	29/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card	01/				<i>4100100</i>
Last Name	First			MI	Contribution ID #
Ganswindt		Judith		А	0006
Residential Street Address	City			State	Zip Code
14 Pennywise Ln		Old Saybrook	(СТ	06475-2216
Principal Occupation		Name of Employe			
Lobbyist		Hughe	es & Cronin		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	int of Contribution
	0	dependent child o	f a lobbyist? Yes		
If yes, indicate which branch or branches of government the contract is with:			No No		
Is this contribution associated with a 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 Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Janney		Eric		м	0007
Residential Street Address	City			State	Zip Code
975 Stonington Rd		Pawcatuck		СТ	06379-1436
Principal Occupation Name of Employer					
Attorney Block, Janney & Pascal, LLC					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or	Amou	int of Contribution
	υ	dependent child o			
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 #	01/2	29/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card	1			1	

Page 5 of 242					
L. MONETARY RECEIPT	'S (Se	ection A-D			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	(,	TYPE OF REPORT		
Somers 2014			April 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuale			
	1	liviuuais			0 (1) (B)
Last Name	First			MI	Contribution ID #
Watson		Harry		A	0008
Residential Street Address	City	_ .		State	Zip Code
175 Shennecossett Pkwy		Groton		СТ	06340-5833
Principal Occupation Retired		Name of Employ Retire			
			11 1 / ·	Amou	nt of Contribution
Yes X No	D	dependent child of	Vac		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
Tundraising event listed in Section J1?					
	01/2	29/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Boughton		Mark			0009
Residential Street Address	City			State	Zip Code
23 Alan Ave		Danbury		СТ	06811-4712
Principal Occupation		Name of Employ	er	_	
Mayor		City o	f Danbury		
		-	obbyist, spouse, or	Amou	nt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	D	dependent child of	obbyist, spouse, or Second Sec		
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 Personal Check	01/	29/2014	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	01/	23/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Cruthers	1 1100	David			0010
Residential Street Address	City	Buvia		State	Zip Code
5 Prospect St	City	Groton		СТ	06340-8921
Principal Occupation		Name of Employ	or		00340-0921
Asst. Director of Development		. ,	Point School		
			11 1.	Amou	nt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	o	dependent child of	V	Allou	in of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government me conduct is with	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
No Cash Personal Check	01/	29/2014	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	01/.	29/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
	FIISt	1		IVII	
Klorczyk Residential Street Address	City	Lynne		State	0012
	City	Materia and		State	Zip Code
55 Westwood Dr	L	Waterford		СТ	06385-3826
Principal Occupation		Name of Employ			
Retired		Retire			at af Contails of
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		······································			
government the contract is with:	-				
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
Immutation green insection 31? Immutation green insectin 31? Immutation green insecti	_				1100.05
If yes, list Event # Money Order X Credit/Debit Card	01/3	29/2014	\$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		
Somers 2014			April 10 Filing - Original		
	T				
B. Itemized Contributions from	m Ind	lividuals		-	
Last Name	First			MI	Contribution ID #
Streeter		Irma		J	0015
Residential Street Address	City			State	Zip Code
64 Pleasant St		Groton		СТ	06340-3908
Principal Occupation		Name of Employ	/er		
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?	-	Is contributor a	lobbyist, spouse, or Yes	Amou	int of Contribution
	0	dependent child	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	
Tundraising event listed in Section J1?					
If yes list Event #	01/2	29/2014	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Streeter		James		L	0016
Residential Street Address	City			State	Zip Code
64 Pleasant St		Groton		ст	06340-3908
Principal Occupation		Name of Employ	/er		00310 3300
Forensic Evidence Examiner			employed		
				Amor	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac	- Internet	in of contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:	Data	Received	· · · · · · · · · · · · · · · · · · ·	-	
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
No Cash Personal Check	0.1.1	0.0014	+100.00		+100.00
If yes, list Event # Money Order X Credit/Debit Card	01/.	29/2014	\$100.00		\$100.00
			•		0
Last Name	First			MI	Contribution ID #
Marku		Petrit			0013
Residential Street Address	City			State	Zip Code
160 Shore Rd	<u> </u>	Waterford		СТ	06385-3428
Principal Occupation		Name of Employ			
Owner			autiful Painting & Remodeling		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a dependent child	lobbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		dependent child (·		
government the contract is with:			X No	1	
Is this contribution associated with a fundraising event listed in Section 112 Yes	Date	Received	Aggregate Contributions		
If yes, list Event #	01/3	29/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Turner		Howard		D	0021
Residential Street Address	City			State	Zip Code
44 Shawondassee Dr		Stonington		СТ	06378-2424
Principal Occupation		Name of Employ	/er		
Controller		Amet	ek SCP		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or Yes	Amou	int of Contribution
	0	dependent child			
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	
Is this contribution associated with a fundraising event listed in Section J1?					
X No Cash Personal Check	01/3	30/2014	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card		.,===.	+100.00		

NAME OF CRUE VERCE (PLSC (Section A1) NAME OF COMPISE (Name) & Registrate with Commission) TYPE OF REPORT NAME OF CRUE (Section A1) Ref of CRUE (Section						Page 7 of 242
April 19 And 19	I. MONETARY RECEIPT	'S (Se	ection A-I)	-		
Build and a series Note and series Note and series	NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Lat Name First Mit CastPoints ID # Bord Inn H 0017 Addential Stret Addees City New York NV 10023-74727 Procept Constraints State Type, New York NV 10023-74727 Numer Transport State Type, New York NV 10023-7472 Numer Transport State Type, New York NV 10023-7472 Numer Transport State Type, New York NV 10023-7472 Numer Transport State Type, New York NV Ansaet of Construction of the New York Indonence of construction of the New York NW Construction of the New York Ansaet of Construction of the New York Indonence of the New York NW Construction of the New York NW Construction of the New York Transport Construction of the New York NW Construction of the New York NW Indonence of Construction of the New York NW Construction of the New York NW Construction of the New York Transport Construction of the New York NW Construction of New York NW Construction of New York Indonence of Construction of New York NW Construction of New York NW Construction of New York<	Somers 2014			April 10 Filing - Original		
Lat Name First Mit CastPoints ID # Bord Inn H 0017 Addential Stret Addees City New York NV 10023-74727 Procept Constraints State Type, New York NV 10023-74727 Numer Transport State Type, New York NV 10023-7472 Numer Transport State Type, New York NV 10023-7472 Numer Transport State Type, New York NV 10023-7472 Numer Transport State Type, New York NV Ansaet of Construction of the New York Indonence of construction of the New York NW Construction of the New York Ansaet of Construction of the New York Indonence of the New York NW Construction of the New York NW Construction of the New York Transport Construction of the New York NW Construction of the New York NW Indonence of Construction of the New York NW Construction of the New York NW Construction of the New York Transport Construction of the New York NW Construction of New York NW Construction of New York Indonence of Construction of New York NW Construction of New York NW Construction of New York<	D Itemined Contributions for	1	P			
<form> Borid Bin HI 017 Redential Second Addrom Save Offengiors Save Offengiors</form>			lividuals		1	1
Instruct Market Cry State /p Cols Instruct Market Cry New York NY 10023-7472 Principal Coception State of Tzaplinyer State of Tzaplinyer NY 10023-7472 Instruction of state contractor or properties that contractor? Lys. Incluster, high State, space, or discussion of the contractor or properties that contractor? NY NY 10023-7472 Instruction of state contractor or properties that contractor? Lys. Incluster, high State, space, or discussion of the contractor or properties that c	Last Name	First				
155 W 60th 51. Apt. 4F3 New York NY 10023-7472 Principul Computer Suttern's Sutt	Bond		Ian		Н	0017
Pricepal Comparison Name of Employer Buddent Locarthum a pumpial of a state contractor or prospective state contractor Lyrx, indices which have have numbers of legislative Lyrx, indices which have numbers of legislative Locarthum a subsystem, groups, et al. (Link) Lyrx, indices which have numbers of legislative Locarthum a subsystem, groups, et al. (Link) Amount of Contribution of Contribut	Residential Street Address	City			State	Zip Code
<form> Student Student Is output ar generated of a state contractor or propertor where any properor where any propertor where any proproperotion where</form>	155 W 60th St Apt 4F3		New York		NY	10023-7472
Is detributed a general of a state contractor or prospective state contractor? Ivanilation a general work halfwate (2003.4% contractor) Answer of Contributions of a state contractor of the state of the s	Principal Occupation		Name of Employ	/er		
I Yee No dependent child of a latkoging: Yes I Yee, list level # Yes I gegitative	Student		Stude	ent		
In this watch which handword or bandword of index watch with index of count basis of index of count ba	Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amou	int of Contribution
owner of the contract is which is a block of contributions of the odd of contributions of		0	dependent child	of a lobbyist?		
http://maximizer.org/main/science/interview Agerspate Contributions Agerspate Contributions fryse, list /voor # None Contributions Date Recover Agerspate Contributions fryse, list /voor # None Contributions Date Recover Agerspate Contributions fryse, list /voor # None Contributions None Stone Agerspate Contributions Residential Street Addres Contributions Contributions Contributions None Zip Code 1 Stone of Contributions None Contributions None Zip Code 6 Stone of Contributions None Stone of Contributions None Zip Code 7 Stone of Contributions None of Contributions None of Contributions None Zip Code 7 Stone of Contributions None of Contributions None of Contributions None of Contributions None Stone None No	Evaputiva			x _{No}		
Instances I Image of all field of action 017 Image of all field of action 018 Image	Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
If yee, list Ivent # If Noney Order Credit Delta (Caster) MI Controlution ID # Last Name First MI Controlution ID # Residentif Stretch Addes Credit Delta (Caster) State Zip Code 32 Water St Unit 37 State State Zip Code Principize State controlution associated with a flat control or prospective state cont	fundraising event listed in Section J1?					
If yes, list level # Morey Over ▲ Cedet Debt Over A Cedet Debt Over A Mile Contribution 1D # Is at Name Spring Correlius Null Contribution 2D # 0013 Besidenial Street Address Strein Address CT 06378-1462 0013 Principla Compation Nume of Employme Nume of Employme CT 06378-1462 Principla Compation Nume of Employme Nume of Employme CT 06378-1462 Principla Compation Nume of Employme Nume of Employme Nume of Employme CT 06378-1462 Is contribute a principal of state contractor or prospective state contractor? Nume of Employme Nume of Employme<		01/3	30/2014	\$100.00		\$100.00
<form> Region Output Support Support</form>	If yes, list Event # Money Order X Credit/Debit Card	01/0	50,2021	÷100100		÷100.00
<form> Region Outload 0018 Residential Street Address Car Street <t< td=""><td>Last Nama</td><td>First</td><td></td><td></td><td>м</td><td>Contribution ID #</td></t<></form>	Last Nama	First			м	Contribution ID #
Residential Street Address City State Zip Code 22 Water SL unit 37 Name of Employer CT 06378-1462 Principal Occupation Name of Employer Name of Employer Yes Is contributer a principal of a state contractor or prospective state contractor? Yes Name of Employer Yes It yes, indicate which hench or branches of waverment the contract is with a fandancial or section 11? Yes Name Aggregate Contributions of Informations Name of Employer It yes, list Event # None Cash Precode Aggregate Contributions Name of Toployer It yes, list Event # None Cash Precode O1/30/2014 \$100.00 \$100.00 It sectoritation associated with a fandancia operation None Cash Precode O1/30/2014 \$100.00 \$100.00 It sectoritation associated with a fandation sectoritation of prospective state contractor or prospective state contractor Name of Imployer State Zip Code Residential Street Address City Name of Imployer State Zip Code Is contribute a principal of a state contractor or prospective state contractor Name of Imployer Name of Imployer Retired		1 11 50	Complian		1011	
32 Water St Unit 37 CT 06378-1462 Principilo Cecupitoin Name of Tampbar Name of Tampbar Name of Tampbar I contribution a principal of a state contractor or prospective state contractor? ves		<i>a</i> :-	Cornellus		a	
Principal Occupation Name of Employer Franchisee Name of Employer Is contributor a principal of a state contractor or prospective state contractor? Ive markstop If yes, indicate which branch or branches of avacerment the contract is with a market in Section J1? Ive markstop It yes, instruct which branch or branches of and answer/ and the dist in Section J1? Ves. Cash Personal Check 01/30/2014 \$100.00 \$100.00 Last Name Sherman Cash Personal Check Mystic Crift distribution and the obstyle state contractor or prospective state contractor? Ves. No \$100.00 \$100.00 Last Name Sherman First Mil Contribution ID # Contribution ID # Principal Cocupation Retired Name of Employer Retired Crift distructure State Zip Code Is contributor a principal of a state contractor or prospective state contractor? Ves. No Is contributor a babysis, spoase, or dependent child of a lobbysis? Mil Contribution ID # Principal Cocupation Retired State Crift distructure State Crift distructure State Crift distructure Ves No Is contrib		City	_			1
Franchise New London Communications Is contributor a principal of a state contractor prospective state contrac		L	-		СТ	06378-1462
Is contributor a principal of a state contractor or prospective state contractor?	Principal Occupation		Name of Employ	/er		
I'yes, indicate which branch or branches of anomenon the contractive if with:	Franchisee		New	London Communications		
If yes, indicate which branch or branches of	Is contributor a principal of a state contractor or prospective state contractor?	0		Vac	Amou	int of Contribution
a generative the contrabution associated with a findraising event listed in Section J1? Pres Method of contribution Aggregate Contributions Aggregate Contributions If yes, list Event # No Cash Personal Check No Shorman Mil Contribution D2 Is start for the data section J1? No Cash Personal Check No Shorman Mil Contribution D2 Is start for the data section J2 No Cash Personal Check No Shorman Mil Contribution D2 Is start for the data section J2 No Cash Personal Check No Shorman	If was indicate which branch or branches of the test of te	°	dependent child of			
indraising event listed in Section 11? Yes	Evacutiva			x _{No}		
Indicating event lated in Section J1?	Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
If yes, jist Event # Image order Image or equivable or equiv	fundraising event listed in Section J1?					
If yes, isit Event # Money Order Credit/Debit Card Interval is the set on the		01/3	30/2014	\$100.00		\$100.00
Sherman Karen E 019 Residential Street Address City Sate Zip Code 306 Fishtown Rd Mystic CT 06355-2035 Principal Occupation Name of Employment Retired Second Employment Second Employment Is contributor a principal of a state contractor or prospective state contractor?	If yes, list Event # Money Order X Credit/Debit Card	,				•
Sherman Karen E 019 Residential Street Address City Sate Zip Code 306 Fishtown Rd Mystic CT 06355-2035 Principal Occupation Name of Employment Retired Second Employment Second Employment Is contributor a principal of a state contractor or prospective state contractor?	Last Name	First			МІ	Contribution ID #
Residential Street Address City State Zip Code 306 Fishtown Rd Mystic CT 063355-2035 Principal Occupation Retired Retired Retired 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, spouse, or depen			Karen			
306 Fishtown Rd Mystic CT 06355-2035 Principal Occupation Name of Employer Retired Retired Anne of Employer Mil Contribution 1D # 14 yes, indicate which branch or branches of under the dorf a lobby ist, gouse, or		City	Karen			
Principal Occupation Name of Employer Retired Retired Is contributor a principal of a state contractor or prospective state contractor? Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Amount of Contribution If yes, indicate which branch or branches of government the contract is with: Executive Legislative Xes Aggregate Contributions Amount of Contribution Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution: Date Received Aggregate Contributions \$100.00 \$100.00 Last Name Cash Personal Check Ot/31/2014 \$100.00 \$100.00 \$100.00 Last Name First MI Contribution ID # 0020 Residential Street Address City State Zip Code 306 Fishtown Rd Ves Ves Name of Employer Retired 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, spouse, or dependent child of a lobbyist. Amount of Contribution Is contributor a principal of a state contractor or prospective state contractor? Yes No Is contributor a		City	Mustia			1
Retired Retired Is contributor a principal of a state contractor or prospective state contractor? Yes Yes<		L			CI	06355-2035
Is contributor a principal of a state contractor or prospective state contractor? I yes X No I yes X No I yes X No I sontributor a lobbyist, spouse, or dependent child of a lobbyist. Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of province or prospective state contractor? If yes, indicate which branch or branches of province or dependent child of a lobbyist. Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of province or dependent child of a lobbyist. Is contributor a lobb			1 5			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative Xoo Is this contribution associated with a lundraising event listed in Section J1? Yes Method of contribution: Date Received Aggregate Contributions If yes, list Event # No Cash Personal Check 01/31/2014 \$100.00 \$100.00 Last Name Last Name First Male Contribution DP # Sherman Cash Personal Check 01/31/2014 \$100.00 \$100.00 Residential Street Address Credit/Debit Card Otype: Male Contribution DP # Obje: Sherman Contribution: No Otype: Cash Personal Check 01/31/2014 \$100.00 Residential Street Address Cash Personal Check Otype: Male Contribution DP # Option: No Cash Personal Check Otype: Male Contribution DP # Residential Street Address Cash Personal Check Otype: Male Contribution DP # Principal Occupation Cash Personal Check City State Zip Code Retired No State contractor or prospective state contractor? Yes Name of Employer State Contribution If yes, indicate which branch or branches of Personal Check So No Contribution Ameeintering Ameeintering If yes, indicate which branch or branches of Personal Check So No Contribution						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative Image: Security is to contribution associated with a fundraising event listed in Section J1? Yes Method of contribution: Date Received Aggregate Contributions Is this contribution associated with a fundraising event listed in Section J1? Yes Cash Personal Check O1/31/2014 \$100.00 If yes, list Event # No Cash Personal Check O1/31/2014 \$100.00 \$100.00 Executive Credit/Debit Card First Residential Street Address Gof Fishtown Rd Principal Occupation Retired Soft Fishtown a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of prospective state contractor? If yes, indicate which branch or branches of prospective state contractor? If yes, indicate which branch or branches of prospective state contractor? Is contribution Is contributor a principal of a state contractor or prospective state contractor? Is contribution Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a biophysic, spouse, or dependent child of a lobbyist? Is contributor a lobbyist. Is not inclusion or prospective state contractor? Is contributor Is contributor a lobbyist. <p< td=""><td>Is contributor a principal of a state contractor or prospective state contractor?</td><td>0</td><td></td><td>- V</td><td>Amou</td><td>int of Contribution</td></p<>	Is contributor a principal of a state contractor or prospective state contractor?	0		- V	Amou	int of Contribution
government the contract is with: Executive Legislative Aggregate Contributions Is this contribution associated with a fundarising event listed in Section J1? Yes Method of contribution: Date Received Aggregate Contributions If yes, list Event # No Cash X Personal Check 01/31/2014 \$100.00 \$100.00 Last Name Money Order Credit/Debit Card First MI Contribution ID # Sherman First Roger MI 0020 Residential Street Address City State Zip Code 306 Fishtown Rd Ves Yes No Nome of Employer Principal Occupation Yes Yes Name of Employer Retired 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? Yes If yes, indicate which branch or branches of Executive Legislative Is contributor a lobbyist? Yes	If yes, indicate which branch or branches of		dependent ennu (· _		
fundraising event listed in Section J1? Yes Money Order Cash Money Order Personal Check Credit/Debit Card 01/31/2014 \$100.00 \$100.00 Issue Contribution ID # Amoney Order First Last Name First Sherman MI Contribution ID # Sherman Contribution ID # Sherman Contribution ID # Sherman City Residential Street Address City 306 Fishtown Rd City Principal Occupation State Retired Name of Employer Retired State contractor or prospective state contractor? Yes No If yes, indicate which branch or branches of Lagitation Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of Lagitation Is contributor a lobbyist; spouse, or dependent child of a lobbyist? If yes, indicate which branch or branches of Lagitation	Executive			X No		
Inductarising event his defined in Section 71? If yes, list Event # If yes, list Event # <	Vec	Date	Received	Aggregate Contributions		
If yes, list Event # No Image: Credit/Debit Card 01/31/2014 \$100.00 \$100.00 It yes, list Event # Mil Contribution ID # Amme Roger Mil Contribution ID # Sherman Roger Mil 0020 Residential Street Address City State Zip Code 306 Fishtown Rd Yes Mystic CT 06355-2035 Principal Occupation Name of Employer Retired CT 06355-2035 Principal of a state contractor or prospective state contractor? Yes No Is contributor a lobbyist; spouse, or dependent child of a lobbyist? Yes If yes, indicate which branch or branches of Fracuting Lagidating Is contributor a lobbyist? Yes X						
Last Name First MI Contribution ID # Sherman Roger M 0020 Residential Street Address City State Zip Code 306 Fishtown Rd Mystic CT 06355-2035 Principal Occupation Name of Employer Etered Etered 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? Yes Yes If yes, indicate which branch or branches of Executive Lavielative Is contributor a lobbyist? Yes No		01/3	31/2014	\$100.00		\$100.00
Sherman Roger M 0020 Residential Street Address City State Zip Code 306 Fishtown Rd Mystic CT 06355-2035 Principal Occupation Name of Employer CT 06355-2035 Retired Retired State CT 06355-2035 Is contributor a principal of a state contractor or prospective state contractor? Yes Name of Employer Yes If yes, indicate which branch or branches of Lexiplation Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	in yes, list Event #					
Residential Street Address City State Zip Code 306 Fishtown Rd Mystic CT 06355-2035 Principal Occupation Name of Employer Retired Retired Retired Yes <xno< td=""> Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If yes, indicate which branch or branches of Executive Lexiplative Is contributor a lobbyist? Yes</xno<>	Last Name	First			MI	Contribution ID #
306 Fishtown Rd Mystic CT 06355-2035 Principal Occupation Name of Employer Retired Image: Comparison of Example of a state contractor or prospective state contractor? Image: Comparison of	Sherman		Roger		м	0020
306 Fishtown Rd Mystic CT 06355-2035 Principal Occupation Name of Employer Retired V Retired Retired If yes, indicate which branch or branches of yes Yes Sontributor a lobbyist; spouse, or dependent child of a lobbyist? Is contributor a lobbyist? Yes Is contributor a lobbyist? Is contributor a lob	Residential Street Address	City	_		State	Zip Code
Principal Occupation Retired Name of Employer Retired Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of Feronting Legislative Legisla	306 Fishtown Rd		Mystic		ст	-
Retired Retired Is contributor a principal of a state contractor or prospective state contractor? Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist?		ا ا		/er		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of If yes, indicate which branches of If						
If yes, indicate which branch or branches of Frequencies of Frequencie					Amor	int of Contribution
If yes, indicate which branch or branches of	Yes X N	0		Vac	Aniou	an or contribution
Executive L Legislative	If yes, indicate which branch or branches of					
				i	l	
Is this contribution associated with a fundraising event listed in Section J1? Ves Method of contribution: Date Received Aggregate Contributions	Vac	Date	Received	Aggregate Contributions		
	If yes, list Event #	01/3	31/2014	\$100.00		\$100.00
	If yes, list Event # Money Order Credit/Debit Card	01/3	51/2014	\$100.00		\$100.00

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I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	Ì	,	TYPE OF REPORT		
Somers 2014			April 10 Filing - Original		
	T 1				
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Boughton		Phylis			0026
Residential Street Address	City			State	Zip Code
23 Alan Ave		Danbury		СТ	06811-4712
Principal Occupation		Name of Employ	er		
Owner		Conn	. Kitchen and Bath		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	obbyist, spouse, or	Amou	int of Contribution
Is contractor a principal of a state contractor of prospective state contractor?	0	dependent child	obbyist, spouse, or of a lobbyist? Yes		
If yes, indicate which branch or branches of Executive Legislative			X No		
government the contract is with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Dute	licectived	riggregate controlations		
No Cash Personal Check	0.01		+100.00		+100.00
If yes, list Event # Money Order X Credit/Debit Card	02/0	01/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Zahn		Brad			0028
Residential Street Address	City			State	Zip Code
9129 Dupont Pl		Wellington		FL	33414-6475
Principal Occupation		Name of Employ	er		
Funeral Director		Tillma	an Funeral Home		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	obbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac		
If yes, indicate which branch or branches of Executive Legislative			X No		
government the contract is with: Legislative Legislative	Data	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X No Cash Personal Check					
If yes, list Event # No Money Order X Credit/Debit Card	02/0	01/2014	\$100.00		\$100.00
					1
Last Name	First			MI	Contribution ID #
Pryor		John			0033
Residential Street Address	City			State	Zip Code
518 W Galena Ave		Telluride		СО	81435
Principal Occupation		Name of Employ	er	-	
Finance		Self			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	obbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
Is this contribution consisted with a second s	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Dute	licectived	riggregate controlations		
X No Cash Personal Check	0.21	2/2014	±100.00		±100.00
If yes, list Event # Money Order X Credit/Debit Card	02/0	03/2014	\$100.00		\$100.00
					1
Last Name	First			MI	Contribution ID #
Bonelli		Cecilia		D	0034
Residential Street Address	City			State	Zip Code
27 Meech Ave		Groton		СТ	06340-5807
Principal Occupation		Name of Employ	er		
Stylist		Talbo	ts		
				Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac		
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:	Det	Pagained	i		
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event #	02/0	04/2014	\$100.00		\$100.00

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L MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT		
Somers 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	ividuals			
Last Name	First			MI	Contribution ID #
Foster		Lewis		F	0035
Residential Street Address	City			State	Zip Code
75 Library St		Mystic		СТ	06355-2419
Principal Occupation	·	Name of Employ	/er		
Retired		Retire	ed		
			labbruist anougo or	Amor	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac	111100	
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:					
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event #	02/0	04/2014	\$100.00		\$100.00
	I				
Last Name	First			MI	Contribution ID #
Foster		Marilyn		S	0036
Residential Street Address	City			State	Zip Code
75 Library St		Mystic		СТ	06355-2419
Principal Occupation	<u> </u>	Name of Employ	/er	_	
Retired		Retire			
			lobbyist, spouse, or	Amor	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac	Anot	ant of Contribution
If yes, indicate which branch or branches of		1	X No		
government the contract is with:					
Is this contribution associated with a fundamining struct listed in Section 112 Yes	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes, list Event #	02/0	04/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Prunty		Peter		J	0038
Residential Street Address	City			State	Zip Code
4 Marc Rd		Danbury		СТ	06810-8262
Principal Occupation	·	Name of Employ	ver		
Community Service Rep.		City c	of Danbury		
		,	lobbyist, spouse, or	Amor	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	- V	111100	
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?	Date	Received	Aggregate Contributions		
If yes, list Event #	02/0	04/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Janney		Кау		E	0023
Residential Street Address	City			State	Zip Code
97 Three Acre Rd		Groton		СТ	06340-5855
Principal Occupation		Name of Employ	/er		-
Retired		Retire			
			lobbyist spouse or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac		
If yes, indicate which branch or branches of coverement the contract is with:			x _{No}		
government the contract is with:		Density 1			
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X No Cash Personal Check		04/2014	\$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		
Somers 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			•
Last Name	First			MI	Contribution ID #
Martinez-Drab		Giovanna			0014
Residential Street Address	City			State	Zip Code
116 Noank-Ledyard Rd		Mystic		СТ	06355-1525
Principal Occupation		Name of Employ	/er	-	
Nurse		Yale-	New Haven Hospital		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a dependent child	lobbyist, spouse, or	Amou	ant of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent enna (x No		
government the contract is with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Date	Received	Aggregate Controlutions		
X No Cash Personal Check	0.24		+100.00		+100.00
If yes, list Event # Money Order Credit/Debit Card	02/0	04/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Banker		Sharon		E	0022
Residential Street Address	City			State	Zip Code
97 Jeremy Hill Rd		North Stonin	gton	СТ	06359-1202
Principal Occupation		Name of Employ	ver	•	•
Title Searcher		SB Ti	tle, LLC		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amou	ant of Contribution
Yes X N	0	dependent child	of a lobbyist? Yes		
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?	Duit	litteritea	1661 egate controlations		
X No Cash Personal Check	0.2/1	24/2014	¢100.00		±100.00
If yes, list Event # Money Order Credit/Debit Card	02/0	04/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Martin		Edward		G	0024
Residential Street Address	City			State	Zip Code
17 Woodland Dr W		Groton		СТ	06340-4128
Principal Occupation		Name of Employ	/er		
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?	-	Is contributor a	lobbyist, spouse, or	Amou	ant of Contribution
	0	dependent child	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
X No Cash Personal Check	02/0	04/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card	/		+		+
Last Name	First			MI	Contribution ID #
Rossman	Filst	Vietoria		M	0025
	<i>a</i> :-	Victoria			
Residential Street Address	City			State	Zip Code
74 Stonecrest Rd	L	Groton		СТ	06340-4818
Principal Occupation		Name of Employ			
Retired		Retire			
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	ant of Contribution
If yog indicate which branch or branches of	~	dependent child			
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?					
X No Cash Personal Check	02/0	04/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card	1 ′				

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I. MONETARY RECEIPT	'S (Se	ction A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	Ì	, , , , , , , , , , , , , , , , , , ,	TYPE OF REPORT		
Somers 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	ividuals			
Last Name	First			MI	Contribution ID #
Darcy		William		R	0032
Residential Street Address	City			State	Zip Code
35 Pompey Hollow Rd		Ashford		СТ	06278
Principal Occupation		Name of Employ	er		
Retired		Retire	ed		
			obbyist spays or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	Vac		
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:		. · · ·			
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event #	02/0	04/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Drab		Gregory		А	0011
Residential Street Address	City			State	Zip Code
116 Noank-Ledyard Rd		Mystic		СТ	06355-1525
Principal Occupation	<u> </u>	Name of Employ	er	-	
Owner			nture Personal Training, LLC		
			obbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	Vac	Allot	in or 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?	Date I	Received	Aggregate Contributions		
If yes, list Event #	02/0	04/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Nelson		Christine			0037
Residential Street Address	City			State	Zip Code
3728 Stonewall Dr SE		Atlanta		GA	30339-3365
Principal Occupation		Name of Employ	er		
Banker		Bank			
			obbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	o	dependent child of	V		in or controlation
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:	Dete 1	Di d			
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X No Cash Personal Check					
If yes, list Event # Money Order X Credit/Debit Card	02/0	04/2014	\$100.00		\$100.00
				1	
Last Name	First			MI	Contribution ID #
Adams		Karin		Н	0039
Residential Street Address	City			State	Zip Code
61 Brookside Ln		Groton		СТ	06340-4301
Principal Occupation		Name of Employ	er		
Homemaker		Home	emaker		
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?	0	dependent child of	Vac		
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:	Dotal	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Date		Aggregate Contributions		
X No Cash Personal Check			+20.00		+20.00
If yes, list Event # Money Order Credit/Debit Card	02/0)5/2014	\$20.00		\$20.00

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I. MONETARY RECEIPT	'S (Se	ction A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT		
Somers 2014			April 10 Filing - Original		
	T 1	•••			
B. Itemized Contributions from	m Ind	ividuals		-	1
Last Name	First			MI	Contribution ID #
Bresnyan		Nicki		L	0040
Residential Street Address	City			State	Zip Code
2266 Gold Star Hwy		Mystic		СТ	06355-1020
Principal Occupation		Name of Employ	rer		
Executive Assistant		Town	of Groton		
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 lobbyist? Yes		
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 Personal Check	02/0	5/2014	\$100.00		\$100.00
If yes, list Event #	02/0	572011	\$100.00		<i>4100.00</i>
Last Name	First			MI	Contribution ID #
Knapp Jr.	Thist	Jack		Н	0041
Residential Street Address	City	Jack		State	Zip Code
	City	5 1			-
1 Valley Stream Dr	L	Danbury		СТ	06811-3830
Principal Occupation		Name of Employ			
Sales			ss Paper	-	
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of		dependent child of			
government the contract is with:			x _{No}		
Is this contribution associated with a for draining work listed in faction 112 Yes	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
	02/0	5/2014	\$50.00		\$50.00
If yes, list Event # Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Pritchard		Jeffrey		с	0043
Residential Street Address	City	,		State	Zip Code
31 W Mystic Ave		Mystic		ст	06355-2333
Principal Occupation	<u> </u>	Name of Employ	rer		
Retired		Retire			
			abbyist spaysa or	Amor	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	- V	111100	an 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		
X No Cash Personal Check					
If yes, list Event # Money Order Credit/Debit Card	02/0	05/2014	\$100.00		\$100.00
	1			• •	1
Last Name	First			MI	Contribution ID #
Somers		Wilma		R	0047
Residential Street Address	City			State	Zip Code
1212 Laurelwood Rd		Kettering		ОН	45409-1219
Principal Occupation	Ī	Name of Employ	rer		
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?	_	Is contributor a l	lobbyist, spouse, or Yes	Amou	unt of Contribution
	υ	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	1	
fundraising event listed in Section J1?					
No Cash Personal Check	02/0	6/2014	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	`	, 201 T	\$100.00		+-50100

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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		
Somers 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	ividuala			
	1	ividuals		1	1
Last Name	First			MI	Contribution ID #
Velletri		Laura			0048
Residential Street Address	City			State	Zip Code
73 Colony Rd		Groton		СТ	06340-5409
Principal Occupation		Name of Employ	rer	-	-
Assistant Regional Credit Manager		Citize	ns Bank		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	int of Contribution
	0	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 Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
No Cash Personal Check	02/0	06/2014	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	02/0	50/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
	FifSt	Form 1		1011	
Ribas		Francisco			0049
Residential Street Address	City			State	Zip Code
52 New Shore Rd	L	Waterford		СТ	06385-3609
Principal Occupation		Name of Employ	rer		
Office Engineer		Gann	et Fleming, Inc.		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	int 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		
fundraising event listed in Section J1?					
No Cash Personal Check	02/0)7/2014	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	02/0	5772014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
	FIISt	C 11			
Stone		Gerald		I	0050
Residential Street Address	City			State	Zip Code
19 Read St		Deep River		СТ	06417-1918
Principal Occupation		Name of Employ	rer		
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?			lobbyist, spouse, or Yes	Amou	int of Contribution
If you indicate which brough as broughes of	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 fundration associated with a fundration are writed in Section 112 Yes	Date	Received	Aggregate Contributions	1	
No Cash Personal Check	02/0	07/2014	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Hagen	. 1150	Peter		J	0045
Residential Street Address	City			State	
	City	Colem			Zip Code
215 Buckley Rd	μ.,	Salem		СТ	06420-3741
Principal Occupation		Name of Employ	rer		
Systems Administrator		CSC			
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	int of Contribution
		dependent child of	of a fobbyist?		
If yes, indicate which branch or branches of government the contract is with:			× No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
Tundraising event listed in Section J1?	1				
	02/0	07/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card	1 (-			

								Page 14 of 242
		I. MONE	TARY RECEIPT	rs (Se	ection A-I)	-		
NAME OF COMMITTEE (Provide Com	plete	Name as Registere	ed with Commission)	,	,	TYPE OF REPORT		
Somers 2014						April 10 Filing - Original		
		D I/ ·		-				
		B. Itemized	l Contributions fro	m Inc	lividuals			
Last Name				First			MI	Contribution ID #
Robinson					William		L	0027
Residential Street Address				City			State	Zip Code
25 Lemont Rd					Groton		СТ	06340-4811
Principal Occupation					Name of Employ	/er		-
Student					Stude	ent		
Is contributor a principal of a state contractor or prospect	tive sta	te contractor?	Yes X N		Is contributor a	lobbyist, spouse, or	Amou	int of Contribution
			Yes X N	lo	dependent child	of a lobbyist? Yes		
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 contributio		Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Yes	_	-	But	litterited	1661 egate controlations		
X I	NT-	x Cash	Personal Check	0.2/	07/2014	± < 0, 00		±60.00
If yes, list Event #	NO	Money Order	Credit/Debit Card	02/	07/2014	\$60.00		\$60.00
Last Name				First			MI	Contribution ID #
Robinson					Beth-Ann		М	0031
Residential Street Address				City			State	Zip Code
25 Lemont Rd					Groton		СТ	06340-4811
Principal Occupation					Name of Employ	/er		
Retired					Retire	ed		
Is contributor a principal of a state contractor or prospect	tive sta	te contractor?	Yes X N		Is contributor a	lobbyist, spouse, or	Amou	int of Contribution
			Yes X N	lo	dependent child	of a lobbyist? Yes		
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 contributio	-	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Yes			Dute	Received	Aggregate controlitons		
x ,	NT-	Cash	X Personal Check	0.24	07/2014	¢100.00		+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 #
Heede					Conrad		F	0052
Residential Street Address				City			State	Zip Code
58 Mirra Dr					Groton		СТ	06340-4445
Principal Occupation					Name of Employ	/er		
Revenue Manager					Wate	rford Hotel Group		
Is contributor a principal of a state contractor or prospect	tive sta	te contractor?	Yes X N		Is contributor a	lobbyist, spouse, or Yes	Amou	int of Contribution
			Yes X N	10	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches of government the contract is with:		Executive	Legislative			x No		
		Method of contribution	on:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Yes	-						
x I	No	Cash	Personal Check	02/	08/2014	\$25.00		\$25.00
If yes, list Event #		Money Order	X Credit/Debit Card	02/	00/2014	Ψ25.00		φ23.00
								Contribution ID //
Last Name				First			MI	Contribution ID #
Johnson					Edward		R	0053
Residential Street Address				City			State	Zip Code
100 Plaza Ct					Groton		СТ	06340-0981
Principal Occupation					Name of Employ	/er		
Retired					Retire	ed		
Is contributor a principal of a state contractor or prospect	tive sta	te contractor?	Yes X N	la		lobbyist, spouse, or Yes	Amou	int of Contribution
			res r	10	dependent child	of a fobbyist?		
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 contributio	-	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Yes		-					
x ,	No	Cash	Personal Check	02/	08/2014	\$25.00		\$25.00
If yes, list Event #		Money Order	X Credit/Debit Card	02/	00/2017	φ23.00		Ψ 2 3.00

					Page 15 of 242
I. MONETARY RECEIPT	'S (Se	ection A-I)	-		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	Ì	,	TYPE OF REPORT		
Somers 2014			April 10 Filing - Original		
	T 1				
B. Itemized Contributions from	m Ind	ividuals		•	
Last Name	First			MI	Contribution ID #
Navarro		Kenneth		F	0054
Residential Street Address	City			State	Zip Code
74 N Cove Rd		Old Saybroo	k	СТ	06475-2560
Principal Occupation		Name of Employ	er	-	
CEO		Healt	htrax		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	obbyist, spouse, or Yes	Amou	int of Contribution
	0	dependent child			
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?					
X No Cash Personal Check	02/0	08/2014	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	, -		+		+
Last Name	First			MI	Contribution ID #
	1 1150	Nonotto		1011	0055
Navarro	C '+	Nanette			
Residential Street Address	City			State	Zip Code
74 N Cove Rd	L	Old Saybroo		СТ	06475-2560
Principal Occupation		Name of Employ	rer		
part time		Healt	htrax		
Is contributor a principal of a state contractor or prospective state contractor?			lobbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of	°	dependent child	of a lobbyist?		
government the contract is with:			x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
X No Cash Personal Check	02/0	08/2014	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
O'Beirne	1 1100	Heather			0056
Residential Street Address	Citre	Heather		State	
	City				Zip Code
4103 Orleans Pl	L	Alexandria		VA	22304-1618
Principal Occupation		Name of Employ			
Psychologist			ican Psychological Association	n	
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	int of Contribution
If you indicate which branch as branches of		dependent child			
government the contract is with:			x _{No}		
Is this contribution associated with a fundraising event listed in Section 112 Yes	Date	Received	Aggregate Contributions		
	02/0	08/2014	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Plant		Stephen		J	0057
Residential Street Address	City			State	Zip Code
202 S Anguilla Rd		Pawcatuck		СТ	06379-1439
Principal Occupation	<u> </u>	Name of Employ	er		
Oyster farmer			employed	<u> </u>	nt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	ls contributor a dependent child	obbyist, spouse, or Second Alaberty Yes	Amou	int of Contribution
If yes, indicate which branch or branches of					
government the contract is with:			·		
Is this contribution associated with a for device work listed in Section 112 Yes	Date	Received	Aggregate Contributions		
	1				
If yes, list Event #	02/0	08/2014	\$100.00		\$100.00
	1		1	1	

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I. MONETARY RECEIPT	'S (Se	ection A-I)	-		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	Ì	,	TYPE OF REPORT		
Somers 2014			April 10 Filing - Original		
	T 1				
B. Itemized Contributions from	m Ind	ividuals			
Last Name	First			MI	Contribution ID #
Rhodes		Victoria		F	0058
Residential Street Address	City			State	Zip Code
2175 Fox Run Dr		Kinston		NC	28504-1979
Principal Occupation		Name of Employ	rer		
Physician Assistant		Kinst	on Dermatology		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	obbyist, spouse, or	Amou	int of Contribution
Yes X N	0	dependent child	of a lobbyist? Yes		
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?	Buie		- iggregate controlations		
X No Cash Personal Check	0.210	00/2014	¢100.00		±100.00
If yes, list Event # Money Order X Credit/Debit Card	02/0	08/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Somers		David		A	0059
Residential Street Address	City			State	Zip Code
2119 N Racine Ave		Chicago		IL	60614-4001
Principal Occupation		Name of Employ	rer		
CEO		Quali	ty Products		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	obbyist, spouse, or	Amou	int of Contribution
Yes Yes Y	0	dependent child	of a lobbyist? Yes		
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?	Buie		- iggregate controlations		
No Cash Personal Check	0.210	00/2014	¢100.00		±100.00
If yes, list Event # Money Order X Credit/Debit Card	02/0	08/2014	\$100.00		\$100.00
			•		
Last Name	First			MI	Contribution ID #
Somers		Maribeth		R	0060
Residential Street Address	City			State	Zip Code
2119 N Racine Ave		Chicago		IL	60614-4001
Principal Occupation		Name of Employ	rer		
Sales/Stylist		Stella	and Dot		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	obbyist, spouse, or Yes	Amou	int of Contribution
	0	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
X No Cash Personal Check	02/0	08/2014	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	02/0	50/2014	\$100.00		\$100.00
L est Menne	P				Contribution ID //
Last Name	First			MI	Contribution ID #
Markow		James			0064
Residential Street Address	City			State	Zip Code
37 Center St	L	Niantic		СТ	06357-2659
Principal Occupation		Name of Employ	rer		
Oyster farmer		Aeros	s Oyster Co.		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	int of Contribution
	U	dependent child	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		
fundraising event listed in Section J1?					
No Cash Personal Check	02/0	09/2014	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	02/0	57/2017	\$100.00		¥100.00

					Page 17 of 242
I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	`	,	TYPE OF REPORT		
Somers 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuale			
Last Name	First	liviuuais		MI	Contribution ID #
Calkins	FIISt	Christopher		M	0061
Residential Street Address	City	Christopher		State	Zip Code
67 Ramsdell St	City	Groton		CT	06340-3622
Principal Occupation		Name of Employ	er		00340 3022
Director of Operations			nced Improvements		
			abbuist spause or	Amou	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	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 Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes_list Event #	02/0	09/2014	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Lavery		Andrew		w	0068
Residential Street Address	City			State	Zip Code
210 Poquonnock Rd		Groton		СТ	06340-4410
Principal Occupation		Name of Employ	er		
Small Business Owner		Self-e	employed	-	
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, 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:			X No		
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event #	02/3	10/2014	\$20.00		\$20.00
			Į		0.11.1 m/
Last Name	First	D .		MI	Contribution ID #
Navarro Residential Street Address	City	Brian		State	0069 Zin Code
27 W Main St Ste A	City	Muchic		CT	Zip Code 06355-2545
Principal Occupation		Mystic Name of Employ	704	CI	00355-2545
			Employed		
Is contributor a principal of a state contractor or prospective state contractor?				Amor	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
If yes list Event #	02/3	10/2014	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Sbriglio		Martin			0070
Residential Street Address	City			State	Zip Code
329 Isinglass Rd		Shelton		СТ	06484-5708
Principal Occupation		Name of Employ	rer		
Health Management		Ryde	rs Health Management		
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	ant 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?	Date	Received	Aggregate Contributions		
If yes, list Event #	02/3	10/2014	\$100.00		\$100.00

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Somesh 2014 Auril 19 Filing - Original Is Now: Stepport Stepport Step Schedurd Nort Advass Creations for an Individuals Val Creations on the schedure of	I. MONETARY RECEIPT	'S (Se	ection A-I)			
Dubbit Difference Difference Mile Construction If it does not the second of the	NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Lat Name Herr Mit Combase U / 072 Excluded Stork Ashes Crit Darks Singlerd Let Name Darks Singlerd Singlerd Retired Name of Prophysics Crit Deftsy Crit Retired Name of Prophysics Retired Name of Prophysics Crit Retired Name of Prophysics Retired Name of Prophysics Account of Contributes Project Indiant Station Crit Legislater Ask of Aslaysics Crit Singler Project Indiant Station Crit Critical Contributes Annual of Contributes Indianting even line in Scien /17 Train Critical Contributes Max Contributes asking singler Indianting even line in Scien /17 Train Critical Contributes May on Contributes Aggregate Contributes Indianting even line in Scien /17 Train Critical Contributes Max Contributes asking singler Indianting even line in Scien /17 Train Critical Contributes May on Contributes Max Contributes asking singler Indianting even line in Scien /17 Train Critical Contributes Max Contributes asking singler Max Indianting even line in Scinn /17 Train Contributes asking singler	Somers 2014			April 10 Filing - Original		
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Restores Markes City Sater 2g Code 180 Hearthorme Ave Derty CT 06418-1152 Principal Comprise Name of Englayer Name of Englayer Name of Englayer Discription Excention in properties state contractor? U var Name of Englayer Name of Englayer If the control is with hore to house to origo the scenario in properties state contractor? U var Name of Englayer Name of Englayer If the control is with in the local is Sciene 17? Var Var Material of contribution State 2000.00 State 2000.00 If the control is with in the local is Sciene 17? Var Material of contribution Material of contribution State 2000.00 State 2000.00 Last Name Tite Material of contribution Name of Contribution Name of Contribution Restores Marcine Total Cancel City Name of Contribution Advected of a local cancel Last Name Stateford City Name of Contribution Advected of a local cancel OU72 None of Contribution Total Cancel Stateford State 2000.00 State 2000.00 Last Name City Cancel Stateford		First			MI	
<form>160 Hawthorne AveCr0418-1122Priced UccordingMare of TrapEquarKathingLo cambor a pacepide of a state cambor of properior water cambor of p</form>	Shepperd		Doris			0071
Hethop! Oroganian Name of Templay: Retired Locatinbase a fulfysic, spoce, or dependent due to holysics Name of Templay: I'ver, inclucar which break or handcar of averament of country is with. Data Retired Name of Templay: I'ver, inclucar which break or handcar of averament of country is with. Data Retired Name of Templay: I'ver, inclucar which break or handcar of averament of country is with. Data Retained Country Data Retained Cou	Residential Street Address	City			State	Zip Code
<form> Retired Beader Is outcome any arguing of a fact contractor contractor is outcome of inclusions of inclu</form>	180 Hawthorne Ave		Derby		СТ	06418-1152
Is outsitute a principal of a tate contractive or prospective state contractive? Yes No Is outsitute a principal of a tate contractive or prospective state contractive? Yes No Is outsitute a principal of a tate contractive or prospective state contractive? Amount of Canabation in Principal of a tate contractive or prospective state contractive? Amount of Canabation in Principal of a tate contractive or prospective state contractive? Amount of Canabation in Principal of a tate contractive or prospective state contractive? Amount of Canabation in Principal of a tate contractive or prospective state contractive? Amount of Canabation in Principal of a tate contractive or prospective state contractive? No Contractive in Principal of a tate contractive or prospective state contractive? No Contractive in Principal of a tate contractive or prospective state contractive? Yes No Contractive or prospectint state contractive? Yes <t< td=""><td>Principal Occupation</td><td></td><td>Name of Employ</td><td>er</td><td></td><td></td></t<>	Principal Occupation		Name of Employ	er		
If yoe, indicate which hands to bandles or anormate the contrast is whith: Isouative isouative induction which hands to bandles or induction isouative induction is section 1? Yee, Isouative isouativ	Retired		Retire	ed		
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interment the control is with indicating event lists of scheduler and schedu		0	dependent child	of a lobbyist?		
Inducation of the sector of the se	Evaputiva			X No		
Instancing event life of a Section J17 I Image of the life of the	Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
If yes, list Freer # No More Order ⊆ CredetDebit Card 02/10/2014 \$100.00 \$100.00 Last Name Shepperd No MI Controllation 10 # 0072 Residential State Address Cry Shetton Cr 06484-2876 Pringla Obcognition Shetton Cr 06484-2876 Pringla Obcognition Shetton Cr 06484-2876 Pringla Obcognition Is contribute a beford, sponge, or Yes No 1 for shetton as under contracts or prospective state contractor? Yes No Amount of Centribution 1 for shetton as under contracts or prospective state contractor? Yes No Shetton Shetton 1 for shetton as under contracts or prospective state contractor? Yes No Shetton Shetton Shetton 1 for shetton as under contracts or prospective state contractor? Yes No Shetton Shetton Shetton Shetton 1 for shetton as under contractor or prospective state contractor? Yes No Feature No Shetton Shetton Shetton	fundraising event listed in Section J1?					
If yes, list Event # Meany Order CreditDeletCard First Md Centrabation D # 0.072 Last Name Shepperd Name First Clip State Zpc Code Residental Street. Address Clip State Zpc Code OO72 OO72 Residental Street. Address Clip State Zpc Code OO72 Oo74 OO72 Indication Street. Address Clip Name of Engloyer Clip Veg Dathury Clip Veg Dathury Amount of Contrabation Lo contributes of prospective state contractor 7 Veg Iss Name of Engloyer Amount of Contrabation If yes, list Event # No Centrabation Date Reserved Aggregate Contrabations If yes, list Event # No Centrabation Date Reserved Aggregate Contrabations If state street. Address No Centrabation Date Reserved Aggregate Contrabations Image Isoce If yes, list Event # No Centrabation Date Reserved Aggregate Contrabations Image Isoce If yes, list Event # No Centrabation Isoce Date Reserved Aggregate Contrabations Image Isoce		02/1	0/2014	\$100.00		\$100.00
Shepped 0072 Risidenil Streit Addres Cry Sate 2pr. Ook Principal Occupation Name of Englayer CT 06484-2876 Administration Cry Cry of Debutyr Cry 06494-2876 Interview Cry Cry of Debutyr Cry 06494-2876 Administration Cry Cry of Debutyr Cry Amount of Commbusion Interview Cry State Cry State Amount of Commbusion Interview Cry State Agergate Commbusion Amount of Commbusion Interview Cry Cash Operation March Commbusion Interview Cry Cash Agergate Commbusion Interview State ZapCode Interview Cry Cash Decksonville Name ZapCode State ZapCode State Cash Correliance TD Name Correliance TD 0074 0074 Residentil Streit Addres Corr State ZapCode State ZapCode State Cash Marce Correliance TD 0074 0074 0074 Residentil Streit Addres State Casconville State ZapCode	If yes, list Event # Money Order X Credit/Debit Card	02/1		÷100100		÷200.00
Shepped 0072 Risidenil Streit Addres Cry Sate 2pr. Ook Principal Occupation Name of Englayer CT 06484-2876 Administration Cry Cry of Debutyr Cry 06494-2876 Interview Cry Cry of Debutyr Cry 06494-2876 Administration Cry Cry of Debutyr Cry Amount of Commbusion Interview Cry State Cry State Amount of Commbusion Interview Cry State Agergate Commbusion Amount of Commbusion Interview Cry Cash Operation March Commbusion Interview Cry Cash Agergate Commbusion Interview State ZapCode Interview Cry Cash Decksonville Name ZapCode State ZapCode State Cash Correliance TD Name Correliance TD 0074 0074 Residentil Streit Addres Corr State ZapCode State ZapCode State Cash Marce Correliance TD 0074 0074 0074 Residentil Streit Addres State Casconville State ZapCode	Last Nama	First			м	Contribution ID #
Residential Street Address City Shelton CT Oc484-2876 Marcial Compation Shelton CT Oc484-2876 Administration Name of Employer City of Danbury Icentified Compation If yes, indicate which branch or prospective state contractor? Iver. Name of Employer Iver. If yes, indicate which branch or thankes of Executive Legislative No Iver. If yes, indicate which branch or which of contribution: Idea Received Aggregate Contribution Stollow If yes, indicate which that of the stole which of contribution: Idea Received Aggregate Contribution Stollow Aull If the stole and the sto		riist	Maxim-			
263 Navajo Loop CT 0448-2876 Principal Companion Nume of Employer Cry of Danbury Nume of Employer It contributor a principal of a state contractor or prospective state contractor? yes, indicate which henchor behanders of instruction with the contraction or prospective state contractor? yes, indicate which henchor behanders of instruction with the contraction or prospective state contractor? Yes, indicate which henchor behanders of instruction with the contraction or prospective state contractor? None Adagregate Contribution Yes, indicate which henchor behanders of instruction with the contraction or prospective state contractor? None of Employer None of Employer None of Employer It set worth % None of Employer State Zip Code Reserved Aggregate Contributions None Contribution 1D # 00/1		<i>a</i> :-	wayne		a	
Principal Occupation Name of Employer Administration Use outflower a principal of a state contractor or prospective state contractor Use outflower a biolysis, space, or dependent child of a lobbysis? Yes, advance of Contribution If yes, indicate which branch or branches of contribution Legislative Date Received Aggregate Contributions No Is doorthbrain associated with a transformed the contract with the contract is with. Yes, advance of Contribution Date Received Aggregate Contributions No Is doorthbrain associated with a transformed the section J1? Yes, advance of Contribution Date Received Aggregate Contributions State 20/10/2014 \$100.00 \$100.00 Last Name Cash Mit Contribution ID # Or74 State 20/20/2014 \$100.00 \$100.00 Last Name Cash Mit Contribution ID # Or74 State 20/20/2014 \$100.00 \$100.00 Last Name First Is contribute a biblyist, spoase, or dependent child of a lobbyist? Yes Yes Amount of Contribution Indicative which hunch or hunches of contractor or prospective state contractor? Yes Yes Amount of Contribution Is contribution and biblyist, spoase, or dependen		City				1
Administration City of Danbury La contributar a principal of a state contractor or propertive state contractor?		L			СТ	06484-2876
Is contributor a principal of a state contractor or prospective state contractor? Yes No Is contributor a lobbyist, sponse, or dependent child of a lobbyist? Amount of Contribution If yes, indicate which beach or branches of a contractor or prospective state contractor? Is contributor. Date Received Aggregate Contributions Amount of Contribution Is chose contributors and which a social with a find a social with a find and social with a find a lobbyist? Yes Mit Contributions S100.00 Last Nume First Mit Contributions Mit Contributions 0074 Readential Street Address Generative is with: S100.00 S100.00 S100.00 Last Nume First Mit Contribution D # 0074 Readential Street Address Generative is with: S100.00 S100.00 Is contributor a principal of a state contractor or prospective state contractor? Yes Name of Enployer Retired Retired Mithed of contribution: Is contributor a lobbyist? No Is contributor a social with i find in Section J1? Yes Mithed of contribution: No S100.00 If yes, indicate which branch or branches of respective state contractor? Yes N	Principal Occupation		Name of Employ	rer		
If yes, indicate which branch or banches of sorting is serviced. If yes, list livent is with: Executive □ Legislative	Administration		City c	of Danbury		
If yes, indicate which branche of branches of	Is contributor a principal of a state contractor or prospective state contractor?	0		Vac	Amou	ant of Contribution
nore Legislative Legislative <thlegislative< th=""> <thl< td=""><td>If was indicate which branch or branches of the test of te</td><td>-</td><td>dependent child</td><td></td><td></td><td></td></thl<></thlegislative<>	If was indicate which branch or branches of the test of te	-	dependent child			
Inditaising event listed in Section 11? Yes Yes Personal Check 02/10/2014 \$100.00 \$100.00 Last Name First MI Contribution D # Aull ' ' 07/4 Residential Street Address City State Zip Code 6833 Phillips Industrial Blvd Ves Name of Employer Retired 1 0074 Principal Occupation Retired Name of Employer Retired Yes Amount Contribution a sociated with function of contraction or prospective state contractor? Yes Name of Employer Yes Amount Amount Amount Contribution Last Name Executive Legislative State Contribution Yes Amount State Zip Code State If yes, indicate which branch or branches of state contractor? Yes No Date Received Aggregate Contributions Aggregate Contributions Amount Contribution State Zip Code State	Evacutiva			x _{No}		
Indicating event listed in Section J1? Image: Section J1? <td>Is this contribution associated with a Method of contribution:</td> <td>Date</td> <td>Received</td> <td>Aggregate Contributions</td> <td></td> <td></td>	Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
If yes, list Event # Image: Single Contribution and Particle Contribution Particle Contend Particle Contrindevide Particle Particle Contribution Partic	fundraising event listed in Section J1?					
If yes, list Event # Money Order Image: Credit/Debit Card Mile Contribution 1D # Last Name First Image: Credit/Debit Card State Zip Code Residential Street Address City State Zip Code 6333 Phillips Industrial Blvd Name of Employer Retired First 22265-3029 Principal Occupation Name of Employer Retired Retired No Is contributor a lobbyist, spose, or dependent child of a lobbyist? Yes Amount of Contribution of a lobbyist? No Is bits contributor associated with a fundraising event listed in Section 11? Yes Method of contribution: Date Received Aggregate Contributions Mile Contribution ID # Is solutional associated with a fundraising event listed in Section 11? Yes Method of contribution: Date Received Aggregate Contributions Mile Contribution ID # Is solutional associated with a findraising event listed in Section 11? Yes Method of contribution: Date Received Aggregate Contributions Mile Contribution ID # Is solutional associated with a findraising event listed in Section 11? No Credit/Debit Card City Solution ID # Solution ID #		02/1	10/2014	\$100.00		\$100.00
Aull Jeffrey I 0074 Residential Street Address City State Zip Code 6833 Phillips Industrial Blvd Jacksonville FL 32256-3029 Principal Occupation Retired Retired State 7 Retired Retired Retired No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Amount of Contribution Indraising event listed in Section J1? Yes Method of contribution: Date Received Aggregate Contributions No \$100.00 Is this contributor a principal Occupation Yes City S100.00 \$100.00 \$100.00 Is this contributor a principal Occupation Yes City S100.00 \$100.00 \$100.00 Is this contributor a principal Occupation First MI Contribution ID # Residential Street Address City S100.00 \$100.00 Is obstributor a principal Occupation Retired S100.00 \$100.00 Principal Occupation First MI Contributor ID # Retired State contractor or prospective state contractor? Yes	If yes, list Event # Money Order X Credit/Debit Card	Ĺ				
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Residential Street Address City State Zip Code 6833 Phillips Industrial Blvd Jacksonville FL 32256-3029 Principal Occupation Name of Employer Retired 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? Yes Amount of Contribution If yes, indicate which branch or branches of source with: Executive Legislative Date Received Aggregate Contributions Amount of Contribution Is this contribution associated with a fundmising event listed in Section 11? Yes Method of contribution: Date Received Aggregate Contributions \$100.00 Is ast Name Cash Personal Check 02/11/2014 \$100.00 \$100.00 Is ast Name First MI Contribution ID # 0046 Residential Street Address City State Zip Code 153 Stillmeadow Ln Kensington CT 06037-3580 Principal Occupation Retired Name of Employer Yes I'yes, indicate which branch or branches of Executive Legislative No Is contributor a principp			leffrey			
6833 Phillips Industrial Blvd Jacksonville FL 32256-3029 Principal Occupation Name of Employer Retired Retired Is contributor a principal of a state contractor or prospective state contractor? yes No Is contributor a lobbyist; spouse, or dependent child of		Citre	Jenney			
Principal Occupation Name of Employer Retired Is contributor a principal of a state contractor or prospective state contractor? Ves No If yes, indicate which branch or branches of government the contract is with: Executive Legislative Source Amount of Contribution a lobbyist? Yes Is contribution associated with a fundraising event listed in Section J1? Yes Method of contribution: Date Received Aggregate Contributions If yes, list Event # No Cash Personal Check 02/11/2014 \$100.00 \$100.00 Last Name First MI Contribution ID # 0046 Residential Street Adfress City State Zip Code 06037-3580 Principal Occupation Retired Is contribution a lobbyist, spouse, or dependent child of a lobbyist, spouse, or dependent		City	le else en sille			
Retired Retired Retired 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 Is contributor a principal of a state contractor Is contributor Is contributor a principal of a state contractor Amount of Contribution Is this contribution Is contributor a principal of a state contractor Is contributor 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 contractor or prospective state contractor? Is contributor a contractor or prospective	· · · · · · · · · · · · · · · · · · ·	L			FL	32230-3029
Is contributor a principal of a state contractor or prospective state contractor?			1 5			
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fundraising event listed in Section J1? Yes Cash Money Order Personal Check O2/11/2014 Q2/11/2014 \$100.00 Last Name First MI Contribution ID # Reilly Anne T 0046 Residential Street Address City State Zip Code Principal Occupation Kensington CT 06037-3580 Principal Occupation Name of Employer Retired Retired Is contributor a principal of a state contractor or prospective state contractor? Yes No Is contribution: Yes If yes, indicate which branch or branches of government the contract is with: Executive Legislative Method of contribution: Method of contribution: Date Received Aggregate Contributions Is this contribution associated with a fundraising event listed in Section J1? Yes Personal Check 02/11/2014 S50.00 \$50.00	Executive			X No		
Inductating event fisted in Section 31? If yes, list Event # Is to contribution 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 this contributor a principal of a state contractor or prospective state contractor? Is this contributor a lobbyist; spouse, or dependent child of a lobbyist? If yes, indicate which Branch or branches of contribution: Is this contribution a social with a fundation in Section J1? Yes Is this contribution a social with a fundation in Section J1? Method of contribution: Is this contribution a Section J1? Method of contribution: Is contribution a Section J1? Method of contribution: Is contribution: Is this contribution a Section J1? Method of contribution: Date Received Aggregate Contributions State State If yes, indicate which Branch or Section J1? Presonal Check Optimized Address Optimized Address Optimized Address Optimized Address Optimized Address <td>Vec</td> <td>Date</td> <td>Received</td> <td>Aggregate Contributions</td> <td></td> <td></td>	Vec	Date	Received	Aggregate Contributions		
If yes, list Event # Image: Credit/Debit Card 02/11/2014 \$100.00 \$100.00 Last Name First MI Contribution ID # Reilly Anne T 0046 Residential Street Address City State Zip Code 153 Stillmeadow Ln Kensington CT 06037-3580 Principal Occupation Name of Employer Retired Retired Is contributor a principal of a state contractor or prospective state contractor? Yes 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 Aggregate Contributions No Is this contribution a Sociated with a fundation Section J1? Yes Method of contribution: Personal Check 02/11/2014 S50.00 \$50.00						
Last Name First MI Contribution ID # Residential Street Address City State Zip Code 153 Stillmeadow Ln Kensington CT 06037-3580 Principal Occupation Name of Employer Retired Is contributor a principal of a state contractor or prospective state contractor? Yes No Scontributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If yes, indicate which branch or branches of government the contract is with: Executive Legislative No Scontributions Nate Received Aggregate Contributions Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution: Date Received Aggregate Contributions \$50.00 \$50.00		02/1	1/2014	\$100.00		\$100.00
Reilly Anne T 0046 Residential Street Address City State Zip Code 153 Stillmeadow Ln Kensington CT 06037-3580 Principal Occupation Name of Employer Retired Retired Retired State Yes Is contributor a principal of a state contractor or prospective state contractor? Yes Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If yes, indicate which branch or branches of sovernment the contract is with: Executive Legislative Is contribution a lobbyist? Xes Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Date Received Aggregate Contributions For the state on traction of the state on tractor of the state of the state on tractor of the st	n yes, nsi Lvent #					
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Residential Street Address City State Zip Code 153 Stillmeadow Ln Kensington CT 06037-3580 Principal Occupation Name of Employer Retired 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? Yes Amount of Contribution If yes, indicate which branch or branches of government the contract is with: Executive Legislative Is contribution associated with a fundraising event listed in Section J1? Method of contribution: Date Received Aggregate Contributions Aggregate Contributions Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution: Date Received Aggregate Contributions \$50.00 \$50.00	Reilly		Anne		Т	0046
153 Stillmeadow Ln CT 06037-3580 Principal Occupation Retired Is contributor a principal of a state contractor or prospective state contractor? Yes Yes Yes If yes, indicate which branch or branches of government the contract is with: Executive Legislative St his contribution associated with a fundraising event listed in Section J1? Method of contribution: No Cash Personal Check 02/11/2014 CT CT	Residential Street Address	City			State	Zip Code
Principal Occupation Name of Employer Retired Retired Is contributor a principal of a state contractor or prospective state contractor? Is contributor a lobbyist, spouse, or dependent child 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 fundraising event listed in Section J1? Yes Method of contribution: Date Received Aggregate Contributions X No Cash X Personal Check 02/11/2014 \$50,00 \$50,00	153 Stillmeadow Ln		Kensington		ст	-
Retired Retired Is contributor a principal of a state contractor or prospective state contractor? Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Amount of Contribution If yes, indicate which branch or branches of sovernment the contract is with: Executive Legislative Is contributor a lobbyist? No Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Date Received Aggregate Contributions Is this contribution associated with a fundraising event listed in Section J1? Cash Personal Check 02/11/2014 \$50,00 \$50,00		ا ا		rer		
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? Xes Xes Xes Xes Xes Xes Xes Xes						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative Method of contribution: Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution: Date Received Aggregate Contributions Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution: Date Received Aggregate Contributions					Amer	int of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative Image: No Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution: Date Received Aggregate Contributions Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution: Date Received Aggregate Contributions Image: No Image: Cash Image: Personal Check 02/11/2014 \$50.00 \$50.00	Yes X N	0		Vac	Amot	an or Contribution
Is this contribution associated with a fundraising event listed in Section J1? X No Cash Personal Check 02/11/2014 \$50.00 \$50.00	If yes, indicate which branch or branches of					
fundraising event listed in Section J1?				î	l	
Improve the section 31? Improve the section 31? Improve the section 31? Improve the section 31? <td>Vac</td> <td>Date</td> <td>Received</td> <td>Aggregate Contributions</td> <td></td> <td></td>	Vac	Date	Received	Aggregate Contributions		
	If yes, list Event # No Money Order Credit/Debit Card	02/1	1/2014	\$50.00		\$50.00

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I. MONETARY RECEIPT	'S (Se	ction A-I)	-		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Somers 2014			April 10 Filing - Original		
D Itemined Contributions for					
B. Itemized Contributions from	1	Ividuals		1	1
Last Name	First			MI	Contribution ID #
Johnson		John		S	0062
Residential Street Address	City			State	Zip Code
12 Tantummaheag Rd		Old Lyme		СТ	06371-1137
Principal Occupation		Name of Employ	/er		
Real Estate		Tham	es River Properties, LLC		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	lobbyist, spouse, or Second Alabelet 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 I	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
No Cash Personal Check	02/1	1/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card	,-		+		
Last Name	First			MI	Contribution ID #
Shepperd	1 1150	Pamela		A	0079
Residential Street Address	City	rameia		State	Zip Code
	City	Monroe		CT	*
71 Forest Rd	<u> </u>				06468-2325
Principal Occupation		Name of Employ			
Social Worker			ock Hall & Filosa	1	
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	lobbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		dependent ennu (
government the contract is with:			X _{No}		
Is this contribution associated with a for device your titled in Section 112 Yes	Date I	Received	Aggregate Contributions		
If yes, list Event #	02/1	1/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Barber		Russell		w	0081
Residential Street Address	City	Russen		State	Zip Code
415 Fishtown Rd	City	Mustic		CT	06355-2015
	<u> </u>	Mystic		CI	00333-2013
Principal Occupation		Name of Employ			
Retired		Retire		i	
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	lobbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		dependent ennu (·		
government the contract is with:			x _{No}		
Is this contribution associated with a fundraising event listed in Section 112 Yes	Date I	Received	Aggregate Contributions		
If yes, list Event #	02/1	2/2014	\$50.00		\$50.00
	L		1		
Last Name	First			MI	Contribution ID #
Plant		Jill		L	0093
Residential Street Address	City			State	Zip Code
202 S Anguilla Rd		Pawcatuck		СТ	06379-1439
Principal Occupation		Name of Employ	/er		•
Teller			ty Bank		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	lobbyist, spouse, or	Amou	nt of Contribution
	U	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 I	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?					
No Cash Personal Check	02/1	3/2014	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card		-5/2017	\$100.00		Ψ±00.00

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L. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	`	,	TYPE OF REPORT		
Somers 2014			April 10 Filing - Original		
	T 1				
B. Itemized Contributions from	m Ind	ividuals			
Last Name	First			MI	Contribution ID #
Fiore		Fred			0090
Residential Street Address	City			State	Zip Code
179 Cook Hill Rd		Wallingford		СТ	06492-3408
Principal Occupation		Name of Employ	rer		
Quality Manager		Hydro	ofera, LLC		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	unt of Contribution
	0	dependent child	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes_list Event #	02/	13/2014	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Koehler		Craig		R	0091
Residential Street Address	City	5		State	Zip Code
263 Brook St	, in the second s	Groton		СТ	06340-4858
Principal Occupation		Name of Employ	er	01	
Financial Planner			er Financial Services		
			obbyist shouse or	Amou	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac	7 tillot	an of contribution
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		
No Cash Personal Check	0.24	2/2014	+100.00		+100.00
If yes, list Event # Money Order X Credit/Debit Card	02/.	13/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Mazzella		Anthony			0095
Residential Street Address	City	-		State	Zip Code
40 Fort Hill Rd		Groton		СТ	06340-4723
Principal Occupation		Name of Employ	rer		
President/Partner			ella Carpet Inc.		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a dependent child	obbyist, spouse, or Yes	Amou	unt 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 Yes	Date	Received	Aggregate Contributions		
If yes, list Event #	02/3	14/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Gillen		Michael			0082
Residential Street Address	City			State	Zip Code
3 Mallard Rd		Mystic		СТ	06355-3225
Principal Occupation		Name of Employ	rer		•
Owner		Mysti	c Gem Company		
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?	0	dependent child	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?	5		00-00		
No Cash Personal Check	02/	14/2014	\$10.00		\$10.00
If yes, list Event # Money Order Credit/Debit Card		/ 2017	φ10.00		Ψ10.00

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I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	Ì	, , , , , , , , , , , , , , , , , , ,	TYPE OF REPORT		
Somers 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Gothie		Patrick		Т	0083
Residential Street Address	City			State	Zip Code
1000 Groton Long Point Rd		Groton		СТ	06340
Principal Occupation		Name of Employ	rer		
СРА		Gothi	e, Hoyt & Fillipetti		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	obbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	of a lobbyist? Yes		
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		- iggregate controlations		
X No Cash Personal Check	0.2/	4/2014	+75.00		+75.00
If yes, list Event # Money Order Credit/Debit Card	02/.	14/2014	\$75.00		\$75.00
Last Name	First			MI	Contribution ID #
Haviland		Barbara		J	0084
Residential Street Address	City			State	Zip Code
186 Jerry Browne Rd Unit 2305		Mystic		СТ	06355-4009
Principal Occupation		Name of Employ	er		
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	obbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac		
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 Personal Check					
If yes, list Event # Money Order Credit/Debit Card	02/3	14/2014	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Crowley		Francis		L	0076
Residential Street Address	City			State	Zip Code
8 Palmer Ct		Groton		СТ	06340-5729
Principal Occupation		Name of Employ	rer	-	
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	obbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	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?	Dute	licectived	riggregate controlations		
X No Cash X Personal Check	0.2/	4/2014	+F0.00		+50.00
If yes, list Event # Money Order Credit/Debit Card	02/.	14/2014	\$50.00		\$50.00
					1
Last Name	First			MI	Contribution ID #
Risseeuw		Mary		М	0077
Residential Street Address	City			State	Zip Code
68 Main St		Ivoryton		СТ	06442-1004
Principal Occupation		Name of Employ	rer		
Homemaker		Home	emaker		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	obbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac		
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:	Dote	Received	Aggregate Contributions	•	
Is this contribution associated with a fundraising event listed in Section J1? Yes	Date	Receiveu	Aggregate Contributions		
X No Cash X Personal Check	0.00	4/2014	100.00		+20.0C
If yes, list Event # Money Order Credit/Debit Card	02/3	14/2014	\$30.00		\$30.00

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L MONETARY RECEIPT	`S (Se	ction A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	,		TYPE OF REPORT		
Somers 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Indi	ividuals			
Last Name	First			MI	Contribution ID #
Risseeuw		Paul		w	0078
Residential Street Address	City			State	Zip Code
68 Main St		Ivoryton		СТ	06442-1004
Principal Occupation	· · · ·	Name of Employ	er		•
Retired		Retire	ed		
			abbriat anavaa ar	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	o	dependent child	Vac		int of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:					
Is this contribution associated with a fundraising event listed in Section J1?	Date I	Received	Aggregate Contributions		
If yes, list Event #	02/1	.4/2014	\$20.00		\$20.00
Last Name	First			MI	Contribution ID #
Soderstrom		Joan		R	0073
Residential Street Address	City			State	Zip Code
12 Lawncrest Rd		Danbury		СТ	06810-6322
Principal Occupation	<u> </u>	Name of Employ	rer	-	
Receptionist			of Danbury		
			lobbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac	Allou	int of Contribution
If yes, indicate which branch or branches of		1	X No		
government the contract is with:			i		
Is this contribution associated with a fundraising quark listed in Section 112 Yes	Date I	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes, list Event #	02/1	.4/2014	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Cammisa		Mark		А	0065
Residential Street Address	City			State	Zip Code
21 Aunt Hack Rd		Danbury		СТ	06811-4204
Principal Occupation	' T	Name of Employ	er		
CFO		Stam	ford Tent & Event		
			obbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	o	dependent child	- V	711100	and of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:					
Is this contribution associated with a fundraising event listed in Section J1?	Date I	Received	Aggregate Contributions		
If yes, list Event #	02/1	.4/2014	\$100.00		\$100.00
			l	l	
Last Name	First			MI	Contribution ID #
Cammisa		Nancy			0066
Residential Street Address	City			State	Zip Code
21 Aunt Hack Rd		Danbury		СТ	06811-4204
Principal Occupation		Name of Employ	rer	•	•
Homemaker			emaker		
				Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac		
If yes, indicate which branch or branches of everyment the contract is with:			x _{No}		
		D : 1	î		
Is this contribution associated with a fundraising event listed in Section J1?	Date I	Received	Aggregate Contributions		
Initializing event listed in Section 31? Image: Section 31?	[
		.4/2014	\$100.00		\$100.00

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I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	Ì	,	TYPE OF REPORT		
Somers 2014			April 10 Filing - Original		
P. Itomized Contributions from	m Ind	ividuala			
B. Itemized Contributions from	1	lividuals		L	
Last Name	First			MI	Contribution ID #
Holt		Katherine		J	0067
Residential Street Address	City			State	Zip Code
11 Elm St	L	Westerly		RI	02891-2125
Principal Occupation		Name of Employ	er		
Retail Manager			es of Mystic		
Is contributor a principal of a state contractor or prospective state contractor?	io	Is contributor a l dependent child of	obbyist, spouse, or Sector 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 Ves Method of contribution:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?					
If yes, list Event #	02/3	14/2014	\$20.00		\$20.00
	-				
Last Name	First			MI	Contribution ID #
Hambidge		George		F	0114
Residential Street Address	City			State	Zip Code
15 Grace St		Danbury		СТ	06811-4654
Principal Occupation		Name of Employ	rer		
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?	lo.		obbyist, spouse, or Yes	Amou	int of Contribution
If was indicate which brough or broughes of	0	dependent child of	of a lobbyist?		
government the contract is with:			x _{No}		
Is this contribution associated with a fundation want list die Section 112 Yes	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes, list Event # Cash Personal Check No Cash Cash Credit/Debit Card	02/:	14/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Ivansco	Thist	Gladys		L	0115
Residential Street Address	City	Gladys		State	Zip Code
139 Franklin Street Ext # A2	City	Danbury		CT	06811-4450
Principal Occupation		Name of Employ	70M	СГ	00811-4450
Retired		Retire			
					int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	ю	dependent child of	obbyist, spouse, or Second Sec	Ато	int of Contribution
If yes, indicate which branch or branches of Executive Legislative		•	x _{No}		
government the contract is with:	Dat-	Received	Aggregate Contributions	4	
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X No Cash X Personal Check	0.2/	4/2014	±100.00		+100.00
If yes, list Event # Money Order Credit/Debit Card	02/.	14/2014	\$100.00		\$100.00
				1	
Last Name	First	_		MI	Contribution ID #
Bessette		Susan			0098
Residential Street Address	City			State	Zip Code
33 Mayflower Ave	L	Pawcatuck		СТ	06379-1913
Principal Occupation		Name of Employ			
Clerk		Proba	ite Court		
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	int of Contribution
		dependent child of	of a foodyist?		
government the contract is with:			X No		
Is this contribution associated with a fundation want list die Section 112 Yes	Date	Received	Aggregate Contributions		
Tundraising event listed in Section J1?					
If yes, list Event # No Credit/Debit Card	02/3	15/2014	\$25.00		\$25.00
	1		1	1	

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I. MONETARY RECEIPT	IS (Se	ection A-I)	-		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Somers 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First	lividuals		MI	Contribution ID #
	FIISt			Н	0099
Bresnahan Residential Street Address	City	Holly		State	Zip Code
410 Brook St	City	Groton		CT	06340-4842
Principal Occupation	l – 1	Name of Employ	70F	CI	00340-4842
Flight Attendant			ican Airlines		
			abbriat anauga ar	Amou	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	io	dependent child of	Vac	- Annot	an of contribution
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with a for draining source listed in Section 112 Yes	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes, list Event #	02/1	15/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Somers		Jacqueline			0101
Residential Street Address	City			State	Zip Code
428 N Wooster Ave		Strasburg		ОН	44680-1050
Principal Occupation		Name of Employ	er		
Realtor		Kiko (Company	-	
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	ant of Contribution
If we indicate which branch or branches of the test of tes		dependent child of	of a lobbyist?		
government the contract is with:			x _{No}		
Is this contribution associated with a fundamining source listed in Section 112 Yes	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes, list Event #	02/1	15/2014	\$100.00		\$100.00
	-		ļ		
Last Name	First			MI	Contribution ID #
Desmarais		Rod			0104
Residential Street Address	City			State	Zip Code
81 High St	<u> </u>	Mystic		СТ	06355-2455
Principal Occupation		Name of Employ			
Developer			employed		
Is contributor a principal of a state contractor or prospective state contractor?	ю	Is contributor a l dependent child of	lobbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent ennu (· —		
government the contract is with:		D 1 1			
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X No Cash Personal Check	0.2/1	10/2014	±100.00		+100.00
If yes, list Event # Money Order X Credit/Debit Card	02/1	16/2014	\$100.00		\$100.00
				.a	
Last Name	First	Borry		MI F	Contribution ID # 0105
LaVista	City	Barry			
Residential Street Address	City	Muchic		State	Zip Code
8 Canberra Ct Principal Occupation	ا ا	Mystic Name of Employ	70 r	СТ	06355-3105
Retired		Retire			
				Amor	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	io	dependent child of	Vac	Amot	and of Contribution
If yes, indicate which branch or branches of executive Executive Legislative			X No		
	Date	Received	Aggregate Contributions	•	
fundraising event listed in Section J1?	Date		ABRIGHT CONTINUINS		
X No Cash X Personal Check	07/1	16/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card		10/2014	\$100.00		Ψ100.00

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I. MONETARY RECEIPT	'S (Se	ection A-I)	-		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	Ì	,	TYPE OF REPORT		
Somers 2014			April 10 Filing - Original		
	T 1				
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Buttermore		Melissa		S	0103
Residential Street Address	City			State	Zip Code
18 Sachem Rd		Noank		СТ	06340-5613
Principal Occupation		Name of Employ	/er		
Data Manager		Theor	rem Clinical Research		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amou	unt of Contribution
Is contractor a principal of a state contractor of prospective state contractor?	0	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Dute	Received	Aggregate controlitons		
No Cash Personal Check	0.04		+50.00		+50.00
If yes, list Event # Money Order X Credit/Debit Card	02/.	16/2014	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Morton		Karen		F	0106
Residential Street Address	City			State	Zip Code
67 Mariners Ln		Mystic		СТ	06355-1541
Principal Occupation		Name of Employ	/er	-	
HR Director		Town	of Ledyard		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amou	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with: Legislative Legislative	Data	Received	Aggregate Contributions	-	
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X No Cash Personal Check					
If yes, list Event # No Money Order X Credit/Debit Card	02/3	16/2014	\$50.00		\$50.00
	I			I T	1
Last Name	First			MI	Contribution ID #
Morton		Matthew		J	0107
Residential Street Address	City			State	Zip Code
67 Mariners Ln		Mystic		СТ	06355-1541
Principal Occupation		Name of Employ	/er	-	
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amou	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
Is this contribution consisted with a second s	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X No Cash Personal Check	0.24		+50.00		+50.00
If yes, list Event # Money Order X Credit/Debit Card	02/.	16/2014	\$50.00		\$50.00
				1 1	1
Last Name	First			MI	Contribution ID #
Bishop		Noel			0109
Residential Street Address	City			State	Zip Code
20 Halls Rd		Westbrook		СТ	06498-3555
Principal Occupation		Name of Employ	/er		
First Seclectman		Town	of Westbrook		
				Amor	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac		
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:	Detc	Received	i	1	
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X No Cash Personal Check			105.00		+25.00
If yes, list Event # Money Order X Credit/Debit Card	02/3	17/2014	\$25.00		\$25.00

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I. MONETARY RECEIPT	<u>'S (Se</u>	ection A-I)	-		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	Ì	,	TYPE OF REPORT		
Somers 2014			April 10 Filing - Original		
	T 1				
B. Itemized Contributions from	m Ind	lividuals		•	
Last Name	First			MI	Contribution ID #
Vivirito		Thomas			0111
Residential Street Address	City			State	Zip Code
1630 North Rd		Groton		СТ	06340-2749
Principal Occupation		Name of Employ	/er	-	
Owner		Fleet	Motor Co., LLC		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amou	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	of a lobbyist? Yes		
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 Controutions		
No Cash Personal Check					105.00
If yes, list Event # Money Order X Credit/Debit Card	02/1	17/2014	\$25.00		\$25.00
				•	1
Last Name	First			MI	Contribution ID #
Lettrich		Sue			0116
Residential Street Address	City			State	Zip Code
24 Center St		Noank		СТ	06340-5520
Principal Occupation		Name of Employ	ver	•	•
Human Resource Generalist		Amer	ican Ambulance Service		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amou	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Dute	licectivea	1661 egate controlations		
No Cash Personal Check	0.2/	18/2014	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	02/1	16/2014	\$100.00		\$100.00
	First			\a	
Last Name	FIISt			MI	Contribution ID #
Hardesty		Mary		С	0120
Residential Street Address	City			State	Zip Code
255 Ridgewood Dr	L	Mystic		СТ	06355-2029
Principal Occupation		Name of Employ	/er		
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?	ío		lobbyist, spouse, or Yes	Amou	ant of Contribution
If you indicate which brough as broughes of	0	dependent child			
If yes, indicate which branch or branches of government the contract is with:			x No		
Is this contribution associated with a function of the section of	Date	Received	Aggregate Contributions		
	02/:	19/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Peruzzotti		Robert		E	0121
Residential Street Address	City	Robert		State	Zip Code
83 Lapstrake Ct	City	Muctic		CT	-
	μ	Mystic	104		06355-2148
Principal Occupation		Name of Employ			
Retired		Retire		.	
Is contributor a principal of a state contractor or prospective state contractor?	lo		lobbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of	ļ	dependent child			
government the contract is with:			x _{No}]	
Is this contribution associated with a fundamental section up of the section of t	Date	Received	Aggregate Contributions		
	02/:	19/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card	1		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		
Somers 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Richard Jr.		Wayne		М	0122
Residential Street Address	City			State	Zip Code
324 Thames St Apt 11		Groton		СТ	06340-3928
Principal Occupation		Name of Employ	rer		-
Barber		Wayn	e's Barber Shop		
Is contributor a principal of a state contractor or prospective state contractor?		,	abbyist shouse or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac		
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?	Date	Received	Aggregate Contributions		
If yes, list Event #	02/2	20/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
La Guardia		Ralph		J	0123
Residential Street Address	City			State	Zip Code
187 Conantville Rd		Mansfield Ce	nter	СТ	06250-1613
Principal Occupation		Name of Employ	er		•
Physician		Self-e	employed		
			obbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac		
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?	Date	Received	Aggregate Contributions		
If yes, list Event #	02/2	20/2014	\$100.00		\$100.00
			ļ		
Last Name	First			MI	Contribution ID #
Ofiero		Regina			0125
Residential Street Address	City			State	Zip Code
1 Humber Hill Rd		Danbury		СТ	06810-5172
Principal Occupation	·	Name of Employ	rer	•	
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	obbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	- V		
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		
No Cash Personal Check	0.01	0.0014	+50.00		+50.00
If yes, list Event # Money Order X Credit/Debit Card	02/2	20/2014	\$50.00		\$50.00
					1
Last Name	First			MI	Contribution ID #
Orkney		Glenn		М	0126
Residential Street Address	City			State	Zip Code
10 Circle Ave		Groton		СТ	06340-5801
Principal Occupation		Name of Employ	er		
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or Yes	Amou	int of Contribution
	0	dependent child	of a lobbyist? Yes		
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?					
No Cash Personal Check	0.2/2	20/2014	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	02/2	20/2014	\$100.00		φ100.00

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I. MONETARY RECEIPT	'S (Se	ction A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT		
Somers 2014			April 10 Filing - Original		
B. Itemized Contributions from	n Ind	ividuala			
		Ividuals			
Last Name	First			MI	Contribution ID #
Anderson		Roberta		С	0130
Residential Street Address	City			State	Zip Code
50 Lake Dr S	<u> </u>	New Fairfield		СТ	06812-3502
Principal Occupation		Name of Employ			
Realtor-Danbury Library			ury Library		
Is contributor a principal of a state contractor or prospective state contractor?	D	dependent child of	obbyist, spouse, or Sector 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 tender is section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
If yes, list Event # 02202014A	02/2	20/2014	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
	FIISt	Nailah			
Antous Residential Street Address	City	Najlah		A State	0131 Zip Code
	City	Danhum			*
20 Fairlawn Ave Principal Occupation	L	Danbury Name of Employ		СТ	06810-5332
Retired					
		Retire	lobbyist, spouse, or	Amou	nt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	D	dependent child of	Vac	Allou	in of controlation
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Dute		Aggregate contributions		
No Cash Personal Check	02/2	20/2014	\$50.00		\$50.00
If yes, list Event # 02202014A Money Order Credit/Debit Card	02/2	-0/2014	\$30.00		\$30.00
Last Name	First			MI	Contribution ID #
Bingham		Ryan		J	0132
Residential Street Address	City	1 -		State	Zip Code
360 Upper Valley Rd		Torrington		СТ	06790-2571
Principal Occupation	<u> </u>	Name of Employ	er		
External Affairs		Winte	er Bros.		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution
	D	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 function	Date	Received	Aggregate Contributions		
	02/2	20/2014	\$100.00		\$100.00
If yes, list Event # 02202014A Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Burger		Robert			0133
Residential Street Address	City			State	Zip Code
15 Heritage Dr		Danbury		СТ	06811-3403
Principal Occupation	Π	Name of Employ	rer		
President		RMBA	& Associates Inc.		
Is contributor a principal of a state contractor or prospective state contractor?			lobbyist, spouse, or Yes	Amou	nt of Contribution
If yas, 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 fundaministry of the section 112 Yes Yes	Date	Received	Aggregate Contributions		
If yes, list Event # 02202014A	02/2	20/2014	\$100.00		\$100.00

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I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	Ì	,	TYPE OF REPORT		
Somers 2014			April 10 Filing - Original		
	T 1				
B. Itemized Contributions from	m Ind	lividuals			1
Last Name	First			MI	Contribution ID #
Casey		Linda		J	0134
Residential Street Address	City			State	Zip Code
137 Triangle St		Danbury		СТ	06810-6925
Principal Occupation		Name of Employ	/er	•	•
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or Yes	Amou	ant of Contribution
	0	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
	Date	Received	Aggregate Contributions	1	
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:					
No Cash Personal Check	02/	20/2014	\$50.00		\$50.00
If yes, list Event # 02202014A	02/2	20/2014	\$50.00		450.00
Lood Norme	- Einst				Contribution ID #
Last Name	First			MI	Contribution ID #
Casey	\vdash	Michael			0135
Residential Street Address	City			State	Zip Code
137 Triangle St		Danbury		СТ	06810-6925
Principal Occupation		Name of Employ	/er		
Custodian		Danb	ury BoE		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or Yes	Amou	ant of Contribution
	5	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches of government the contract is with:			X No		
	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1? Method of contribution:					
No Cash Personal Check	02/	20/2014	\$50.00		\$50.00
If yes, list Event # 02202014A Money Order Credit/Debit Card	02/2	20/2014	\$30.00		\$50.00
Last Name	First		-	MI	Contribution ID #
	FIISt	_ .			
Collins		Francis		J	0137
Residential Street Address	City			State	Zip Code
157 Country Club Dr		Oxford		СТ	06478-1192
Principal Occupation		Name of Employ	/er		
Attorney		Collin	ns Hannafin PC	-	
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	ant of Contribution
If you indicate which brough as broughes of	5	dependent child			
government the contract is with:			x No		
Is this contribution associated with a for the section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions	1	
	02/3	20/2014	\$50.00		\$50.00
If yes, list Event # 02202014A Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Cronin	1 1150	Mary		1011	0138
Residential Street Address	Citra	i lai y		State	
	City	Development			Zip Code
83 Purcell Dr	L	Danbury		СТ	06810-7024
Principal Occupation		Name of Employ			
Elem. Principal			ury BoE		
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	ant of Contribution
If we indicate which have been also as for the second seco	-	dependent child			
government the contract is with:			x _{No}		
Is this contribution associated with a fundration associated with a fundration as a fundration of the section 112 Yes	Date	Received	Aggregate Contributions	1	
Tundraising event listed in Section 31?	1				
No Cash Personal Check	02/:	20/2014	\$50.00		\$50.00
If yes, list Event # 02202014A Money Order X Credit/Debit Card	_,.				•

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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		
Somers 2014			April 10 Filing - Original		
	T 1				
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Devine		Tomas		J	0142
Residential Street Address	City			State	Zip Code
11 Windward Dr		New Fairfield	1	СТ	06812-4111
Principal Occupation		Name of Employ	/er	-	•
Owner		Two S	Steps Downtown Grille		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amou	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	of a lobbyist? Yes		
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?	Dute	Received	Aggregate controlitons		
No Cash Personal Check	0.2/	20/2014	¢100.00		+100.00
If yes, list Event # 02202014A Money Order Credit/Debit Card	02/.	20/2014	\$100.00		\$100.00
					1
Last Name	First			MI	Contribution ID #
Disher		Diane			0143
Residential Street Address	City			State	Zip Code
50 Benson Dr		Danbury		СТ	06810-7231
Principal Occupation		Name of Employ	/er	-	•
Sales Manager		Matri	x Realty Group		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amou	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	of a lobbyist? Yes		
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?	Dute	Received	Aggregate controlitons		
No Cash Personal Check	0.21	20/2014	+100.00		+100.00
If yes, list Event # 02202014A Money Order X Credit/Debit Card	02/.	20/2014	\$100.00		\$100.00
			•	1	 1
Last Name	First			MI	Contribution ID #
Keller Jr.		Robert		L	0172
Residential Street Address	City			State	Zip Code
50 Benson Dr		Danbury		СТ	06810-7231
Principal Occupation		Name of Employ	/er		
Marketing		Town	square Media		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or Yes	Amou	unt of Contribution
	0	dependent child of	of a lobbyist? Yes		
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?			80 · 8 · · · · · · · · ·		
No Cash Personal Check	02/	20/2014	\$100.00		\$100.00
If yes, list Event # 02202014A Money Order Credit/Debit Card	02/1	20/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Ditetta		Connie		М	0144
Residential Street Address	City			State	Zip Code
10 Old Farm Rd		Danbury		СТ	06810-7916
Principal Occupation		Name of Employ	/er		
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or Yes	Amou	unt of Contribution
	0	dependent child of	of a lobbyist? Yes		
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?	Date		- opropute contributions		
No Cash Personal Check	0.7	20/2014	#E0.00		¢50.00
If yes, list Event # 02202014A Money Order Credit/Debit Card	02/.	20/2014	\$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		
Somers 2014			April 10 Filing - Original		
B. Itemized Contributions fro	m Ind	lividuals			
Last Name	First	ii (iuuui)		MI	Contribution ID #
Doran	Thist	Mary Ann		NII .	0145
Residential Street Address	City	Mary Ann		State	Zip Code
7 Prince St	City	Danbury		CT	06810-4408
Principal Occupation		Name of Employ	/er		00010 4400
Registrar of Voters			of Danbury		
		,	labbuist spause or	Amou	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	o	dependent child	Van		
If yes, indicate which branch or branches of government the contract is with:			X No		
Is this contribution associated with a fundmining areat listed in Section 112 Yes	Date	Received	Aggregate Contributions		
If yes, list Event # <u>02202014A</u> No Cash Personal Check Money Order Credit/Debit Card	02/2	20/2014	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Easterling		Christian			0148
Residential Street Address	City			State	Zip Code
31 Joes Hill Rd		Danbury		СТ	06811-4221
Principal Occupation		Name of Employ	/er		
Server		Red F		-	
Is contributor a principal of a state contractor or prospective state contractor?	ю		lobbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent child			
government the contract is with:			X No		
Is this contribution associated with a fundraising event listed in Section J1? Yes	Date	Received	Aggregate Contributions		
If yes, list Event # <u>02202014A</u> No Cash Personal Check Money Order Credit/Debit Card	02/2	20/2014	\$50.00		\$50.00
Last Name	First	D 1		MI	Contribution ID #
Estefan	<i>a</i> :-	Paul		D	0149
Residential Street Address	City	Dephund		State CT	Zip Code 06810-6950
156 Triangle St Principal Occupation	<u> </u>	Danbury Name of Employ		CI	06810-6950
Airport Admin.		1 5	of Danbury		
		·	lobbyist, spouse, or	Amor	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	io -	dependent child	- V	Anot	ant of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
No Cash X Personal Check	02/2	20/2014	\$50.00		\$50.00
If yes, list Event # 02202014A Money Order Credit/Debit Card	/	,	+		
Last Name	First			MI	Contribution ID #
Estefan		Sally		м	0150
Residential Street Address	City	,		State	Zip Code
156 Triangle St		Danbury		ст	06810-6950
Principal Occupation	•	Name of Employ	/er		•
Clinical Associate		McInr	nis		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or Yes	Amou	ant of Contribution
	0	dependent child			
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with a function 112 Yes Method of contribution:	Date	Received	Aggregate Contributions	1	
	02/2	20/2014	\$50.00		\$50.00
If yes, list Event # 02202014A 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		
Somers 2014			April 10 Filing - Original		
	T 1				
B. Itemized Contributions from	m Ind	lividuals		•	
Last Name	First			MI	Contribution ID #
Ferguson		Michael			0151
Residential Street Address	City			State	Zip Code
4 Old Hayrake Rd		Danbury		СТ	06811-3648
Principal Occupation		Name of Employ	/er	-	
Student		Stude	ent		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amou	int of Contribution
	0	dependent child	of a lobbyist? Yes		
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?	Dute		Aggregate controlations		
No Cash Personal Check	0.2/	20/2014	±50.00		+50.00
If yes, list Event # 02202014A Money Order Credit/Debit Card	02/.	20/2014	\$50.00		\$50.00
			•		
Last Name	First			MI	Contribution ID #
Ferguson		Scott		М	0152
Residential Street Address	City			State	Zip Code
4 Old Hayrake Rd		Danbury		СТ	06811-3648
Principal Occupation		Name of Employ	/er		-
Tax Collector		City o	of Danbury		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	of a lobbyist?		
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
No Cash Personal Check					
If yes, list Event # 02202014A Money Order Credit/Debit Card	02/.	20/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Fox		Irving		М	0155
Residential Street Address	City			State	Zip Code
58 Wedgewood Dr		Danbury		СТ	06811-2845
Principal Occupation		Name of Employ	/er		
Director		AIG			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amou	int of Contribution
	0	dependent child	of a lobbyist? Yes		
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?			88 · 8 · · · · · · · · · · · ·		
No Cash Personal Check	02/	20/2014	\$100.00		\$100.00
If yes, list Event # 02202014A Money Order Credit/Debit Card	02/1	20/2014	\$100.00		\$100.00
			•		
Last Name	First			MI	Contribution ID #
Gilchrist		Patrick			0156
Residential Street Address	City			State	Zip Code
39 Old Ridgebury Rd		Danbury		СТ	06810-5103
Principal Occupation		Name of Employ	/er		
Chief Engineer		Matri	x Realty Group		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or Yes	Amou	int of Contribution
	0	dependent child	of a lobbyist?		
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? Yes	Date				
Cash Personal Check	0.7	20/2014	¢100.00		¢100.00
If yes, list Event # 02202014A Money Order X Credit/Debit Card	02/	20/2014	\$100.00		\$100.00

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I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		, ,	TYPE OF REPORT		
Somers 2014			April 10 Filing - Original		
	T 1				
B. Itemized Contributions from	m Ind	ividuals		•	
Last Name	First			MI	Contribution ID #
Godfrey		Millie			0157
Residential Street Address	City			State	Zip Code
132 Main St Apt 206		Danbury		СТ	06810-7885
Principal Occupation		Name of Employ	er		-
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	obbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	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?	Date	Received	Aggregate Contributions		
No Cash Personal Check			150.00		
If yes, list Event # 02202014A Money Order Credit/Debit Card	02/2	20/2014	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Gomes		Victor		В	0158
Residential Street Address	City			State	Zip Code
32 Farview Ave		Danbury		СТ	06810-5533
Principal Occupation		Name of Employ	rer		•
Student		Stude	ent		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	obbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child			
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
	Data	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
No No Cash Personal Check					
If yes, list Event # 02202014A In No Money Order Credit/Debit Card	02/2	20/2014	\$50.00		\$50.00
	I				
Last Name	First			MI	Contribution ID #
Greenberg		Steven		J	0159
Residential Street Address	City			State	Zip Code
11 Wellington Court Dr		Danbury		СТ	06811-2952
Principal Occupation		Name of Employ	rer	-	
Banker		NVSL			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	obbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	of a lobbyist?		
If yes, indicate which branch or branches of Executive Legislative			X No		
	Date	Received	Aggregate Contributions		
Is this contribution associated with a fundraising event listed in Section J1?	Duit		- iggregate controlations		
No Cash Personal Check	0.2/	0/2014	\$100.00		\$100.00
If yes, list Event # 02202014A Money Order Credit/Debit Card	02/	20/2014	\$100.00		\$100.00
			-		a . 1
Last Name	First			MI	Contribution ID #
Grossi		Sondra		A	0160
Residential Street Address	City			State	Zip Code
4 Driftway Rd Unit B1		Danbury		СТ	06811-5172
Principal Occupation		Name of Employ	er		
Sr. Comp. Tech Mgr.		City o	of Danbury		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or Yes	Amou	int of Contribution
	0	dependent child	of a lobbyist? Yes		
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?			388 Sourcearons		
No Cash Personal Check	0.27	00/2014	#100 00		¢100.00
If yes, list Event # 02202014A Money Order Credit/Debit Card	02/	20/2014	\$100.00		\$100.00

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I. MONETARY RECEIPT	'S (Se	ection A-I)	-		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT		
Somers 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First	ii viuuais		MI	Contribution ID #
Guida	Flist	Grogony		IVII	0161
Residential Street Address	City	Gregory		State	Zip Code
13 Pellbridge Dr	City	Hopewell Jur	action	NY	12533-6230
Principal Occupation		Name of Employ			12555-0250
Retired		Retire			
				Amoi	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with a forther up of the forther than the forther t	Date	Received	Aggregate Contributions		
If yes list Event # 02202014A	02/2	20/2014	\$50.00		\$50.00
If yes, list Event # 02202014A Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Guida		Phyllis			0162
Residential Street Address	City			State	Zip Code
13 Pellbridge Dr		Hopewell Jur	nction	NY	12533-6230
Principal Occupation	-	Name of Employ	/er	•	
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	ant of Contribution
The second se	0	dependent child			
government the contract is with:			x _{No}		
Is this contribution associated with a for device year list d is for the 112 Yes	Date	Received	Aggregate Contributions]	
If yes, list Event # 02202014A	02/2	20/2014	\$50.00		\$50.00
				I	
Last Name	First			MI	Contribution ID #
Guirgis		Michael			0163
Residential Street Address	City			State	Zip Code
24 Putnam Rd		New Milford		СТ	06776-5331
Principal Occupation		Name of Employ			
Director			x Realty Group		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a dependent child	lobbyist, spouse, or Sector Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative					
government the contract is with:	Data	Received	Aggregate Contributions	4	
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
No Cash Personal Check	02/	20/2014	\$50.00		\$50.00
If yes, list Event # 02202014A Money Order X Credit/Debit Card	02/1	20/2014	\$30.00		\$50.00
Last Name	First			MI	Contribution ID #
Hatch	1 1150	Sean			0164
Residential Street Address	City	ocun		State	Zip Code
7 Padanaram Rd Unit 98		Danbury		СТ	06811-5708
Principal Occupation	!	Name of Employ	/er		
Mail clerk			ury Hospital		
				Amou	unt of Contribution
Yes X N	0	dependent child	Vac		
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 fundamining output listed is Section 112 Yes Yes	Date	Received	Aggregate Contributions	1	
No Cash Personal Check	02/2	20/2014	\$50.00		\$50.00
If yes, list Event # 02202014A 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						
Somers 2014			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Heagney, Esq.		Robert		W	0165				
Residential Street Address	City	City		State	Zip Code				
8 Fawnbrook Ln		Simsbury			06070-2610				
Principal Occupation Name of Employer				•	•				
Attorney	Hassett & George, P.C.								
Is contributor a principal of a state contractor or prospective state contractor?	contractor? Is contributor a lobbyist, spouse, or dependent shild of a lobbyist?				unt of Contribution				
depen			of a lobbyist? Yes						
If yes, indicate which branch or branches of government the contract is with:		× No							
	Date	Received							
Is this contribution associated with a fundraising event listed in Section J1?									
No Cash Personal Check	02/3	20/2014	\$100.00		\$100.00				
If yes, list Event # 02202014A	02/1	2011	\$100.00	÷100.00					
Last Name	First			MI	Contribution ID #				
Herald	THSt	Cooffrou		IVII	0166				
Residential Street Address	City	Geoffrey		State	Zip Code				
	City			CT	1				
18 Foster St	L	Danbury			06810-7837				
Principal Occupation		Name of Employer							
Fire Chief		City of Danbury							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No Is contributor a lobbyist, spouse, or Yes Amount of Contribution of the co									
If yes, indicate which branch or branches of		dependent crind	•						
government the contract is with:			× No						
Is this contribution associated with a fundraising event listed in Section 112 Yes	Date	Received	Aggregate Contributions						
	02/2	20/2014	\$100.00	\$100.00 \$100.00					
If yes, list Event # 02202014A Money Order X Credit/Debit Card									
Last Name	First			MI	Contribution ID #				
Huse		George			0167				
Residential Street Address	City	City		State	Zip Code				
121 Stadley Rough Rd		Danbury			06811-3279				
Principal Occupation		Name of Employer			Į				
Retired		Retired							
					unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	- V	. miou					
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with:	Data	Received	Aggregate Contributions	4					
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
No Cash Personal Check	0.2/	0 / 2 0 1 4	±50.00		±50.00				
If yes, list Event # 02202014A Money Order X Credit/Debit Card	02/.	20/2014	\$50.00		\$50.00				
				 	 T				
Last Name	First			MI	Contribution ID #				
Isabelle		Serge			0168				
Residential Street Address	City	City		State	Zip Code				
3 Westwood Dr		Danbury			06811-4201				
Principal Occupation		Name of Employer							
Owner		Treer	nasters of Danbury						
			ibutor a lobbyist, spouse, or		Amount of Contribution				
	U	dependent child							
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?	1								
No Cash Personal Check	02/	20/2014	\$100.00		\$100.00				
If yes, list Event # 02202014A Money Order X Credit/Debit Card	"		4100.00		+-50100				

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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						
Somers 2014			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Isabelle		Valerie			0169				
Residential Street Address	City			State	Zip Code				
3 Westwood Dr	Danbury			СТ	06811-4201				
rincipal Occupation Name of Employer				•	•				
Tutor	Danbury BoE								
Is contributor a principal of a state contractor or prospective state contractor?	Yes X No Is contributor a lobbyist, spouse, or Ye				Amount of Contribution				
	of a lobbyist? Yes								
If yes, indicate which branch or branches of government the contract is with:		X N							
	Date	Received							
Is this contribution associated with a fundraising event listed in Section J1?									
No Cash Personal Check	02/3	20/2014	\$100.00		\$100.00				
If yes, list Event # 02202014A Money Order X Credit/Debit Card	02/1	2011	\$100.00	<i></i>					
Last Name	First			MI	Contribution ID #				
Jerram	THSt	Dan		IVII	0170				
Residential Street Address	Citu	Dall		Stata	Zip Code				
	City	N 11 16		State CT	1				
30 Willow Ln	L	New Hartford			06057-2820				
Principal Occupation		Name of Employer							
First Selectman		Town of New Hartford							
Is contributor a principal of a state contractor or prospective state contractor?					unt of Contribution				
government the contract is with:			x _{No}						
Is this contribution associated with a fundraising event listed in Section 112 Yes	Date	Received	Aggregate Contributions						
	02/2	20/2014	\$50.00		\$50.00				
If yes, list Event # 02202014A Money Order X Credit/Debit Card									
Last Name	First			MI	Contribution ID #				
Jowdy		Richard		S	0171				
Residential Street Address	City	City		State	Zip Code				
132 Chambers Rd		Danbury			06811				
Principal Occupation		Name of Employer							
Real Estate Broker		Prudential							
		Is contributer a labbuist snouse or			unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	- V						
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 Controutions						
No Cash Personal Check	0.2/	0 / 2 0 1 4	±50.00		+F0 00				
If yes, list Event # 02202014A Money Order Credit/Debit Card	02/.	20/2014	\$50.00		\$50.00				
					 1				
Last Name	First			MI	Contribution ID #				
Kelly		Tom			0173				
Residential Street Address	City	City		State	Zip Code				
7 Watson Dr		West Simsbury			06092-2233				
Principal Occupation		Name of Employer							
President Doctors Express Urgent Care									
Is contributor a principal of a state contractor or prospective state contractor?				Amount of Contribution					
	× I	dependent child	•						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with a function is sociated with a function associated with a function as a function of the social sector of the social sect	Date	Received	Aggregate Contributions	1					
Tundraising event listed in Section 31?	1								
No Cash Personal Check	02/2	20/2014	\$100.00		\$100.00				
If yes, list Event # 02202014A Money Order X Credit/Debit Card				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		
Somers 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	ividuals		•	
Last Name	First			MI	Contribution ID #
Kennedy		James		А	0174
Residential Street Address	City			State	Zip Code
111 Aunt Hack Rd		Danbury		СТ	06811-2723
Principal Occupation		Name of Employ	rer		
CEO		TNSC			
Is contributor a principal of a state contractor or prospective state contractor?			abbyist spaysa or	Amou	nt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac		
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:					
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event # 02202014A	02/2	20/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Kennedy		Laura			0175
Residential Street Address	City			State	Zip Code
111 Aunt Hack Rd		Danbury		ст	06811-2723
Principal Occupation	L	Name of Employ	or		00011 2725
Administrative Asst		WHC	-		
Is contributor a principal of a state contractor or prospective state contractor?	0	ls contributor a dependent child	lobbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent ennu v	· _		
government the contract is with:			x _{No}		
Is this contribution associated with a fundraising event listed in Section 112 Yes	Date	Received	Aggregate Contributions		
	02/2	20/2014	\$100.00		\$100.00
If yes, list Event # 02202014A Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Kennerson		Alesia			0176
Residential Street Address	City			State	Zip Code
198 Gillette Rd	eny	New Hartford	4	СТ	06057-2808
Principal Occupation	L				00037-2000
		Name of Employ			
Tax Auditor			of Connecticut		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a dependent child	obbyist, spouse, or Yes	Amou	nt of Contribution
If yas, indicate which branch or branches of		dependent child o	· _		
government the contract is with:			x _{No}		
Is this contribution associated with a fundamining super listed in Section 112 Yes	Date	Received	Aggregate Contributions		
	02/2	20/2014	\$50.00		\$50.00
If yes, list Event # 02202014A Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Leaf		Emanuela			0179
Residential Street Address	City	Linandela		St. 1.	
	City	5		State	Zip Code
32 Farview Ave Apt 2	L	Danbury		СТ	06810-5533
Principal Occupation		Name of Employ			
Office Manager		Amaz	on Concrete Inc.		
Is contributor a principal of a state contractor or prospective state contractor?			lobbyist, spouse, or Yes	Amou	nt of Contribution
If you indicate which branch as branches of	č	dependent child	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with a functional formation of the function of	Date	Received	Aggregate Contributions	1	
No Cash Personal Check	02/3	20/2014	\$100.00		\$100.00
If yes, list Event # 02202014A Money Order Credit/Debit Card	1	-,	÷20000	I	

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I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	Ì	,	TYPE OF REPORT		
Somers 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	ividuals			
Last Name	First			MI	Contribution ID #
Leaf, Esq.		Thomas			0180
Residential Street Address	City			State	Zip Code
32 Farview Ave Apt 2		Danbury		СТ	06810-5533
Principal Occupation		Name of Employ	rer	-	-
Attorney		Ventu	ıra, Ribiero & Smith Law Firm	ı	
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	obbyist, spouse, or Yes	Amou	int of Contribution
	0	dependent child	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
	Date	Received	Aggregate Contributions	1	
Is this contribution associated with a fundraising event listed in Section J1?					
No X Cash Personal Check	02/3	20/2014	\$50.00		\$50.00
If yes, list Event # 02202014A	02/2	10/2014	450.00		450.00
Last Name	First			MI	Contribution ID #
Matone	1 11 50	Michael		IVII	
Residential Street Address	City	Michael		State	0124 Zip Code
	City				1
70 Deerfield Dr	L	East Greenw		RI	02818-1335
Principal Occupation		Name of Employ			
Financial Advisor			west Mutual		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a dependent child	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 for draining super list d is for the 112 Yes	Date	Received	Aggregate Contributions		
If yes, list Event #	02/2	20/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Yamin		Dianne			0240
Residential Street Address	City			State	Zip Code
66 Barnum Rd		Danbury		СТ	06811-2938
Principal Occupation		Name of Employ	er		
Judge		State	of Connecticut		
		Is contributor a	obbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	· · · · · · · · · · · · · · · · · · ·		
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?	Dute		riggregate controlations		
No Cash Personal Check	0.2/2	00/2014	¢100.00		¢100.00
If yes, list Event # 02202014A Money Order X Credit/Debit Card	02/2	20/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Yamin		Robert			0243
Residential Street Address	City			State	Zip Code
66 Barnum Rd		Danbury		СТ	06811-2938
Principal Occupation		Name of Employ	rer		
Attorney		Yamii	n & Yamin, LLP		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	int of Contribution
	U	dependent child	of a fobbyist?		
If yes, indicate which branch or branches of government the contract is with:			X _{No}		
	Date	Received	Aggregate Contributions	1	
Is this contribution associated with a fundraising event listed in Section J1?					
No Cash Personal Check	02/3	20/2014	\$100.00		\$100.00
If yes, list Event # 02202014A Money Order X Credit/Debit Card	`_,'	,	+20000		

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I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	Ì	,	TYPE OF REPORT		
Somers 2014			April 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuale			
Last Name	First	liviuuais		MI	Contribution ID #
McLachlan	FIISt	Michael		IVII	0189
Residential Street Address	City	MICHAEI		State	Zip Code
47 W Wooster St	City	Danbury		CT	06810-7731
Principal Occupation		Name of Employ	er		00010 // 51
State Senator			of Connecticut		
				Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	D	dependent child	obbyist, spouse, or 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 fundamental	Date	Received	Aggregate Contributions	•	
If yes_list Event # 02202014A	02/2	20/2014	\$100.00		\$100.00
If yes, list Event # 02202014A Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Brady		Todd		F	0112
Residential Street Address	City			State	Zip Code
31 Water St		Mystic		СТ	06355-2568
Principal Occupation		Name of Employ	er		
Real Estate Developer		Coast	al Funding Co., LLC		
Is contributor a principal of a state contractor or prospective state contractor?	D		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 fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
Indicatising event insee in Section 51.					
If yes, list Event # Money Order Credit/Debit Card	02/2	20/2014	\$100.00		\$100.00
Last Name	First			МІ	Contribution ID #
LaVista	FIISt	Voronico		M	0110
Residential Street Address	City	Veronica		State	Zip Code
8 Canberra Ct	City	Mystic		CT	06355-3105
Principal Occupation		Name of Employ	er		00000 0100
Teacher, High School Engish			ct LEARN		
				Amou	int of Contribution
Yes X No	D	dependent child	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		
	02/2	20/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Flax		Bruce		S	0100
Residential Street Address	City			State	Zip Code
632 Noank Rd		Mystic		СТ	06355-2119
Principal Occupation		Name of Employ	rer		
Director, Ticket Operations		Foxw	oods Resort Casino		
Is contributor a principal of a state contractor or prospective state contractor?	D		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 fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
Initial and a single event insection 51? Image: Section 51?					+400.00
If yes, list Event # Money Order Credit/Debit Card	02/2	20/2014	\$100.00		\$100.00

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I. MONETARY REC	EIPTS (Section A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commis		,	TYPE OF REPORT		
Somers 2014			April 10 Filing - Original		
	0 T				
B. Itemized Contributio	ns from L	ndividuals			
Last Name	Fir	st		MI	Contribution ID #
Preka		David			0096
Residential Street Address	Ci	у		State	Zip Code
61 W Main St		Mystic		СТ	06355-2515
Principal Occupation		Name of Employ	yer	•	•
Owner		Adva	nced Improvements		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amor	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	x _{No}	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
In this contribution accorded with a Mathed of contribution.	Di	te Received	Aggregate Contributions	1	
fundraising event listed in Section J1?			66 · 6 · · · · · · · · · · · ·		
X No Cash Personal Ch		2/20/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit	Card	/20/2014	\$100.00		\$100.00
			-		
Last Name	Fit			MI	Contribution ID #
Preka		Jody			0097
Residential Street Address	Ci	у		State	Zip Code
24 Avery Ln		Waterford		СТ	06385-2203
Principal Occupation		Name of Employ	yer		
Assistant Manager		Sterl	ing Jewelers		
Is contributor a principal of a state contractor or prospective state contractor?	x _{No}	Is contributor a	lobbyist, spouse, or Yes	Amou	unt of Contribution
	▲ No	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches of Executive Legislative			X No		
government the contract is with: Legislative Legislative Legislative Legislative	Da	te Received	Aggregate Contributions	1	
fundraising event listed in Section J1?			66 · 6 · · · · · · · · · · · ·		
X No Cash Personal Ch		2/20/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit	Card	/20/2014	\$100.00		\$100.00
	Fir			1.9	
Last Name	FI			MI	Contribution ID #
Meiser		Daniel		S	0092
Residential Street Address	Ci	•		State	Zip Code
270 N Main St		Stonington		СТ	06378-2910
Principal Occupation		Name of Employ	yer		
Restaurant Owner		Self-	employed	_	
Is contributor a principal of a state contractor or prospective state contractor?	x _{No}		lobbyist, spouse, or	Amou	unt of Contribution
		dependent child			
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with a function of the section of	Da	te Received	Aggregate Contributions		
X No Cash X Personal Ch	02	2/20/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit	Card	, ,	+		+
Last Name	Fir	et		MI	Contribution ID #
	1.1	William		C	0085
Johnson					
Residential Street Address	Ci	•		State	Zip Code
295 South Rd		Groton		СТ	06340-4611
Principal Occupation		Name of Employ			
Vice President		Johns	son's Hardware		
Is contributor a principal of a state contractor or prospective state contractor?	x _{No}		lobbyist, spouse, or	Amou	unt of Contribution
If we indicate which have the structure of the second seco		dependent child			
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with a gradient II Yes Method of contribution:	Da	te Received	Aggregate Contributions	1	
X No Cash X Personal Ch	02	2/20/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit	Card	, -,	+100.00		,

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I. MONETARY RECEIPT	rs (Se	ction A-I)	-		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Somers 2014			April 10 Filing - Original		
B. Itemized Contributions fro	m Ind	ividuals			
Last Name	First	ividuais		MI	Contribution ID #
Johnson	FIISt	Williama		E	0086
Residential Street Address	City	William		⊑ State	Zip Code
158 Phoenix Dr	City	Croton		CT	06340-2414
Principal Occupation	<u> </u>	Groton Name of Employ		CI	00340-2414
President		1 1	on's Hardware		
			abbriat anavaa ar	Amor	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	lo	dependent child of	Vac	Anot	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 super listed in Section 112 Yes	Date I	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes, list Event #	02/2	0/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Nickerson Jr.		Russell		J	0087
Residential Street Address	City			State	Zip Code
80 Island View Ave		Mystic		СТ	06355-2242
Principal Occupation		Name of Employ	er		
Engineer		Electr	ic Boat/General Dynamics		
Is contributor a principal of a state contractor or prospective state contractor?	lo		obbyist, spouse, or Yes	Amou	ant of Contribution
If was indicate which branch or branches of the test of te		dependent child of			
government the contract is with:			x _{No}		
Is this contribution associated with a fundamining super listed in Section 112 Yes	Date I	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes, list Event #	02/2	0/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Wise	1 1150	Норе		S	0089
Residential Street Address	City	Поре		State	Zip Code
1 Keeler Close	City	Ridgefield		СТ	06877-3904
Principal Occupation	<u> </u>	Name of Employ	er		00077 3301
Elections			of Ridgefield		
			obbyist spouse or	Amor	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	lo	dependent child of	V		
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 I	Received	Aggregate Contributions]	
	02/2	0/2014	\$50.00		\$50.00
If yes, list Event # 02202014A	<u> </u>			I	
Last Name	First			MI	Contribution ID #
Swindell		Archie		С	0080
Residential Street Address	City			State	Zip Code
192 Monument St		Groton		СТ	06340-3915
Principal Occupation	Τ	Name of Employ	er		
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?	la l		obbyist, spouse, or Yes	Amou	ant of Contribution
	0	dependent child of			
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with a Yes Method of contribution:	Date I	Received	Aggregate Contributions	1	
Tundraising event listed in Section J1?					
	02/2	0/2014	\$100.00		\$100.00
If yes, list Event # 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)	Ì	,	TYPE OF REPORT		
Somers 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First	lividuals		MI	Contribution ID #
Cavo	THSt	Joseph		M	0136
Residential Street Address	City	303epi1		State	Zip Code
2 Candlewood Dr	City	Danbury		CT	06811-3139
Principal Occupation	L	Name of Employ	/er		00011 5155
Apparatus Mechanic			of Danbury		
Is contributor a principal of a state contractor or prospective state contractor?		,	lobbyist, spouse, or	Amou	int of Contribution
Yes X N	0	dependent child	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 function are set of the set	Date	Received	Aggregate Contributions	1	
No Cash Personal Check	02/2	20/2014	\$100.00		\$100.00
If yes, list Event # 02202014A					
Last Name	First			MI	Contribution ID #
Werner		Virginia		М	0088
Residential Street Address	City			State	Zip Code
9 Bernlou Dr		Danbury		СТ	06811-2815
Principal Occupation		Name of Employ	/er		
Human Resources		City o	of Danbury		
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, 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 fundraising event listed in Section J1? Yes	Date	Received	Aggregate Contributions		
If yes, list Event # 02202014A	02/2	20/2014	\$100.00		\$100.00
			1		
Last Name	First	Claudia		MI	Contribution ID #
Downey Residential Street Address	City	Claudia		Charles	0146
3 Guardhouse Dr	City	Redding		State CT	Zip Code 06896-1827
Principal Occupation		Name of Employ	10 F		00090-1027
Teacher			ing BoE		
			labbuist spause or	Amor	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	- V		
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 # 02202014A	02/2	20/2014	\$50.00		\$50.00
If yes, list Event # 02202014A Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Downey		John			0147
Residential Street Address	City			State	Zip Code
3 Guardhouse Dr		Redding		СТ	06896-1827
Principal Occupation		Name of Employ	/er		
Attorney		Rome	e McGuigan		
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, 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 the fundration of the section 112 Yes Yes	Date	Received	Aggregate Contributions		
If yes, list Event # 02202014A No Cash Personal Check No Money Order Credit/Debit Card	02/2	20/2014	\$50.00		\$50.00

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I. MONETARY RECEIPT	<u>'S (Se</u>	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	Ì	ŕ	TYPE OF REPORT		
Somers 2014			April 10 Filing - Original		
	T				
B. Itemized Contributions fro	m Ind	lividuals		•	
Last Name	First			MI	Contribution ID #
Alosco		Louis			0129
Residential Street Address	City			State	Zip Code
18 Ashley Ct		Danbury		СТ	06810-7288
Principal Occupation		Name of Employ	/er		-
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amou	int of Contribution
	0	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with: Executive Exe	Date	Received	Aggregate Contributions		
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:					
No Cash X Personal Check	0.2/	20/2014	\$100.00		\$100.00
If yes, list Event # 02202014A Money Order Credit/Debit Card	02/	20/2014	\$100.00		\$100.00
					Contribution 170 ff
Last Name	First			MI	Contribution ID #
Foley		Mary			0154
Residential Street Address	City			State	Zip Code
6 Beach Dr		Danbury		СТ	06811-3103
Principal Occupation		Name of Employ	/er		
Realtor		Self-e	employed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amou	int of Contribution
	0	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1? X Yes Method of contribution:					
No Cash X Personal Check	02/	20/2014	\$100.00		\$100.00
If yes, list Event # 02202014A	02/1	20/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
	First	Cuathia		D	0127
Palanzo	~	Cynthia			-
Residential Street Address	City			State	Zip Code
45 Briarwood Dr		Danbury		СТ	06810-7001
Principal Occupation		Name of Employ	/er		
Stocker		Costo	0		
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	int of Contribution
If yas indicate which brench or branches of	-	dependent child			
government the contract is with:			x _{No}		
Is this contribution associated with a function associated with a function grant listed in Section 112 Yes	Date	Received	Aggregate Contributions		
X No Cash Personal Check	02/2	20/2014	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Delucia		Angela			0139
Residential Street Address	City	, ingena		State	Zip Code
88 Clapboard Ridge Rd	City	Danbury		CT	06811-3643
Principal Occupation		Name of Employ	lo r		30011-3043
Owner			American Property		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a dependent child	lobbyist, spouse, or Yes	Amou	int 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 function associated with a function grant listed in Section 112 Yes	Date	Received	Aggregate Contributions		
	02/2	20/2014	\$100.00		\$100.00
If yes, list Event # 02202014A Money Order Credit/Debit Card	1		1	1	

					Page 44 of 242
I. MONETARY RECEIPT	'S (Se	ction A-I)	-		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	<u>`</u>	, í	TYPE OF REPORT		
Somers 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Indi	ividuals			
Last Name	First	lviuuais		MI	Contribution ID #
	FIISt	lohn		V	
Delucia	City	John			0140 Zin Code
Residential Street Address	City	Denhum		State	Zip Code 06811-3643
88 Clapboard Ridge Rd Principal Occupation	<u> </u>	Danbury Name of Employ		СТ	00811-3043
Property Manager		1 2	er employed		
			abbyist spays or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	io	dependent child of	Vac	Allou	in or contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:	Date I	Received	Aggregate Contributions		
Is this contribution associated with a fundraising event listed in Section J1? Yes	Date I	(cccived	Aggregate Contributions		
No Cash Personal Check	02/2	0/2014	\$100.00		\$100.00
If yes, list Event # 02202014A	02/2	0/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Delucia	1 11.50	Peter			0141
Residential Street Address	City			State	Zip Code
88 Clapboard Ridge Rd	,	Danbury		СТ	06811-3643
Principal Occupation	<u>н</u>	Name of Employ	er		00011 5045
Owner		1 5	employed		
			abbyist spays or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	io	dependent child of	Vac		
If yes, indicate which branch or branches of Executive Legislative			X No		
	Date F	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
No Cash Personal Check	02/2	0/2014	\$100.00		\$100.00
If yes, list Event # 02202014A Money Order Credit/Debit Card	,-	-,	+		
Last Name	First			MI	Contribution ID #
Longino		Matthew		G	0042
Residential Street Address	City			State	Zip Code
350 Gales Ferry Rd		Groton		СТ	06340-2767
Principal Occupation	·	Name of Employ	er		
Owner		Gerot	hom, Inc.		
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:			X No		
Is this contribution associated with a fundraising event listed in Section 112 Yes	Date F	Received	Aggregate Contributions		
	02/2	0/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Leduc		Erin		J	0063
Residential Street Address	City			State	Zip Code
350 Gales Ferry Rd		Groton		СТ	06340-2767
Principal Occupation		Name of Employ	er		
Student		Stude	ent		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	int of Contribution
If you indicate which branch as branches of	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 F	Received	Aggregate Contributions	1	
Tundraising event listed in Section J1?					
	02/2	0/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card	1			1	

					Page 45 of 242
L MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT		
Somers 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Buttermore		Sidney		Р	0075
Residential Street Address	City			State	Zip Code
18 Sachem Rd		Noank		СТ	06340-5613
Principal Occupation	· _	Name of Employ	/er		
Retired		Retire	ed		
			labbuist spause or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac	111100	int of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:					
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event #	02/2	20/2014	\$100.00		\$100.00
	I				
Last Name	First			MI	Contribution ID #
Fink		Pat			0153
Residential Street Address	City			State	Zip Code
3 Meadowbrook Rd		New Fairfield	1	ст	06812
Principal Occupation	<u> </u>	Name of Employ			
Manager/Office Leader			shire Hathaway New England	Properties	
			lobbyist, spouse, or	· · · · · · · · · · · · · · · · · · ·	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac	Anot	int of Contribution
If yes, indicate which branch or branches of		1	· —		
government the contract is with:					
Is this contribution associated with a fundraising event listed in Section 112 Yes	Date	Received	Aggregate Contributions		
If yes, list Event # 02202014A	02/2	20/2014	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Monteiro		Deborah		В	0029
Residential Street Address	City			State	Zip Code
70 Spyglass Cir		Groton		СТ	06340-6218
Principal Occupation	·	Name of Employ	ver	<u>.</u>	
Title Searcher		Self-e	employed		
			lobbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	- V	111100	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?	Date	Received	Aggregate Contributions		
If yes, list Event #	02/2	20/2014	\$100.00		\$100.00
	۱ <u>ــــــــــــــــــــــــــــــــــــ</u>		1	1	
Last Name	First			MI	Contribution ID #
Monteiro		Richard		А	0030
Residential Street Address	City			State	Zip Code
70 Spyglass Cir		Groton		СТ	06340-6218
Principal Occupation		Name of Employ	/er	-	•
Carpenter			employed		
			lobbyist spouse or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac		
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?	Date	Received	Aggregate Contributions		
If yes, list Event #	02/2	20/2014	\$100.00		\$100.00

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I. MONETARY RECEIPT	'S (Se	ection A-I)	-		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Somers 2014			April 10 Filing - Original		
	T 1				
B. Itemized Contributions from	m Ind	ividuals		•	
Last Name	First			MI	Contribution ID #
Toporowski		Cherielin			0117
Residential Street Address	City			State	Zip Code
6 Green Hills Rd		Quaker Hill		СТ	06375-1107
Principal Occupation		Name of Employ	rer		-
Event Director		Great	er Mystic Chamber of Comm	erce	
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	obbyist, spouse, or	Amou	int of Contribution
	0	dependent child	of a lobbyist? Yes		
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	licectived	riggregate controlations		
X No Cash Personal Check	0.2/	20/2014	¢100.00		±100.00
If yes, list Event # Money Order Credit/Debit Card	02/.	20/2014	\$100.00		\$100.00
					a
Last Name	First			MI	Contribution ID #
Moore		Donna		R	0194
Residential Street Address	City			State	Zip Code
37 Joes Hill Rd		Danbury		СТ	06811-4221
Principal Occupation		Name of Employ	rer	•	
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	obbyist, spouse, or	Amou	int of Contribution
Yes X N	0	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Dute	licectived	riggregate controlations		
No X Cash Personal Check	0.21	0.0014	+50.00		+50.00
If yes, list Event # 02202014A Money Order Credit/Debit Card	02/.	20/2014	\$50.00		\$50.00
			<u>.</u>		
Last Name	First			MI	Contribution ID #
Moore		Julianne			0195
Residential Street Address	City			State	Zip Code
37 Joes Hill Rd		Danbury		СТ	06811-4221
Principal Occupation		Name of Employ	er		
Clerk		City o	of Danbury		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	obbyist, spouse, or	Amou	int of Contribution
	0	dependent child	of a lobbyist? Yes		
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?			66 · 6 · · · · · · · · · ·		
No Cash Personal Check	02/	20/2014	\$50.00		\$50.00
If yes, list Event # 02202014A Money Order Credit/Debit Card	02/1	20/2014	\$30.00		\$30.00
				1.0	0.11.5.77
Last Name	First			MI	Contribution ID #
Moore		Loralynn		R	0196
Residential Street Address	City			State	Zip Code
37 Joes Hill Rd	L	Danbury		СТ	06811-4221
Principal Occupation		Name of Employ	rer		
Waitress		Chuc	k's Steak House		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	int of Contribution
	υ	dependent child	of a lobbyist?		
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?					
No K Cash Personal Check	0.2/	20/2014	\$50.00		\$50.00
If yes, list Event # 02202014A Money Order Credit/Debit Card	02/	-0/2017	400.00		400.00

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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		
Somers 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Reynolds		Tom			0217
Residential Street Address	City			State	Zip Code
122 Old West Mountain Rd		Ridgefield		СТ	06877-3603
Principal Occupation		Name of Employ	/er		
Partner		Reyn	olds & Rowella, LLP		
Is contributor a principal of a state contractor or prospective state contractor?		,	lobbyist spouse or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac		
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:					
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event # 02202014A	02/2	20/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Marano		Carlo		J	0186
Residential Street Address	City			State	Zip Code
10 Lakecrest Dr	,	Danbury		СТ	06811-4216
Principal Occupation	L	Name of Employ	104	CI	00011 4210
Plan Associate			o Corp.		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a dependent child	lobbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		dependent ennu			
government the contract is with:			x _{No}		
Is this contribution associated with a fundraising event listed in Section 112 Yes	Date	Received	Aggregate Contributions		
	02/2	20/2014	\$100.00		\$100.00
If yes, list Event # 02202014A Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Marano		Christine		L	0187
Residential Street Address	City	Christine		State	Zip Code
	City	Danhum		CT	06811-4216
10 Lakecrest Dr	L	Danbury		CI	00811-4210
Principal Occupation		Name of Employ			
СРА		,	s & Lyons		
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	int of Contribution
If yas indicate which branch or branches of	°	dependent child			
government the contract is with:			x _{No}		
Is this contribution associated with a for the UP Yes Method of contribution:	Date	Received	Aggregate Contributions		
No Cash Personal Check	02/2	20/2014	\$100.00		\$100.00
If yes, list Event # 02202014A Money Order Credit/Debit Card	/-		+		+
Last Name	First			MI	Contribution ID #
	FIIS	Albort			
Mead	~	Albert		S	0190
Residential Street Address	City			State	Zip Code
23 Jefferson Ave	L	Danbury		СТ	06810-7913
Principal Occupation		Name of Employ	/er		
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?			lobbyist, spouse, or Yes	Amou	int of Contribution
	U	dependent child			
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?			30-18-11 - 11-10 utons		
No Cash Personal Check	0.01	0/2014	¢100.00		¢100.00
If yes, list Event # 02202014A Money Order Credit/Debit Card	1 02/4	20/2014	\$100.00		\$100.00

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I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	Ì	, , , , , , , , , , , , , , , , , , ,	TYPE OF REPORT		
Somers 2014			April 10 Filing - Original		
	T 1				
B. Itemized Contributions from	m Ind	lividuals			•
Last Name	First			MI	Contribution ID #
Mead		Joan		S	0191
Residential Street Address	City			State	Zip Code
23 Jefferson Ave		Danbury		СТ	06810-7913
Principal Occupation		Name of Employ	er		
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	obbyist, spouse, or	Amou	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with.	Date	Received	Aggregate Contributions		
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:					
No Cash Rersonal Check	0.2/2	0/2014	¢100.00		¢100.00
If yes, list Event # 02202014A Money Order Credit/Debit Card	02/4	20/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Palanzo		Roger			0204
Residential Street Address	City			State	Zip Code
45 Briarwood Dr		Danbury		СТ	06810-7001
Principal Occupation		Name of Employ	rer		
Assistant		City o	of Danbury		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amou	ant of Contribution
	0	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
No Cash Personal Check	0.2/2	0/2014	¢100.00		¢100.00
If yes, list Event # 02202014A Money Order X Credit/Debit Card	02/4	20/2014	\$100.00		\$100.00
			•		
Last Name	First			MI	Contribution ID #
Prunty		Patricia		С	0212
Residential Street Address	City			State	Zip Code
4 Marc Rd		Danbury		СТ	06810-8262
Principal Occupation		Name of Employ	rer		
Sales Associate		Kohl's	5		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	obbyist, spouse, or	Amou	ant of Contribution
	0	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches of government the contract is with:			x No		
	Date	Received	Aggregate Contributions	•	
fundraising event listed in Section J1? Method of contribution:					
No Cash Rersonal Check	02/3	20/2014	\$50.00		\$50.00
If yes, list Event # 02202014A	02/2	2072011	\$50.00		450100
Last Name	First			MI	Contribution ID #
	First				
Seabury		Barbara		D	0221
Residential Street Address	City			State	Zip Code
40 Moody Ln	L	Danbury		СТ	06811-3806
Principal Occupation		Name of Employ	rer		
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	ant of Contribution
	U	dependent child	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			X _{No}		
	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?	1				
No Cash Rersonal Check	02/	20/2014	\$100.00		\$100.00
If yes, list Event # 02202014A Money Order Credit/Debit Card	02/	-0/2017	\$100.00		¥100.00

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I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	Ì	,	TYPE OF REPORT		
Somers 2014			April 10 Filing - Original		
	T 1				
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Seabury		Gregg		W	0222
Residential Street Address	City			State	Zip Code
40 Moody Ln		Danbury		СТ	06811-3806
Principal Occupation	·	Name of Employ	/er	-	
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	of a lobbyist? Yes		
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?	But	licectivea	inggregate controlutions		
No Cash Personal Check	0.21	20/2014	¢100.00		±100.00
If yes, list Event # 02202014A Money Order Credit/Debit Card	02/2	20/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Mathiowitz		Edith			0188
Residential Street Address	City			State	Zip Code
184 Rawson Rd		Brookline		MA	02445-4405
Principal Occupation		Name of Employ	/er	-	
Professor		Brow	n University		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
	Date	Received	Aggregate Contributions	{	
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
No Cash Personal Check					
If yes, list Event # 02202014A Money Order X Credit/Debit Card	02/2	20/2014	\$100.00		\$100.00
				1 T	
Last Name	First			MI	Contribution ID #
Michael		Louise			0192
Residential Street Address	City			State	Zip Code
87 Deer Hill Ave		Danbury		СТ	06810-7903
Principal Occupation		Name of Employ	/er		
Purchasing Clerk		City o	of Danbury		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amou	int of Contribution
	0	dependent child	of a lobbyist? Yes		
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	
Is this contribution associated with a fundraising event listed in Section J1?					
No Cash Personal Check	0.21	20/2014	\$50.00		\$50.00
If yes, list Event # 02202014A Money Order Credit/Debit Card	02/2	20/2014	\$30.00		\$30.00
			•		
Last Name	First			MI	Contribution ID #
Monsky		Brooke			0193
Residential Street Address	City			State	Zip Code
12 Arden Ave		New Fairfield	1	СТ	06812-4402
Principal Occupation		Name of Employ	/er		
Administrative Assistant	ļ	Terex	c Corp.		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or Yes	Amou	int of Contribution
	0	dependent child	of a lobbyist? Yes		
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?					
Cash Personal Check	<u></u> "	20/2014	#E0.00		¢50.00
If yes, list Event # 02202014A No Money Order X Credit/Debit Card	02/2	20/2014	\$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		
Somers 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	ividuals			
Last Name	First	il i i u u u i j		MI	Contribution ID #
Munoz	Filst	Elisa		IVII	0198
Residential Street Address	City	LIISa		State	Zip Code
9 Oak St Fl 3	City	Danbury		CT	06811-4600
Principal Occupation		Name of Employ	/er		00011 4000
Administrative Asst.			of Danbury		
		,	· · · · · · · · · · · · · · · · · · ·	Amou	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	o	dependent child			
If yes, indicate which branch or branches of government the contract is with:			X No		
Is this contribution associated with a findersign avant listed in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
If yes, list Event # 02202014A No Cash Personal Check Money Order Credit/Debit Card	02/2	20/2014	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Nagarsheth		Shailesh			0200
Residential Street Address	City			State	Zip Code
2 Robinhood Rd	L	Danbury		СТ	06811-2838
Principal Occupation		Name of Employ	/er		
Manager		Veriz	•••		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a dependent child	lobbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent ennu			
government the contract is with:			X No		
Is this contribution associated with a fundraising event listed in Section J1? Yes	Date	Received	Aggregate Contributions		
No Cash Personal Check					
If yes, list Event # 02202014A No Money Order Credit/Debit Card	02/2	20/2014	\$50.00		\$50.00
L set Mone	First		•	MI	Contribution ID #
Last Name Natale	FIISt	Deborah		J	Contribution ID # 0201
Residential Street Address	City	Debolali		State	Zip Code
61 Padanaram Rd	City	Danbury		CT	06811-3730
Principal Occupation	I	Name of Employ	10 r	CI	00811-5750
Retail Manager			ndia Nurseries, LLC		
			labbuist spause or	Amoi	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	o	dependent child	- V		
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? Wethod of contribution:					
No Cash Rersonal Check	02/2	20/2014	\$50.00		\$50.00
If yes, list Event # 02202014A Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Natale		Jean		А	0202
Residential Street Address	City			State	Zip Code
61 Padanaram Rd		Danbury		СТ	06811-3730
Principal Occupation		Name of Employ	/er		
Clerk		City o	of Danbury		
Is contributor a principal of a state contractor or prospective state contractor?			lobbyist, spouse, or Yes	Amou	unt of Contribution
	0	dependent child			
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with a Nethod of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
No Cash Personal Check					

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I. MONETARY RECEIPT	'S (Se	ection A-I)	-		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	Ì	,	TYPE OF REPORT		
Somers 2014			April 10 Filing - Original		
	T				
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Oppermann		Thomas			0203
Residential Street Address	City			State	Zip Code
12 Three Partners Rd		Danbury		СТ	06811-3829
Principal Occupation		Name of Employ	/er		•
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?			labbyist spause or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac		
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:					
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
If yes, list Event # 02202014A	02/2	20/2014	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Pappajohn		Jean			0207
Residential Street Address	City			State	Zip Code
12 Dogwood Dr		Danbury		СТ	06811-4531
Principal Occupation		Name of Employ	/er	-	
Retired		Retire			
			lobbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac	Allou	In or contribution
If yes, indicate which branch or branches of		1	· —		
government the contract is with:					
Is this contribution associated with a fundraicing event listed in Section 112 Yes	Date	Received	Aggregate Contributions		
If yes, list Event # 02202014A	02/2	20/2014	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Peatt		Ted			0208
Residential Street Address	City			State	Zip Code
202 Mamanasco Rd Apt 14		Ridgefield		СТ	06877-1734
Principal Occupation		Name of Employ	/er		
Firefighter		Town	of Ridgefield		
			lobbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	V	711100	an of contribution
If yes, indicate which branch or branches of Executive Legislative		-	x _{No}		
government the contract is with:					
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
If yes, list Event # 02202014A	02/2	20/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Piech		John			0209
Residential Street Address	City			State	Zip Code
8 Rose Ln Apt 26-17		Danbury		СТ	06811-6722
Principal Occupation	•	Name of Employ	/er		
Teacher			ury BoE		
			· · · · · · · · · · · · · · · · · · ·	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac	Aniou	an or contribution
If yes, indicate which branch or branches of Executive Legislative					
government the contract is with:					
Is this contribution associated with a fundraicing event listed in Section 112 Yes	Date	Received	Aggregate Contributions		
If yes, list Event # 02202014A No Cash Personal Check Order Credit/Debit Card	02/2	20/2014	\$25.00		\$25.00
	1		1		

					Page 52 of 242
I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	Ì	,	TYPE OF REPORT		
Somers 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First	lividuals		MI	Contribution ID #
Pietrafesa	First	Ralph		IVII	0210
Residential Street Address	City	Карп		State	Zip Code
36 Hawley Road Ext .	City	Danbury		CT	06811-4907
Principal Occupation	-	Name of Employ	/er		00011 1907
Sales Director			employed		
			lobbyist, spouse, or	Amou	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	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 fundration around listed in Section 112 Yes	Date	Received	Aggregate Contributions	1	
If yes, list Event # 02202014A	02/2	20/2014	\$50.00		\$50.00
in yes, ist Event # 02202014A				L	
Last Name	First			MI	Contribution ID #
Priola		John			0211
Residential Street Address	City			State	Zip Code
27 Heritage Dr		Danbury		СТ	06811-3460
Principal Occupation		Name of Employ	/er		
CFO			olds & Rowella		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a dependent child	lobbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of		dependent enna	x No		
government the contract is with:					
Is this contribution associated with a fundraising event listed in Section J1? Yes	Date	Received	Aggregate Contributions		
No Cash Personal Check	0.00	0.004.4	+100.00		+100.00
If yes, list Event # 02202014A Money Order X Credit/Debit Card	02/.	20/2014	\$100.00		\$100.00
Last Name	First		-	MI	Contribution ID #
Ron-Priola	Tilst	Veronica		IVII	0218
Residential Street Address	City	Veronica		State	Zip Code
27 Heritage Dr	eny	Danbury		CT	06811-3460
Principal Occupation		Name of Employ	/er		
Medical Director			ern Ct Health Ne		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amot	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	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 for the second seco	Date	Received	Aggregate Contributions	1	
If yes, list Event # 02202014A No Cash Personal Check No Money Order Credit/Debit Card	02/2	20/2014	\$100.00		\$100.00
				<u> </u>	
Last Name	First			MI	Contribution ID #
Rae		Vincent			0213
Residential Street Address	City			State	Zip Code
4 Stadley Rough Rd		Danbury		СТ	06811-4023
Principal Occupation		Name of Employ	/er		
Public Utilities			of Danbury		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a dependent child	lobbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		sependent ennu			
government the contract is with:	. .	Density 1		-	
Is this contribution associated with a fundraising event listed in Section J1? Yes	Date	Received	Aggregate Contributions		
No No Cash Personal Check	0.27	20/2014	450 00		¢50.00
If yes, list Event # 02202014A Money Order Credit/Debit Card	02/	20/2014	\$50.00		\$50.00

NAME OF COMMITTER (Provide Complex Name as Registered with Commission) TYPE: OF REPORT Sources 2014 April 10 Filing: Organia Margaret M Consistered with Commission) Sources 2014 M Consistered with Commission Sources 2014 M Consistered with Commission Terraces 51 Open Margaret M Consistered with Assist, spanse, 	NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Somers 2014 B. Itemized Contributions from Individuals Last Name First Ramgolam First Residential Street Address City 7 Terrace St Danbur Principal Occupation Name of Is contributor a principal of a state contractor or prospective state contractor? Yes No Is contribution: Is this contribution associated with a fundraising event listed in Section J1? No Method of contribution: Date Received Last Name First Donna Residential Street Address City If yes, list Event # 02202014A No First Donna Residential Street Address City Stormv If yes, indicate which branch or branches of government the contract is with: Stormv Stormv If yes, list Event # 02202014A No First Donna Residential Street Address City Stormv Stormv If yes, indicate which branch or branches of government the contract is with: Stormv Is contributor Is contrinbutor Is	TYPE OF REPORT April 10 Filing - Original Is ret Introduction a lobbyist, spouse, or nt child of a lobbyist? X No Aggregate Contributions X X No Aggregate Contributions \$100.00 Yille Yes Cablevision Yes ibutor a lobbyist, spouse, or nt child of a lobbyist? Yes	0214 State Zip Code CT 06811-4 Amount of Contribution 2000 MI Contribution O215 State State Zip Code NY 12582-5	664 ation n ID # 261
April 16 Filing - Original B. Itemized Contributions from Individuals Individuals First Md Contributions for Mdividuals Rangolam Margaret Md Contributions for Mdividuals Rangolam Margaret Margaret Margaret Optimizer Rangolam Care Optimizer Rangolam Margaret Optimizer Rangolam Margaret Optimizer Care Denotropy BoE Is contribution ageincing of a latte contractor of prospective state	Somers 2014 B. Itemized Contributions from Individuals Last Name First Margar Residential Street Address City 7 Terrace St Danbur Principal Occupation Name of Is contributor a principal of a state contractor or prospective state contractor? Yes No Is contributor a principal of a state contractor or prospective state contractor? Date Received Is this contribution associated with a fundraising event listed in Section J1? No Method of contribution: Date Received If yes, list Event # 02202014A No Cash Money Order Personal Check 02/20/2014 Last Name First Donna Residential Street Address City Storrnw If yes, list Event # 02202014A No First Donna Residential Street Address City Storrnw Storrnw Principal Occupation Reporter Is contributor a principal of a state contractor or prospective state contractor? Yes No Is contributor a principal of a state contractor or prospective state contractor? Yes No Is contributor Is contributor a principal of a state contractor or prospective state contractor? Yes	April 10 Filing - Original s ret ret Danbury BoE ibutor a lobbyist, spouse, or nt child of a lobbyist? Ville fEmployer Cablevision ibutor a lobbyist, spouse, or nt child of a lobbyist, spouse, or nt child of a lobbyist? Yes	0214 State Zip Code CT 06811-4 Amount of Contribution 2000 MI Contribution O215 State State Zip Code NY 12582-5	664 ation n ID # 261
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Safranek Michael 0108	If yes, list Event # 02202014A Money Order Credit/Debit Card			
	Last Name First		MI Contributio	n ID #
Residential Street Address City State Zip Code	Safranek Michae	el	0108	
	Residential Street Address City		State Zip Code	
24 Jackson Dr Danbury CT 06811-3912	24 Jackson Dr Danbur	iry	CT 06811-3	912
Principal Occupation Name of Employer	Principal Occupation Name of	f Employer		
Aviation Manager City of Danbury	Aviation Manager	City of Danbury		
Is contributor a principal of a state contractor or prospective state contractor?	Is contributor a principal of a state contractor or prospective state contractor?	ibutor a lobbyist, spouse, or	Amount of Contrib	ition
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government the contract is with:			\$100.00	

					Page 54 of 242
I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	``	,	TYPE OF REPORT		
Somers 2014			April 10 Filing - Original		
	T 1				
B. Itemized Contributions from	m Inc	lividuals			1
Last Name	First			MI	Contribution ID #
Moore Sr.		Nelson			0197
Residential Street Address	City			State	Zip Code
31 Joes Hill Rd		Danbury		СТ	06811-4221
Principal Occupation	-	Name of Employ	/er	-	•
Installer		Capit	oal Drywall Construction		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or Yes	Amou	unt of Contribution
	0	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
	Date	Received	Aggregate Contributions	-	
Is this contribution associated with a fundraising event listed in Section J1?					
No Cash Personal Check	02/	20/2014	\$50.00		\$50.00
If yes, list Event # 02202014A	02/	20/2014	\$50.00		\$30.00
Last Name	First			MI	Contribution ID #
	First	Frie		1411	0205
Palmares Residential Street Address	City	Eric		Ctata	Zip Code
	City	-		State	1
32 Farview Ave	<u> </u>	Danbury		СТ	06810-5533
Principal Occupation		Name of Employ			
Student		Stude			
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a dependent child	lobbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of		dependent crind	·		
government the contract is with:			X No		
Is this contribution associated with a fundraising event listed in Section 112 Yes	Date	Received	Aggregate Contributions		
	02/	20/2014	\$50.00		\$50.00
If yes, list Event # 02202014A Money Order Credit/Debit Card				<u> </u>	
Last Name	First			MI	Contribution ID #
Palmares		Genilson			0206
Residential Street Address	City			State	Zip Code
32 Farview Ave		Danbury		СТ	06810-5533
Principal Occupation		Name of Employ	/er		
Owner		Amaz	on Concrete Inc.		
			labbyist spouse or	Amor	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	- V	111100	
If yes, indicate which branch or branches of avarance the contract is with:			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	0.2/	20/2014	¢100.00		+100.00
If yes, list Event # 02202014A Money Order Credit/Debit Card	02/.	20/2014	\$100.00		\$100.00
				1	
Last Name	First			MI	Contribution ID #
Nabholz		Antonia			0199
Residential Street Address	City			State	Zip Code
121 Stadley Rough Rd		Danbury		СТ	06811-3279
Principal Occupation		Name of Employ	/er		
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?			lobbyist, spouse, or Yes	Amou	unt of Contribution
	υ	dependent child			
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?					
No Cash Personal Check	02/	20/2014	\$50.00		\$50.00
If yes, list Event # 02202014A Money Order Credit/Debit Card	"		450.00		+00.00

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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		
Somers 2014			April 10 Filing - Original		
	T 1				
B. Itemized Contributions from	m Inc	lividuals			
Last Name	First			MI	Contribution ID #
LeRose		Joseph			0181
Residential Street Address	City			State	Zip Code
30 Hardscrabble Rd		Sherman		СТ	06784-2604
Principal Occupation		Name of Employ	/er		
Peace Officer		City o	of Danbury		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or Yes	Amou	unt of Contribution
	0	dependent child			
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with a fundration associated with a fundration as a fundration of the section 112 Yes	Date	Received	Aggregate Contributions	1	
No Cash Personal Check	02/2	20/2014	\$50.00		\$50.00
If yes, list Event # 02202014A Money Order X Credit/Debit Card		-			
Last Name	First			MI	Contribution ID #
Levy		Warren			0182
Residential Street Address	City			State	Zip Code
5 Pilgrim Dr	,	Danbury		СТ	06811-4353
Principal Occupation	I	Name of Employ	/er		00011 1555
CEO			ury Metal Finishing, Inc.		
			lobbyist, spouse, or	1 A mor	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Van	Allou	an of contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with	Dete	Received		-	
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
No Cash Personal Check					
If yes, list Event # 02202014A Money Order X Credit/Debit Card	02/	20/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Loring		Rev. William		D	0183
Residential Street Address	City			State	Zip Code
15 Pleasant Dr		Danbury		СТ	06811-3828
Principal Occupation		Name of Employ	/er		
Retired		Retire			
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	unt 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 fundrations around listed in Section 112 Yes	Date	Received	Aggregate Contributions		
If yes, list Event # 02202014A	02/	20/2014	\$100.00		\$100.00
				<u> </u>	
Last Name	First			MI	Contribution ID #
LoStocco		Francine			0184
Residential Street Address	City			State	Zip Code
3 Glen Rd		Danbury		СТ	06811-4013
Principal Occupation	-	Name of Employ	/er	•	•
Owner		Self-e	employed		
				Amor	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac		
If yes, indicate which branch or branches of average the contract is with:			x _{No}		
government the contract is with:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?	Duit				
No Cash Personal Check	0.2/	20/2014	\$50.00		\$50.00
If yes, list Event # 02202014A Money Order Credit/Debit Card	02/	20/2014	\$0.00		#J0.00

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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		
Somers 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	ividuals			
Last Name	First	liviuuais		MI	Contribution ID #
MacNeil	Filst	Kevin		D	0185
Residential Street Address	City	KEVIII		State	Zip Code
740 Willow Rd	City	Lancaster		PA	17601-5720
Principal Occupation	<u> </u>	Name of Employ	er		17001-5720
Sales Manager			Donnelley		
			abbuist spouse or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac		
If yes, indicate which branch or branches of government the contract is with:			X No		
Is this contribution associated with a fundraising event listed in Section 112 Yes	Date	Received	Aggregate Contributions		
If yes, list Event # 02202014A	02/2	20/2014	\$100.00		\$100.00
	1 1		1	I	
Last Name	First			MI	Contribution ID #
Scozzafava		Joseph		L	0220
Residential Street Address	City			State	Zip Code
68 Driftway Rd	L	Danbury		СТ	06811-5121
Principal Occupation		Name of Employ			
Retired		Retire			
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a dependent child	obbyist, spouse, or Second Sec	Amou	int of Contribution
If yes, indicate which branch or branches of Executive Legislative		1	X No		
	Data	Received	Aggregate Contributions		
Is this contribution associated with a fundraising event listed in Section J1? Yes	Date	Received	Aggregate Contributions		
No Cash Personal Check	0.2/2	20/2014	\$50.00		\$50.00
If yes, list Event # 02202014A Money Order Credit/Debit Card	02/2	20/2014	\$30.00		\$30.00
Last Name	First			MI	Contribution ID #
Seibert		Tim			0223
Residential Street Address	City			State	Zip Code
13 Pineview Dr		Danbury		ст	06811-2742
Principal Occupation	-	Name of Employ	er		
President		Seibe	rt Insurance Agency		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	obbyist, spouse, or	Amou	int of Contribution
	0	dependent child	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 Method of contribution:	Date	Received	Aggregate Contributions		
If yes, list Event # 02202014A No Cash Personal Check No Money Order Credit/Debit Card	02/2	20/2014	\$50.00		\$50.00
			l	I	•
Last Name	First			MI	Contribution ID #
Smiles		Aaron			0224
Residential Street Address	City			State	Zip Code
54 Westchester Dr	L	Rocky Point		NY	11778-8872
Principal Occupation		Name of Employ			
Broker			x Realty Group	i	
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a dependent child	obbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of Executive Legislative		Lependent ennu v			
government the contract is with:		Density 1	i		
Is this contribution associated with a fundraising event listed in Section J1? Yes	Date	Received	Aggregate Contributions		
Cash Personal Check	0.7/	00/2014	#100 00		¢100.00
If yes, list Event # 02202014A Money Order X Credit/Debit Card	02/4	20/2014	\$100.00		\$100.00

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I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	`	,	TYPE OF REPORT		
Somers 2014			April 10 Filing - Original		
	T 1				
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Smith		Barbara		А	0225
Residential Street Address	City			State	Zip Code
8 Winthrop Pl		Danbury		СТ	06810-7613
Principal Occupation		Name of Employ	/er	-	
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amou	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	of a lobbyist? Yes		
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? Yes	Duit	licectivea	1661 egate controlations		
No Cash Personal Check	0.2/	20/2014	¢100.00		±100.00
If yes, list Event # 02202014A Money Order Credit/Debit Card	02/	20/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Steiner		Carolyn			0226
Residential Street Address	City			State	Zip Code
24 Old Wagon Rd		Mt Kisco		NY	10549-4901
Principal Occupation		Name of Employ	/er		
Homemaker		Home	emaker		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amou	ant of Contribution
Yes X N	0	dependent child	of a lobbyist? Yes		
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	Aggregate controlitons		
No Cash Personal Check	0.21	20/2014	+100.00		+100.00
If yes, list Event # 02202014A Money Order X Credit/Debit Card	02/.	20/2014	\$100.00		\$100.00
			•	1	
Last Name	First			MI	Contribution ID #
Steiner		Solomon			0227
Residential Street Address	City			State	Zip Code
24 Old Wagon Rd		Mount Kisco		NY	10549-4901
Principal Occupation		Name of Employ	/er		
CEO		Peros	phere		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amou	ant of Contribution
	0	dependent child	of a lobbyist? Yes		
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?					
No Cash Personal Check	0.2/	20/2014	\$100.00		\$100.00
If yes, list Event # 02202014A Money Order X Credit/Debit Card	02/	20/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Summ		Randy			0228
Residential Street Address	City			State	Zip Code
161 Brushy Hill Rd		Danbury		СТ	06810-8430
Principal Occupation		Name of Employ	/er		
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or Yes	Amou	ant of Contribution
	0	dependent child	of a lobbyist? Yes		
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?	Date		- opropute contributions		
Cash Personal Check	0.7	20/2014	#E0.00		¢50.00
If yes, list Event # 02202014A Money Order X Credit/Debit Card	02/.	20/2014	\$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)	Ì	, , , , , , , , , , , , , , , , , , ,	TYPE OF REPORT		
Somers 2014			April 10 Filing - Original		
	T 1				
B. Itemized Contributions from	m Ind	ividuals		•	
Last Name	First			MI	Contribution ID #
Taylor		Don			0229
Residential Street Address	City			State	Zip Code
94 Great Plain Rd		Danbury		СТ	06811-3931
Principal Occupation		Name of Employ	er		
Councilor		City o	of Danbury		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	obbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
	Date	Received	Aggregate Contributions		
Is this contribution associated with a fundraising event listed in Section J1?					
No Cash Personal Check	02/3	20/2014	\$50.00		\$50.00
If yes, list Event # 02202014A Money Order X Credit/Debit Card	02/2	20/2014	430.00		450.00
Last Name	First			MI	Contribution ID #
	FIISt	-			
Thomas	~	Tamara		L	0230
Residential Street Address	City			State	Zip Code
2 Evergreen Rd	L	Danbury		СТ	06811-3303
Principal Occupation		Name of Employ	rer		
Realtor		Self-e	employed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	obbyist, spouse, or Yes	Amou	int of Contribution
	0	dependent child	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
No Cash Personal Check	02/3	20/2014	\$50.00		\$50.00
If yes, list Event # 02202014A	02/2	20/2014	430.00		450.00
Last Name	First			MI	Contribution ID #
	FIISt	During			Contribution ID #
Tuomala		Bruce		R	0231
Residential Street Address	City			State	Zip Code
14 Crestview Dr		Brookfield		СТ	06804-1230
Principal Occupation		Name of Employ	er		
Economic Development Director		City o	of Danbury		
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	int of Contribution
If yas indicate which brench or branches of	0	dependent child			
government the contract is with:			x _{No}		
Is this contribution associated with a fundraising event listed is Section 112 Yes	Date	Received	Aggregate Contributions		
No Cash Personal Check	02/2	20/2014	\$100.00		\$100.00
If yes, list Event # 02202014A Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Tuomala		Elizabeth			0232
Residential Street Address	City	Enzabeth		State	Zip Code
	City	Brockfield			*
14 Crestview Dr	L	Brookfield		СТ	06804-1230
Principal Occupation		Name of Employ			
Manager			wards		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	int of Contribution
		dependent child	of a lobbyist?		
government the contract is with:			x _{No}		
Is this contribution associated with a Nethod of contribution:	Date	Received	Aggregate Contributions]	
No Cash Personal Check	02/2	20/2014	\$100.00		\$100.00
If yes, list Event # 02202014A Money Order X Credit/Debit Card	l .		· ·	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		
Somers 2014			April 10 Filing - Original		
	T				
B. Itemized Contributions from	m Ind	lividuals			1
Last Name	First			MI	Contribution ID #
Wetmore		Andrew			0233
Residential Street Address	City			State	Zip Code
40 Mountainville Rd		Danbury		СТ	06810-8436
Principal Occupation		Name of Employ	/er		
Paralegal		Law (Offices of Cecilia Buck-Taylor	_	
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a dependent child	lobbyist, spouse, or Second Se	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	
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:			80 · 8 · · · · · · · · · ·		
No Cash Personal Check	02/	20/2014	\$50.00		\$50.00
If yes, list Event # 02202014A Money Order X Credit/Debit Card	02/1	20/2014	450.00		450.00
Last Name	First			MI	Contribution ID #
Whitcomb	1 1150	John			0234
Residential Street Address	City	JUIII		State	Zip Code
198 Southern Blvd	City	Dephym			1
	L	Danbury		СТ	06810-7524
Principal Occupation		Name of Employ			
Manager			employed		
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	lobbyist, spouse, or Second Second Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		I	X No		
government the contract is with:					
Is this contribution associated with a fundraising event listed in Section J1? Yes	Date	Received	Aggregate Contributions		
No Cash Personal Check					
If yes, list Event # 02202014A Money Order X Credit/Debit Card	02/2	20/2014	\$50.00		\$50.00
	1			r	
Last Name	First			MI	Contribution ID #
Wiedl		Denise			0235
Residential Street Address	City			State	Zip Code
12 Brighton St		Danbury		СТ	06811-3104
Principal Occupation		Name of Employ	/er		
Teacher			ury BoE		
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	ant 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 fundrations around listed in Section 112 Yes	Date	Received	Aggregate Contributions		
If yes, list Event # 02202014A No Cash Personal Check Money Order Credit/Debit Card	02/2	20/2014	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Wiedl		т.ј.			0236
Residential Street Address	City			State	Zip Code
12 Brighton St		Danbury		СТ	06811-3104
Principal Occupation		Name of Employ	rer	-	
Assistant Fire Chief		City o	of Danbury		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or Yes	Amou	ant of Contribution
	0	dependent child			
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with a fundration are solved as a fundration of the	Date	Received	Aggregate Contributions	1	
Tundraising event listed in Section 31?					
No Cash Personal Check	02/2	20/2014	\$50.00		\$50.00
If yes, list Event # 02202014A Money Order X Credit/Debit Card		-,===.	÷20100		

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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		
Somers 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	ividuals			
Last Name	First			MI	Contribution ID #
Wolk		Beth			0237
Residential Street Address	City			State	Zip Code
140 Middle River Rd		Danbury		СТ	06811-4338
Principal Occupation		Name of Employ	er		-
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	obbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	of a lobbyist? Yes		
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					
If yes, list Event # 02202014A Money Order X Credit/Debit Card	02/2	20/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Wolk		Walter			0238
Residential Street Address	City			State	Zip Code
140 Middle River Rd		Danbury		СТ	06811-4338
Principal Occupation		Name of Employ	rer		•
Manager		Inters	surface Dynamics Inc		
			obbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac		
If yes, indicate which branch or branches of Executive Legislative			X No		
	Dete	Received			
Is this contribution associated with a fundraising event listed in Section J1? Yes	Date	Received	Aggregate Contributions		
No Cash Personal Check					
If yes, list Event # 02202014A Money Order X Credit/Debit Card	02/2	20/2014	\$100.00		\$100.00
					1
Last Name	First			MI	Contribution ID #
Yaglenski		Lydia		J	0239
Residential Street Address	City			State	Zip Code
61A Padanaram Rd		Danbury		СТ	06811
Principal Occupation		Name of Employ	er	-	
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	obbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	of a lobbyist?		
If yes, indicate which branch or branches of Executive Legislative			X No		
	Date	Received	Aggregate Contributions		
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Bute		- iggregate controlations		
No Cash Personal Check	0.2/2	0/2014	¢50.00		¢50.00
If yes, list Event # 02202014A Money Order Credit/Debit Card	02/2	20/2014	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Yamin		Elizabeth			0241
Residential Street Address	City			State	Zip Code
88 Main St Apt 8B		Danbury		СТ	06810-7840
Principal Occupation]	Name of Employ	rer		
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or Yes	Amou	int of Contribution
	0	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:	Date	Received	Aggregate Contributions		
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:			388 Sourcearons		
Cash Personal Check	0.27	00/2014	#100 00		¢100.00
If yes, list Event # 02202014A Money Order X Credit/Debit Card	02/4	20/2014	\$100.00		\$100.00

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I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	`	,	TYPE OF REPORT		
Somers 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	ividuala			
		ividuals		1	
Last Name	First			MI	Contribution ID #
Yamin, Esq.		Raymond		Р	0242
Residential Street Address	City			State	Zip Code
29 Fanton Rd		Danbury		СТ	06811-3011
Principal Occupation		Name of Employ	er		
Attorney		Yamii	n & Yamin, LLP	-	
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution
If yes, indicate which branch or branches of government the contract is with:			X No		
Is this contribution associated with a fundraising event listed is Section 112 Yes	Date	Received	Aggregate Contributions		
If yes, list Event # 02202014A	02/2	20/2014	\$100.00		\$100.00
			-	M	Contribution ID //
Last Name	First			MI	Contribution ID #
Zilliox		JoAnne		E	0244
Residential Street Address	City			State	Zip Code
10 Firelight Dr		Danbury		СТ	06810-8408
Principal Occupation		Name of Employ	er		
Paraeducator			ury BoE		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	int of Contribution
If yas indicate which brench or branches of	0	dependent child	of a lobbyist?		
government the contract is with:			x _{No}		
Is this contribution associated with a fundraising event listed is Section 112 Yes	Date	Received	Aggregate Contributions		
If yes, list Event # 02202014A	02/2	20/2014	\$50.00		\$50.00
Last Name	First		-	MI	Contribution ID #
McKenna	Filst	Sean		P	0246
Residential Street Address	City	Sedii		P	
	City	N4			Zip Code
249 Ridgewood Dr	<u> </u>	Mystic		СТ	06355-2029
Principal Occupation		Name of Employ			
Educator			n BoE		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a dependent child	obbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent ennu (· .		
government the contract is with:					
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event #	02/2	22/2014	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Drury		Catherine			0249
Residential Street Address	City			State	Zip Code
28 Lisa Ln		Tolland		СТ	06084-3536
Principal Occupation		Name of Employ	er	_	
Teacher		Tollar	nd BoE		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	int of Contribution
	U	dependent child	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
X No Cash Personal Check	02/2	23/2014	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	`	-,	+20000		

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I. MONETARY RECEIPT	TS (Se	ction A-I)	-		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	Ì	,	TYPE OF REPORT		
Somers 2014			April 10 Filing - Original		
	T 1	• • • •			
B. Itemized Contributions from	m Ind	ividuals		•	
Last Name	First			MI	Contribution ID #
Johnson		Bruce		E	0250
Residential Street Address	City			State	Zip Code
28 Avebury Berwick		Ledyard		СТ	06339-2004
Principal Occupation		Name of Employ	/er	-	
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	lobbyist, spouse, or	Amou	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	o	dependent child of	of a lobbyist? Yes		
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 Controutions		
No Cash Personal Check					
If yes, list Event # Money Order X Credit/Debit Card	02/2	23/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Stuart		Peter		F	0247
Residential Street Address	City			State	Zip Code
26 New London Rd		Mystic		СТ	06355-2449
Principal Occupation		Name of Employ	/er		
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	lobbyist, spouse, or	Amou	ant of Contribution
	0	dependent child of	of a lobbyist? Yes		
If yes, indicate which branch or branches of government the contract is with:			x No		
Is this contribution associated with a Method of contribution	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?			80 · 8 · · · · · · · · ·		
X No Cash Personal Check	02/2	24/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card	02/2		\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Winkler Jr.	First	David		W	
	<i>a</i> :-	Daviu			0118
Residential Street Address	City	_ .		State	Zip Code
151 Pamela Ave	Ļ	Groton		СТ	06340-3427
Principal Occupation		Name of Employ	/er		
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?	io.		lobbyist, spouse, or Yes	Amou	ant of Contribution
If you indicate which branch as branches of		dependent child of			
government the contract is with:			x _{No}		
Is this contribution associated with a fundraising event listed in Section 112 Yes	Date	Received	Aggregate Contributions		
	02/2	24/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card	<u> </u>				
Last Name	First			MI	Contribution ID #
Winkler		Lenny		т	0119
Residential Street Address	City	,		State	Zip Code
151 Pamela Ave	2.0,	Groton		СТ	06340-3427
Principal Occupation	μ		10 r		003-0-3-27
		Name of Employ			
Retired		Retire			
Is contributor a principal of a state contractor or prospective state contractor?	ю	Is contributor a l dependent child of	lobbyist, spouse, or Yes	Amou	ant of Contribution
		acpendent child (of a foodyist?		
government the contract is with:			X No		
Is this contribution associated with a fundamining super listed in Section 112 Yes	Date	Received	Aggregate Contributions		
Tundraising event listed in Section J1?	1				
	02/2	24/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card	1		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		
Somers 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	ividuals			
Last Name	First			MI	Contribution ID #
Poitras		Judy		А	0255
Residential Street Address	City			State	Zip Code
7 Denison Ct		Groton		СТ	06340-3613
Principal Occupation		Name of Employ	/er	-	
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amou	int of Contribution
	0	dependent child	of a lobbyist? Yes		
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		Aggregate controlations		
No Cash Personal Check	0.2/2	4/2014	±50.00		+50.00
If yes, list Event # Money Order X Credit/Debit Card	02/2	24/2014	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Cole		Elaine		М	0113
Residential Street Address	City			State	Zip Code
17 Burrows St		Mystic		СТ	06355-2446
Principal Occupation		Name of Employ	/er		-
Executive Director/Owner		Mysti	c River Residential Care, Inc.		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	of a lobbyist? Yes		
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 Personal Check					
If yes, list Event # Money Order Credit/Debit Card	02/2	24/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Martorelli		Lenore		J	0254
Residential Street Address	City			State	Zip Code
122 Lower Rd		Guilford		СТ	06437-3305
Principal Occupation		Name of Employ	/er	-	
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	- V		
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
No Cash Personal Check	0.01/2		+100.00		+100.00
If yes, list Event # Money Order X Credit/Debit Card	02/2	24/2014	\$100.00		\$100.00
					1
Last Name	First			MI	Contribution ID #
Formica		Paul		М	0051
Residential Street Address	City			State	Zip Code
20A Bush Hill Dr		Niantic		СТ	06357-1805
Principal Occupation	Ī	Name of Employ	/er		
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac		
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:	Data	Received	Aggregate Contributions		
Vec	Date	ICCCLIVEU	Aggregate Contributions	1	
fundraising event listed in Section J1?					
rundraising event listed in Section J1? Cash Personal Check	02/2	25/2014	\$100.00		\$100.00

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I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	-		TYPE OF REPORT		
Somers 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	ividuala			
	1	Ividuals		1	
Last Name	First			MI	Contribution ID #
Brown		Patricia		Р	0258
Residential Street Address	City			State	Zip Code
79 Edgecomb St		Mystic		СТ	06355-2409
Principal Occupation		Name of Employ	er		
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	int of Contribution
If yas indicate which brench or branches of	° I	dependent child	of a lobbyist?		
government the contract is with:			x _{No}		
Is this contribution associated with a restrict the force of the section of the s	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If ves. list Event #	02/2	25/2014	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Evans		Richard		E	0259
Residential Street Address	City			State	Zip Code
6020 Springburn Dr		Dublin		ОН	43017-9416
Principal Occupation	<u> </u>	Name of Employ	ar.	011	45017-5410
Retired					
		Retire		A	and of Constallantion
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	obbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of			X No		
government the contract is with:			i		
Is this contribution associated with a fundraising quart listed in Section 112 Yes	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes, list Event #	02/2	25/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Duran		Nelly		E	0267
Residential Street Address	City			State	Zip Code
11 High View Cir		Danbury		СТ	06811-3803
Principal Occupation	<u> </u>	Name of Employ	rer		
Human Resrouces Assistant		City o	of Danbury		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	obbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	- V		
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Dute		riggregate controlations		
No Cash Personal Check	0.2/2	7/2014	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	02/2	27/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Hoyt		Kirsten		E	0268
Residential Street Address	City			State	Zip Code
141 Briar Hill Rd	L	Groton		СТ	06340-2655
Principal Occupation		Name of Employ	rer		
Account Director		GP St	rategies		
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	int of Contribution
	ĭ	dependent child	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	1	
Tundraising event listed in Section J1?					
X No Cash Personal Check	02/2	27/2014	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	I (-		1	

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I. MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	Ì	,	TYPE OF REPORT		
Somers 2014			April 10 Filing - Original		
B. Itemized Contributions from	n Ind	ividuale			
Last Name	First	Ividuals		MI	Contribution ID #
Malwitz	FIISt	Nelson		IVII	0275
Residential Street Address	City	Nelson		State	Zip Code
1 Great Heron Ln	City	Brookfield		CT	06804-1839
Principal Occupation		Name of Employ	er		00004 1035
Retired		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?)	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 # No Cash Personal Check	02/2	27/2014	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Green		Peter			0260
Residential Street Address	City			State	Zip Code
28 Niantic River Rd		Waterford		СТ	06385-2531
Principal Occupation		Name of Employ	er		
Retired		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			
government the contract is with:			X No		
Is this contribution associated with a fundraising quart listed in Section 112 Yes	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes, list Event #	02/2	28/2014	\$100.00		\$100.00
			Į		
Last Name	First			MI	Contribution ID #
Lucas Residential Street Address	City	Beau		E State	0261 Zin Code
42B Pearl St	City	Mustic		CT	Zip Code 06355-1830
Principal Occupation		Mystic Name of Employ	704	CI	00555-1050
Sales			nced Improvements		
			· · · · · · · · · · · · · · · · · · ·	Amou	int 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:			x _{No}		
government die conduct is with.	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
X No Cash Personal Check	02/2	28/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Palm		Robert			0264
Residential Street Address	City			State	Zip Code
108 Prospect Hill Rd		Groton		СТ	06340-5631
Principal Occupation		Name of Employ	rer	-	
Writer		Self-e	employed		
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 112 Yes	Date	Received	Aggregate Contributions		
If yes, list Event #	02/2	28/2014	\$100.00		\$100.00

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I. MONETARY RECEIPT	'S (Se	ction A-I)	-		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT		
Somers 2014			April 10 Filing - Original		
		• • • •			
B. Itemized Contributions from	m Ind	ividuals		•	
Last Name	First			MI	Contribution ID #
Chorlton		Charles		D	0265
Residential Street Address	City			State	Zip Code
137 Cedar Rd		West Mystic		СТ	06355-2101
Principal Occupation		Name of Employ	rer		
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution
	0	dependent child of	of a lobbyist? Yes		
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?	But		- iggregate controlations		
X No Cash Personal Check	0.2/2	00/2014	¢100.00		±100.00
If yes, list Event # Money Order Credit/Debit Card	02/2	28/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
O'Neil		Kathy			0286
Residential Street Address	City			State	Zip Code
296 Fishtown Rd		Mystic		СТ	06355-2045
Principal Occupation		Name of Employ	er	•	•
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	ant of Contribution
Yes Yes Y	0	dependent child of	of a lobbyist? Yes		
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Dute		riggregate controlations		
X No Cash Personal Check	0.01/2	0 /201 4	+100.00		+100.00
If yes, list Event # Money Order Credit/Debit Card	02/2	28/2014	\$100.00		\$100.00
			Į		
Last Name	First			MI	Contribution ID #
Stoltz		Greg			0296
Residential Street Address	City			State	Zip Code
3 W Mystic Ave		Mystic		СТ	06355-2317
Principal Occupation		Name of Employ	er		
Mechanical/Industrial Engineering Consultant		Self-e	employed		
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	of a lobbyist? Yes		
If yes, indicate which branch or branches of government the contract is with:			x No		
	Date 1	Received	Aggregate Contributions	•	
fundraising event listed in Section J1?					
X No Cash Personal Check	02/2	28/2014	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	02/2	0,2014	\$100.00		\$100.00
	F ' (1.0	
Last Name	First			MI	Contribution ID #
Arms Jr.		Richard		G	0257
Residential Street Address	City			State	Zip Code
1206 River Rd	L	Old Mystic		СТ	06372
Principal Occupation		Name of Employ	er		
Retired		Retire	ed		
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	of a fobbyist?		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?					
No Cash Personal Check	02/2	28/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card		-0/2017	φ100.00		¥100.00

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I. MONETARY RECEIPT	ES (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	Ì	ŕ	TYPE OF REPORT		
Somers 2014			April 10 Filing - Original		
B. Itemized Contributions fro	m Ind	ividuals		•	
Last Name	First			MI	Contribution ID #
Everett		William		С	0245
Residential Street Address	City			State	Zip Code
1 Prospect St		Mystic		СТ	06355-2311
Principal Occupation		Name of Employ	rer		
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	٩٥	dependent child of	Vac		
If yes, indicate which branch or branches of Executive Legislative			X No		
government the contract is with:	Data	Received			
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X No Cash X Personal Check					
If yes, list Event # No Money Order Credit/Debit Card	02/2	28/2014	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Stuart		Karin			0251
Residential Street Address	City			State	Zip Code
26 New London Rd		Mystic		СТ	06355-2449
Principal Occupation		Name of Employ	rer		•
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	Νο	dependent child of	Vac		
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with: Lecture Lectu	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X No Cash X Personal Check					
If yes, list Event # Money Order Credit/Debit Card	02/2	28/2014	\$100.00		\$100.00
	1		<u></u>		
Last Name	First			MI	Contribution ID #
Manfredi Jr.		Anthony		Р	0253
Residential Street Address	City			State	Zip Code
201 Daniel Brown Dr		Mystic		СТ	06355-1658
Principal Occupation		Name of Employ	rer		
Deputy Chief		Mysti	c Fire Department		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	ant of Contribution
	NO	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
X No Cash X Personal Check	02/2	28/2014	\$50.00		\$50.00
If yes, list Event # Money Order Credit/Debit Card	,-		+		+
Last Name	First			MI	Contribution ID #
Zuliani	1 11 50	Robert			0044
	<i>C</i> ''	Robert		L	
Residential Street Address	City	a .		State	Zip Code
23 Cushman St	L	Groton		СТ	06340-5907
Principal Occupation		Name of Employ			
Retired		Retire			
Is contributor a principal of a state contractor or prospective state contractor?	Jo		lobbyist, spouse, or Yes	Amou	ant of Contribution
		dependent child of	of a fobbyist?		
If yes, indicate which branch or branches of government the contract is with:			X No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
	02/2	28/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card	1		i i	1	

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L. MONETARY RECEIP	ES (Se	ection A-I)	-		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Somers 2014			April 10 Filing - Original		
B. Itemized Contributions fro	m Ind	lividuals			
	-	liviuuais		1.0	0 (1) (ID //
Last Name	First			MI	Contribution ID #
Cerniglia		Jason		~	0295
Residential Street Address	City			State	Zip Code
97 Windwood Way		Mystic		СТ	06355-2100
Principal Occupation		Name of Employ			
Financial Planner			employed	<u> </u>	
Is contributor a principal of a state contractor or prospective state contractor?	No	Is contributor a dependent child	lobbyist, 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 function with a function of the second s	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
	02/2	28/2014	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Wilson		Dorothy		J	0598
Residential Street Address	City			State	Zip Code
14 Heath St		Mystic		СТ	06355-1629
Principal Occupation		Name of Employ	/er		•
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amou	ant of Contribution
	NO	dependent child	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 Method of contribution:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?					
X No Cash X Personal Check	02/2	28/2014	\$50.00		\$50.00
If yes, list Event # Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Goodwin		Cynthia		с	0299
Residential Street Address	City			State	Zip Code
5 Patrick Ct		Houston		тх	77024-5067
Principal Occupation	-	Name of Employ	/er		
Sr. Vice President		Citi			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amou	ant of Contribution
	No	dependent child	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 Method of contribution:	Date	Received	Aggregate Contributions		
× No Cash Personal Check	03/0	02/2014	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Goodwin IV		Weir		R	0300
Residential Street Address	City			State	Zip Code
5 Patrick Ct		Houston		тх	77024-5067
Principal Occupation		Name of Employ	ver		
Vice President			dbridge Real Estate Capital		
			lobbyist, spouse, or	Amou	ant of Contribution
Yes K	No	dependent child	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?					
No Cash Personal Check	03/	02/2014	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card			+100100		

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L. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	Ì	,	TYPE OF REPORT		
Somers 2014			April 10 Filing - Original		
	T				
B. Itemized Contributions from	m Ind	ividuals		•	
Last Name	First			MI	Contribution ID #
Marra		Michelle			0305
Residential Street Address	City			State	Zip Code
820 NE Bay Isle Dr		Boca Raton		FL	33487-1731
Principal Occupation		Name of Employ	ver	-	
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or Yes	Amou	int of Contribution
	0	dependent child	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 Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
No Cash Personal Check	03/0	03/2014	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	0.5/1	572014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Marra	THSt	Thomas		NII .	0306
Residential Street Address	City	momas		State	Zip Code
	City				1
820 NE Bay Isle Dr	L	Boca Raton		FL	33487-1731
Principal Occupation		Name of Employ			
Retired		Retire			
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a dependent child of	lobbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		dependent child o			
government the contract is with:			x _{No}		
Is this contribution associated with a for draining super list d is for the 112 Yes	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes, list Event #	03/0	03/2014	\$100.00		\$100.00
ii yes, iist Event #					
Last Name	First			MI	Contribution ID #
Cirillo		Libby		v	0281
Residential Street Address	City	-		State	Zip Code
91 Woodridge Dr		Saunderstow	/n	RI	02874-1943
Principal Occupation	-	Name of Employ			
Homemaker			emaker		
			labbyist spaysa or	Amor	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	- V	111100	an of contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:	Data	Received			
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X No Cash Personal Check					
If yes, list Event # Money Order Credit/Debit Card	03/0	03/2014	\$100.00		\$100.00
					1
Last Name	First			MI	Contribution ID #
LeBeau		Keith			0274
Residential Street Address	City			State	Zip Code
46 Southridge Rd		Southbury		СТ	06488-1884
Principal Occupation		Name of Employ	/er		
President		Qscer	nd Technologies, Inc.		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or Yes	Amou	int of Contribution
	o	dependent child			
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?	1				
X No Cash Personal Check	03/	03/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card	5,0		4100.00		+

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I. MONETARY REC	EIPTS (S	Section A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commis		,	TYPE OF REPORT		
Somers 2014			April 10 Filing - Original		
	e 1				
B. Itemized Contribution	ns from In	dividuals			•
Last Name	Firs	it		MI	Contribution ID #
Chryst		Dana		А	0263
Residential Street Address	Cit	/		State	Zip Code
740 Willow Rd		Lancaster		PA	17601-5720
Principal Occupation		Name of Employ	ver	-	
Executive		The J	lay Group		
Is contributor a principal of a state contractor or prospective state contractor?	x _{No}	Is contributor a	lobbyist, spouse, or	Amou	unt of Contribution
	▲ No	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:	Dat	e Received	Aggregate Contributions		
fundraising event listed in Section J1?	54	e neccirca	nggregate controlations		
X No Cash X Personal Che	eck	102/2014	¢100.00		¢100.00
If yes, list Event # Money Order Credit/Debit	Card	/03/2014	\$100.00		\$100.00
				·	
Last Name	Firs			MI	Contribution ID #
Schuette		Susan		М	0311
Residential Street Address	Cit	7		State	Zip Code
101 E Gate Ln		Hamden		СТ	06514-2232
Principal Occupation		Name of Employ	ver	-	•
Clinical Social Worker		Self-e	employed		
Is contributor a principal of a state contractor or prospective state contractor?	x _{No}	Is contributor a	lobbyist, spouse, or	Amou	unt of Contribution
Yes	× No	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
Is this contribution associated with a Method of contribution	Dat	e Received	Aggregate Contributions		
fundraising event listed in Section J1?	Du	e neccivea	Aggregate contributions		
X No Cash Personal Che		104/2014	¢100.00		+100.00
If yes, list Event # Money Order X Credit/Debit	Card	/04/2014	\$100.00		\$100.00
			•	·	
Last Name	Firs			MI	Contribution ID #
Massett		Jackie			0312
Residential Street Address	Cit	/		State	Zip Code
78 Brandegee Ave		Groton		СТ	06340-4504
Principal Occupation		Name of Employ	ver		
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?	X No	Is contributor a	lobbyist, spouse, or Yes	Amou	unt of Contribution
	A NO	dependent child	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			× No		
	Dat	e Received	Aggregate Contributions	1	
Is this contribution associated with a fundraising event listed in Section J1?					
X No Cash X Personal Che		/05/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit	Card	,03,2011	\$100,000		\$100.00
Last Name	Firs	•		MI	Contribution ID #
	FII				
Massett		Stephen		S	0313
Residential Street Address	Cit			State	Zip Code
78 Brandegee Ave	[Groton		СТ	06340-4504
Principal Occupation		Name of Employ	ver		
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?	X No		lobbyist, spouse, or	Amou	ant of Contribution
		dependent child	of a lobbyist?		
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:	Dat	e Received	Aggregate Contributions	1	
fundraising event listed in Section J1?					
X No Cash X Personal Che	03	/05/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit	Card		\$100.00		₇ _ 0 0 . 0 0

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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		
Somers 2014			April 10 Filing - Original		
	T 1				
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
LeBeau		Irene			0273
Residential Street Address	City			State	Zip Code
46 Southridge Rd		Southbury		СТ	06488-1884
Principal Occupation		Name of Employ	rer		•
Accountant		Qscer	nd Technologies, Inc.		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	obbyist, spouse, or	Amou	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	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 Method of contribution:	Date	Received	Aggregate Contributions	•	
fundraising event listed in Section J1?					
X No Cash Personal Check	03/0)5/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card	0.5/0	572014	\$100.00		\$100.00
Level Norme	Einst			NU	Contribution ID #
Last Name	First	_		MI	Contribution ID #
Dempsey		Jay		J	0266
Residential Street Address	City			State	Zip Code
22 S Prospect St		Groton		СТ	06340-5920
Principal Occupation		Name of Employ	rer		
Land surveyor		J. De	mpsey Associates, LLC		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	obbyist, spouse, or Yes	Amou	unt of Contribution
	0	dependent child	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			X No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
X No Cash Personal Check	03/0	05/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card	03/0	55/2014	\$100.00		\$100.00
Last Name	First		-	MI	Contribution ID #
	FIISt				
Cirillo		Louis		A	0282
Residential Street Address	City			State	Zip Code
91 Woodridge Dr		Saunderstow	'n	RI	02874-1943
Principal Occupation		Name of Employ	rer		
Physician		Emer	gency Medical Physicians		
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of	0	dependent child			
government the contract is with:			x _{No}		
Is this contribution associated with a graduated with a g	Date	Received	Aggregate Contributions		
	03/0	05/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card					-
Last Name	First			MI	Contribution ID #
Eddy		Elizabeth		В	0283
Residential Street Address	City	Elizabeth		State	Zip Code
	City	Mushin			-
3 Richmond Ln	L	Mystic		СТ	06355-3034
Principal Occupation		Name of Employ			
Care Coordinator			a Dialysis		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution
		dependent child			
government the contract is with:			x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions]	
	1				
	03/0	05/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card	1		i i	1	

					Page 72 of 242
I. MONETARY RECEIPT	'S (Se	ection A-I)	-		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT		
Somers 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First	liviuuais		MI	Contribution ID #
	Flist	Oliver		IVII	0284
Mayorga Residential Street Address	City	Uliver		State	Zip Code
32 Church St	City	Mystic		CT	06355-2739
Principal Occupation		Name of Employ	7.0 r	СГ	00555-2755
Physician			gency Medical Physicians		
			abbuist spause or	Amor	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	V		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
To this contribution accorded with a Mathematical Mathematical	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
X No Cash Personal Check	03/0	05/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Monte		Melissa		L	0285
Residential Street Address	City			State	Zip Code
184 Long Wharf Dr		Mystic		СТ	06355-3137
Principal Occupation	•	Name of Employ	er		
		Emer	gency Medical Physicians		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of	0	dependent child	of a lobbyist?		
government the contract is with:			x _{No}		
Is this contribution associated with a for draining worth list of a string 112 Yes	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes, list Event #	03/0	05/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Boisoneau		David		S	0278
Residential Street Address	City			State	Zip Code
20 Miner Pentway		Pawcatuck		СТ	06379-1213
Principal Occupation		Name of Employ	er		
Physician			Associates		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a dependent child	obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent ennu v	·		
government the contract is with:		D 1 1			
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X No Cash Personal Check	0.2/	DE /2014	¢100.00		¢100.00
If yes, list Event # Money Order Credit/Debit Card	03/0	05/2014	\$100.00		\$100.00
Leet News	First			MI	Contribution ID #
Last Name	FIISt	Vrictino		MI	0279
Boisoneau Residential Street Address	City	Kristine		State	Zip Code
20 Miner Pentway	City	Pawcatuck		CT	06379-1213
Principal Occupation		Name of Employ	7.0 r	СГ	00379-1213
Retired		Retire			
			-1-1	Amor	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac	7 tillot	an of controlation
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 Personal Check	03/	05/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card	5,0		\$100.00		+

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I. MONETARY RECEIPT	'S (Se	ction A-I)					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT	TYPE OF REPORT			
Somers 2014	April 10 Filing - Original						
B. Itemized Contributions from	n Ind	iniduala					
		Ividuals					
Last Name	First			MI	Contribution ID #		
Rau		Laura		D	0287		
Residential Street Address	City			State	Zip Code		
41 N Anguilla Rd		North Stonin	gton	СТ	06359-1755		
Principal Occupation		Name of Employ	rer				
Physician		Emer	gency Medical Physicians				
Is contributor a principal of a state contractor or prospective state contractor?	D	Is contributor a l dependent child of	obbyist, spouse, or Second Sec	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 restrict the Section 112 Yes	Date	Received	Aggregate Contributions				
fundraising event listed in Section J1?							
If yes, list Event #	03/0)5/2014	\$100.00		\$100.00		
	F ¹ ·		-	M	Outstat of TD "		
Last Name	First	_		MI	Contribution ID #		
Richards		Terrance		К	0288		
Residential Street Address	City			State	Zip Code		
41 N Anguilla Rd	L	North Stonin	-	СТ	06359-1755		
Principal Occupation		Name of Employ	rer				
Pilot		Air W	isconsin				
Is contributor a principal of a state contractor or prospective state contractor?	D	Is contributor a l dependent child of	lobbyist, spouse, or Yes	Amou	nt of Contribution		
If yes, indicate which branch or branches of		dependent child o					
government the contract is with:			x _{No}				
Is this contribution associated with a fundamining source listed in Section 112 Yes	Date	Received	Aggregate Contributions				
fundraising event listed in Section J1?							
If yes, list Event #	03/0)5/2014	\$100.00		\$100.00		
Last Name	First			MI	Contribution ID #		
Stallard	1 11 50	John		D	0290		
Residential Street Address	City	50111		State	Zip Code		
601 Montauk Ave	City	New London		CT	06320-4425		
	<u> </u>			CI	06320-4425		
Principal Occupation		Name of Employ					
Physician			gency Medical Physicians		nt of Contribution		
Is contributor a principal of a state contractor or prospective state contractor?	D	dependent child of	obbyist, spouse, or Second Sec	Атои	nt of Contribution		
If yes, indicate which branch or branches of coveryment the contract is with:		Ĩ	x No				
government the contact is with	Date	Received	Aggregate Contributions				
fundraising event listed in Section J1?							
X No Cash Personal Check	03/0)5/2014	\$100.00		\$100.00		
If yes, list Event # Money Order Credit/Debit Card	00,0		<i><i><i>q</i>₁00100</i></i>		<i></i>		
Last Name	First			MI	Contribution ID #		
Torres	1 1150	Kevin		J	0291		
Residential Street Address	City	Kevin		State	Zip Code		
	City	Doweotuck		CT	-		
20 Croft Ct Principal Occupation	L	Pawcatuck Name of Employ	70 r		06379-1233		
Physician							
			gency Medical Physicians	A	nt of Contribution		
Is contributor a principal of a state contractor or prospective state contractor?	D	dependent child of	bobbyist, spouse, or Second a lobbyist? Yes	Amou	in or Contribution		
If yes, indicate which branch or branches of Executive Legislative			X No				
government the contract is with:		Density 1	i				
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions				
		E (20)			L 4 0 0 0 -		
If yes, list Event #	03/0)5/2014	\$100.00		\$100.00		

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I. MONETARY RECEIPT	'S (Se	ection A-I)					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	Ì	,	TYPE OF REPORT	TYPE OF REPORT			
Somers 2014	April 10 Filing - Original						
	T 1						
B. Itemized Contributions from	m Ind	lividuals					
Last Name	First			MI	Contribution ID #		
Tucker		Cynthia		J	0292		
Residential Street Address	City			State	Zip Code		
7 Warwick Ter		Waterford		СТ	06385-4121		
Principal Occupation		Name of Employ	er		•		
Physician		Emer	gency Medical Physicians				
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	obbyist, spouse, or	Amou	unt of Contribution		
Yes Yes You	0	dependent child	of a lobbyist? Yes				
If yes, indicate which branch or branches of Executive Legislative			X No				
government the contract is with a Method of contribution:	Date	Received	Aggregate Contributions	•			
fundraising event listed in Section J1?	Dute	Received	riggregate controlations				
X No Cash Personal Check	0.01		+100.00		+100.00		
If yes, list Event # Money Order Credit/Debit Card	03/0	05/2014	\$100.00		\$100.00		
					1		
Last Name	First			MI	Contribution ID #		
Vorih		Deirdre		С	0293		
Residential Street Address	City			State	Zip Code		
259 Giant's Neck Rd		Niantic		СТ	06357-2221		
Principal Occupation		Name of Employ	er		•		
Physician		Emer	gency Medical Physicians				
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amou	unt of Contribution		
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	of a lobbyist? Yes				
If yes, indicate which branch or branches of Executive Legislative			X No				
government the contract is with: Legislative Legislative	Data	Received	Aggregate Contributions				
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions				
X No Cash X Personal Check							
If yes, list Event # Money Order Credit/Debit Card	03/0	05/2014	\$100.00		\$100.00		
	I				1		
Last Name	First			MI	Contribution ID #		
Vorih		Joseph		М	0294		
Residential Street Address	City			State	Zip Code		
259 Giant's Neck Rd		Niantic		СТ	06357-2221		
Principal Occupation		Name of Employ	rer	-			
Executive		Stana	adyne Corporation				
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	obbyist, spouse, or	Amou	unt of Contribution		
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	of a lobbyist? Yes				
If yes, indicate which branch or branches of Executive Legislative			x _{No}				
government me contract is with	Date	Received	Aggregate Contributions				
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions				
X No Cash X Personal Check	0.2/		±100.00		+100.00		
If yes, list Event # Money Order Credit/Debit Card	03/0	05/2014	\$100.00		\$100.00		
					1		
Last Name	First			MI	Contribution ID #		
Slater		Alexander		G	0289		
Residential Street Address	City			State	Zip Code		
53 Boulder Ave		Stonington		СТ	06378-3005		
Principal Occupation		Name of Employ	rer	-	•		
Anesthesiologist		AANL					
			-1-1	Amou	unt of Contribution		
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac				
If yes, indicate which branch or branches of Executive Legislative			x _{No}				
government the contract is with:	Detc	Received	i	ł			
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions				
If yes, list Event #	03/0	05/2014	\$75.00		\$75.00		

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I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	Ì	,	TYPE OF REPORT		
Somers 2014			April 10 Filing - Original		
B. Itemized Contributions fro	m Ind	ividuala			
		ividuals		1	
Last Name	First			MI	Contribution ID #
Turner		Burton		F	0248
Residential Street Address	City			State	Zip Code
13 Ashby St		Mystic		СТ	06355-2423
Principal Occupation		Name of Employ	rer		
Retired		Retire	ed	-	
Is contributor a principal of a state contractor or prospective state contractor?	io	Is contributor a dependent child	obbyist, spouse, or Second Sec	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 Ves Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes, list Event # No Cash Personal Check Money Order Credit/Debit Card	03/0	05/2014	\$50.00		\$50.00
	- -		-		0.117.75.
Last Name	First			MI	Contribution ID #
Gazaille		Nancy			0298
Residential Street Address	City			State	Zip Code
473 Woodlawn Ave		Stratford		СТ	06614-3567
Principal Occupation		Name of Employ	rer		
Hairdresser/Part time NRA Instructor		Sciss	or Cut		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	int of Contribution
If was indicate which branch or branches of the second sec		dependent child			
government the contract is with:			x _{No}		
Is this contribution associated with a function associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes, list Event # Cash Personal Check No Cash Cash Credit/Debit Card	03/0	05/2014	\$25.00		\$25.00
Last Name	First			MI	Contribution ID #
O'Donnell	First	Todd		IVII	0309
Residential Street Address	City	1000		State	
	City	For the Lemma			Zip Code
11 Frog Hollow Rd		East Lyme		СТ	06333-1417
Principal Occupation		Name of Employ			
Real Estate			well Company		
Is contributor a principal of a state contractor or prospective state contractor?	io	Is contributor a dependent child	obbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of Executive Legislative			·		
government the contract is with:					
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash X Personal Check					
If yes, list Event # No Money Order Credit/Debit Card	03/0	05/2014	\$100.00		\$100.00
					1
Last Name	First			MI	Contribution ID #
Redner		Judy			0354
Residential Street Address	City			State	Zip Code
5796 County Road 133		Ramah		CO	80832-9212
Principal Occupation		Name of Employ	rer		
Self-employed		Self-e	employed		
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	int of Contribution
If was indicate which branch or branches of	~	dependent child	of a lobbyist?		
government the contract is with:			x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?	1				
	03/0	05/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card	1			1	

					Page 76 of 242
I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	Ì	,	TYPE OF REPORT		
Somers 2014			April 10 Filing - Original		
	T 1				
B. Itemized Contributions from	m Ind	ividuals		•	
Last Name	First			MI	Contribution ID #
Rymash		Carolyn			0310
Residential Street Address	City			State	Zip Code
51 Hillside Ave		Noank		СТ	06340-5525
Principal Occupation		Name of Employ	rer		
Retired		Retire	ed		
			abbyist spaysa or	Amou	nt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac		
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?	Date	Received	Aggregate Contributions		
If yes, list Event #	03/0	07/2014	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Rinaldi		J. Ronald			0341
Residential Street Address	City			State	Zip Code
30 Mayfair Dr		Longmeadov	J.	ма	01106-1855
Principal Occupation	· 1	Name of Employ			01100 1055
CEO/Director			Corp.		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a dependent child	obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent ennu v	·		
government the contract is with:			x _{No}		
Is this contribution associated with a for devicing super listed in Section 112 Yes	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
	03/0	07/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Williams		Ruth		G	0342
Residential Street Address	City			State	Zip Code
235 Pequot Ave	City	Mustic		СТ	06355-1739
-	<u> </u>	Mystic		CI	00335-1735
Principal Occupation		Name of Employ			
Retired		Retire			
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	nt of Contribution
If you indicate which branch or branches of		dependent child			
government the contract is with:			X No		
Is this contribution associated with a fundamental section 112 Yes Yes	Date	Received	Aggregate Contributions		
X No Cash Personal Check	03/0	07/2014	\$50.00		\$50.00
If yes, list Event # Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Wronowski		Jennifer			0343
Residential Street Address	Citu	Jennier		St. 1.	
	City			State	Zip Code
2 Clift St	μ.	Mystic		СТ	06355-1802
Principal Occupation		Name of Employ			
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?			lobbyist, spouse, or Yes	Amou	nt of Contribution
	Ч Г	dependent child			
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?	1				
No Cash Personal Check	03/0	07/2014	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	1 35/0	.,2017	\$100.00	1	¥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					
Somers 2014		April 10 Filing - Original						
P. Itomized Contributions from	m Ind	lividuala						
B. Itemized Contributions from	-	lividuals		1				
Last Name	First			MI	Contribution ID #			
Holbrook		Sidney		J	0326			
Residential Street Address	City			State	Zip Code			
455 Essex Rd		Westbrook		СТ	06498			
Principal Occupation		Name of Employer						
Executive Director		Great	er New Haven WPCA	-				
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 government the contract is with:			X No					
Is this contribution associated with a restrict the force of the section of the s	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
If yes, list Event #	03/0	07/2014	\$100.00		\$100.00			
	· · · · ·							
Last Name	First			MI	Contribution ID #			
Simmons		Robert		R	0301			
Residential Street Address	City			State	Zip Code			
268 N Main St		Stonington		СТ	06378-2910			
Principal Occupation		Name of Employ	rer					
Retired		Retire	ed	_				
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	int of Contribution			
If yas indicate which branch or branches of the test of te	0	dependent child of	of a lobbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with a fraction up Yes Yes	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
If yes, list Event #	03/0	03/07/2014 \$100.00			\$100.00			
Last Name	First			MI	Contribution ID #			
Salame	~	Mary Elizabe	th	~	0219			
Residential Street Address	City			State	Zip Code			
14 Claremont Ave		Danbury		СТ	06810-6304			
Principal Occupation		Name of Employ						
Broker/Consultant			e Realty					
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	int of Contribution			
If yes, indicate which branch or branches of		dependent ennu (·					
government the contract is with:			x _{No}					
Is this contribution associated with a fundamining quart listed in Section 112 Yes	Date	Received	Aggregate Contributions					
If yes, list Event # 02202014A No Casin Check Personal Check	03/0	07/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Varca		Gabe		J	0297			
Residential Street Address	City			State	Zip Code			
40 Hillside View Rd		Northford		СТ	06472-1239			
Principal Occupation		Name of Employ	rer	_				
Chief Financial Officer		Great	er New Haven WPCA					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	int of Contribution			
	U	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					
rundraising event listed in Section J1?								
X No Cash Personal Check	03/0	07/2014	\$100.00		\$100.00			
If yes, list Event # Money Order Credit/Debit Card	1 ''							

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L. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT		
Somers 2014			April 10 Filing - Original		
	-				
B. Itemized Contributions fro	m Ind	lividuals			-
Last Name	First			MI	Contribution ID #
Rocque Jr.		Arthur		J	0276
Residential Street Address	City			State	Zip Code
315 Hanks Hill Rd		Storrs		СТ	06268-2333
Principal Occupation		Name of Employ	er		
Retired		Retire	ed		
			abbriat anauga ar	Amor	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	io -	dependent child	Vac		
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:	1 -			1	
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event #	03/0	07/2014	\$100.00		\$100.00
	I				
Last Name	First			MI	Contribution ID #
Rocque		Carol		S	0277
Residential Street Address	City			State	Zip Code
315 Hanks Hill Rd		Storrs		ст	06268-2333
Principal Occupation	-	Name of Employ	rer		
Retired		Retire			
			lobbyist, spouse, or	4 may	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	ю	dependent child	Vac	Alliot	int of Contribution
If yes, indicate which branch or branches of			X No		
government the contract is with:					
Is this contribution associated with a for devicing event listed in Section 112 Yes	Date	Received	Aggregate Contributions		
If yes, list Event #	03/0	07/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Jackowitz		Bryan		E	0269
Residential Street Address	City			State	Zip Code
4 Brighton Way		Farmington		ст	06032-4409
Principal Occupation	-	Name of Employ	rer		<u> </u>
Vice President			ican Distilling Inc.		
			lobbyist, spouse, or	Amor	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	io -	dependent child	· · · · · · · · · · · · · · · · · · ·	Alliot	int of Contribution
If yes, indicate which branch or branches of		*	x _{No}		
government the contract is with:				1	
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event #	03/0	07/2014	\$100.00		\$100.00
			l	L	
Last Name	First			MI	Contribution ID #
Jackowitz		Edward		С	0270
Residential Street Address	City			State	Zip Code
317 Clark Hill Rd	1	South Glasto	onbury	СТ	06073-3509
Principal Occupation	•	Name of Employ		Į	
CEO			ican Distilling Inc.		
			abbruigt anouga ar	A.m.o.	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac	Aniot	ant of Contribution
If yes, indicate which branch or branches of					
government the contract is with:			·		
Is this contribution associated with a fundamental section 112 Yes	Date	Received	Aggregate Contributions		
	1				
If yes, list Event #	03/0	07/2014	\$100.00		\$100.00
	1		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		
Somers 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	ividuals		•	
Last Name	First			MI	Contribution ID #
Jackowitz		Kevin		R	0271
Residential Street Address	City			State	Zip Code
24 Dogwood Dr		East Hampto	n	СТ	06424-1612
Principal Occupation		Name of Employ	rer		
Vice President		Amer	ican Distilling Inc.		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	obbyist, spouse, or	Amou	int of Contribution
	0	dependent child	of a lobbyist? Yes		
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?	Butt		1.661.66are controlations		
X No Cash Personal Check	0.2/0	7/2014	¢100.00		±100.00
If yes, list Event # Money Order Credit/Debit Card	03/0	07/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Rose		Ronald		E	0314
Residential Street Address	City			State	Zip Code
15 Honey Hill Rd		East Haddan	ı	СТ	06423-1708
Principal Occupation		Name of Employ	rer		
Building Official		Town	of Chester		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	obbyist, spouse, or	Amou	int of Contribution
Yes X N	0	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with: Legislauve Legislauve	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Butt		1.661.66are controlations		
X No Cash Personal Check	0.2/0	7/2014	±100.00		+100.00
If yes, list Event # Money Order Credit/Debit Card	03/0	07/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Rose		Sarah		S	0315
Residential Street Address	City			State	Zip Code
15 Honey Hill Rd		East Haddan	า	СТ	06423-1708
Principal Occupation		Name of Employ	er		
Secretary		Unite	d Way of SE CT		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	obbyist, spouse, or	Amou	int of Contribution
	0	dependent child	of a lobbyist? Yes		
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?			66 · 6 · · · · · · · · · ·		
X No Cash Personal Check	03/0	07/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card		//2014	\$100.00		\$100.00
			•		
Last Name	First			MI	Contribution ID #
Appleby		Charles		E	0316
Residential Street Address	City			State	Zip Code
3 Buck Hill Rd	L	Old Saybroo	k	СТ	06475-4059
Principal Occupation		Name of Employ	er		
Vice President		Apple	by Plumbing Co.		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	obbyist, spouse, or Yes	Amou	int of Contribution
	υ	dependent child	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	1	
fundraising event listed in Section J1?					
X No Cash Personal Check	03/0	07/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card	1 03/0	,,2014	\$100.00		Ψ100.00

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		I. MONE	TARY RECEIPT	'S (Se	ection A-I)	-		
NAME OF COMMITTEE (Provide	Complete	Name as Register	ed with Commission)			TYPE OF REPORT		
Somers 2014						April 10 Filing - Original		
		B Itemize	d Contributions from	m Ind	lividuals			
Last Name		D. Itelinize		First	liviuuais		MI	Contribution ID #
Cellino				FIISU	lohn		J	0317
Residential Street Address				City	John		State	Zip Code
60 E Shore Dr				City	Niantic		CT	06357-3818
Principal Occupation					Name of Employ	70F	CI	00357-3616
Real estate managemer	at					employed		
Is contributor a principal of a state contractor or		te contractor?				abbruist spouse or	Amou	ant of Contribution
is contributor a principal of a state contractor of	prospective sta	le contractor :	Yes X N	0	dependent child	Vac	7 tillot	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	Yes	Method of contributi	on:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?		x Cash	Personal Check					
If yes, list Event #	x _{No}	Money Order	Credit/Debit Card	03/	07/2014	\$100.00		\$100.00
II yes, list Event #		- Money Order						
Last Name				First			MI	Contribution ID #
Dattilo					Joseph			0319
Residential Street Address				City			State	Zip Code
80 Pent Rd					Durham		СТ	06422-2203
Principal Occupation					Name of Employ	rer		
Owner					Dattil	o Petro	_	
Is contributor a principal of a state contractor or	prospective sta	te contractor?	Yes X N	0		lobbyist, spouse, or Yes	Amou	ant 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	Yes	Method of contributi	on:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?		x Cash	Personal Check					
If yes, list Event #	X No	Money Order	Credit/Debit Card	03/	07/2014	\$100.00		\$100.00
				I				
Last Name				First			MI	Contribution ID #
Dattilo					Michael			0320
Residential Street Address				City			State	Zip Code
460 Gulf Shore Blvd					Naples		FL	34102-8631
Principal Occupation					Name of Employ			
Principal						o Mnagement Co.		
Is contributor a principal of a state contractor or	prospective sta	te contractor?	Yes X N	0	Is contributor a dependent child	obbyist, spouse, or Second Alaberty Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of	́Г	Executive	T 11.1			· —		
government the contract is with: Is this contribution associated with a		Method of contributi	Legislative	Dete	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Yes	Method of contributi	on:	Date	Received	Aggregate Contributions		
	x No	Cash	X Personal Check	03/	07/2014	\$100.00		\$100.00
If yes, list Event #	in No	Money Order	Credit/Debit Card	03/	07/2014	\$100.00		\$100.00
Last Name				First			MI	Contribution ID #
Dattilo				FIISt	Tina		M	0321
Residential Street Address				City	TITId		State	Zip Code
530 Main St				City	Old Saybroo		CT	06475-2530
Principal Occupation				I	Name of Employ			00775 2550
Manager						rs Edge Resort		
Is contributor a principal of a state contractor or	prospective sta	te contractor?				-	Amou	ant of Contribution
	r- sopeen ve sta		Yes X N	0	dependent child	Vac	1 11100	
If yes, indicate which branch or branches of	Γ	Executive	Legislative			x _{No}		
government the contract is with: Is this contribution associated with a		Method of contributi	-	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Yes		-	Duit				
	X No	Cash	X Personal Check	03/	07/2014	\$100.00		\$100.00
If yes, list Event #		Money Order	Credit/Debit Card		0,72017	\$100.00		ψ100.00

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I. MONETARY RECEIPT	'S (Se	ection A-I)	-		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Somers 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Dizon	1 1100	Theresa		M	0322
Residential Street Address	City	meresa		State	Zip Code
50-1 2nd Mountain Spring Rd		Farmington		СТ	06032-1640
Principal Occupation	-	Name of Employ	/er		
Travel Counselor			ican Express		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amou	int of Contribution
	0	dependent child	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 Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
	03/0	07/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Giannotti		John			0323
Residential Street Address	City			State	Zip Code
71 Pratt Rd		Clinton		СТ	06413-2624
Principal Occupation		Name of Employ	/er		
Real estate development		Self-e	employed		
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	int 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 for draining super list d is for the 112 Yes	Date	Received	Aggregate Contributions		
If yes, list Event #	03/0	07/2014	\$100.00		\$100.00
	1			1	1
Last Name	First			MI	Contribution ID #
Grous		Jahala		G	0324
Residential Street Address	City	_		State	Zip Code
16 Ingham Hill Rd	L	Essex		СТ	06426-1507
Principal Occupation		Name of Employ			
Technology			y Hill BoE	A	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Van	Атоц	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?	Dute	Received	Aggregate contributions		
X No Cash Personal Check	03/0	07/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card	0.0/1	.,	<i><i><i></i></i></i>		<i>4100.00</i>
Last Name	First			MI	Contribution ID #
Harma		Gisela		м	0325
Residential Street Address	City			State	Zip Code
3 River St	Ĵ	Pawcatuck		СТ	06379-1519
Principal Occupation	•	Name of Employ	ver		-
Tax Collector			of Stonington		
Is contributor a principal of a state contractor or prospective state contractor?			lobbyist spouse or	Amou	int of Contribution
	0	dependent child	-		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
tundraising event listed in Section J1?					
	03/0	07/2014	\$25.00		\$25.00
If yes, list Event # Money Order L 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)	Ì		TYPE OF REPORT		
Somers 2014			April 10 Filing - Original		
B. Itemized Contributions from	n Ind	ividuals			
Last Name	First			MI	Contribution ID #
Кагр		Burton		J	0327
Residential Street Address	City			State	Zip Code
65 Main St Unit 33		Ivoryton		СТ	06442-1031
Principal Occupation		Name of Employ	er	-	
Roofing / Principal		Burto	n J. Karp & Associates		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	obbyist, spouse, or	Amou	nt of Contribution
	D	dependent child	of a lobbyist? Yes		
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 Personal Check	0.2/0	2/2014	¢100.00		¢100.00
If yes, list Event # Money Order Credit/Debit Card	03/0	07/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Laudano		Joseph			0328
Residential Street Address	City			State	Zip Code
25 Crescent Bluff Ave		Branford		СТ	06405-5503
Principal Occupation		Name of Employ	er		
Sales		Jorda	n Paige		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	obbyist, spouse, or	Amou	nt of Contribution
Yes Yes No	D	dependent child	of a lobbyist? Yes		
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 Personal Check					
If yes, list Event # Money Order Credit/Debit Card	03/0	07/2014	\$100.00		\$100.00
	I				
Last Name	First			MI	Contribution ID #
Marasco		Claudio			0329
Residential Street Address	City			State	Zip Code
30 Osprey Dr		East Greenw	ich	RI	02818-1338
Principal Occupation		Name of Employ	rer	-	-
Attorney		Self-e	employed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	obbyist, spouse, or	Amou	nt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	D	dependent child	of a lobbyist? Yes		
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		riggregate controlations		
X No Cash Personal Check	0.2 //	2/2014	±100.00		+100.00
If yes, list Event # Money Order Credit/Debit Card	03/0	07/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
McNamar		Lee			0330
Residential Street Address	City			State	Zip Code
32 Jakobs Lndg		Westbrook		СТ	06498-1779
Principal Occupation		Name of Employ	er		
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	obbyist, spouse, or	Amou	nt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	D	dependent child	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?	Date	Received	Aggregate Contributions		
No Cash Personal Check			100.00		+00.00
If yes, list Event # Money Order Credit/Debit Card	03/0	07/2014	\$80.00		\$80.00

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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		
Somers 2014			April 10 Filing - Original		
	T 1				
B. Itemized Contributions from	n Ind	ividuals			
Last Name	First			MI	Contribution ID #
Planeta Jr.		Edward		J	0331
Residential Street Address	City			State	Zip Code
11 Bruggeman Pl		Mystic		СТ	06355-1901
Principal Occupation		Name of Employ	er	-	
Sales Manager		Acme	Wire Products Co., Inc.		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of	5	dependent child	of a lobbyist?		
government the contract is with:			x _{No}		
Is this contribution associated with a for draining work listed in Section 112 Yes	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
	03/0	07/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Rand		Maria		F	0332
Residential Street Address	City			State	Zip Code
12 Billow Rd	,	Old Saybroo	k	СТ	06475-2762
Principal Occupation	l	Name of Employ			00473 2702
Counselor			olic Charities		
				A.mou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	D	dependent child	Vac	Alliou	in of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:		D 1 1			
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X No X Cash Personal Check					
If yes, list Event # Money Order Credit/Debit Card	03/0	07/2014	\$100.00		\$100.00
	I			1	
Last Name	First			MI	Contribution ID #
Rand		William		W	0333
Residential Street Address	City			State	Zip Code
12 Billow Rd		Old Saybroo	k	СТ	06475-2762
Principal Occupation		Name of Employ	rer		
		Self-e	employed	-	
Is contributor a principal of a state contractor or prospective state contractor?			lobbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of	5	dependent child			
government the contract is with:			x _{No}		
Is this contribution associated with a fundration a sumt listed in Section 112 Yes	Date	Received	Aggregate Contributions		
	03/0	07/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Stebbins		Edward			0334
Residential Street Address	City			State	Zip Code
251 Elm St	5	Noank		СТ	06340-5540
Principal Occupation	ا ا	Name of Employ	er	<u> </u>	300.0 00 10
Realtor			employed		
				Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	D	dependent child	Vac	Amou	in or contribution
If yes, indicate which branch or branches of Executive Legislative			,		
government the contract is with:			·		
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
			. –		
If yes, list Event #	03/0	07/2014	\$50.00		\$50.00

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		I. MONE	TARY RECEIPT	'S (Se	ection A-I)	-		
NAME OF COMMITTEE (Provide	e Complete			Ì	,	TYPE OF REPORT		
Somers 2014						April 10 Filing - Original		
		D I/ •		T				
		B. Itemized	d Contributions from	m Inc	lividuals		•	
Last Name				First			MI	Contribution ID #
Stula					Erika		E	0335
Residential Street Address				City			State	Zip Code
26 Bates Rd					Manchester		СТ	06042-2805
Principal Occupation				-	Name of Employ	/er	-	
					Self-e	employed		
Is contributor a principal of a state contractor or	prospective sta	te contractor?			Is contributor a	lobbyist, spouse, or	Amou	unt of Contribution
			Yes X N	0	dependent child	Vac		
If yes, indicate which branch or branches of	f	Executive	Legislative			x _{No}		
government the contract is with: Is this contribution associated with a		Method of contributio		Data	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Yes	Method of contribution		Date	Received	Aggregate Controutions		
	x _{No}	X Cash	Personal Check					
If yes, list Event #	× No	Money Order	Credit/Debit Card	03/	07/2014	\$100.00		\$100.00
						•	•	1
Last Name				First			MI	Contribution ID #
Wheeler					Timothy		А	0336
Residential Street Address				City			State	Zip Code
134 Williams St					New London		СТ	06320-5231
Principal Occupation				-	Name of Employ	/er		
IT Manager					New	London BoE		
Is contributor a principal of a state contractor or	prospective sta	te contractor?	Yes X N		Is contributor a	lobbyist, spouse, or	Amou	ant of Contribution
			Yes X N	0	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches of government the contract is with:	f 🗌	Executive	Legislative			X No		
Is this contribution associated with a		Method of contribution	on:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Yes		-					
	x _{No}	X Cash	Personal Check	03/	07/2014	\$100.00		\$100.00
If yes, list Event #		Money Order	Credit/Debit Card	0.57	07/2014	\$100.00		\$100.00
Last Name				First			MI	Contribution ID #
Winch				Fiist	Paul		A	0337
-				<i>a</i> :-				
Residential Street Address				City			State	Zip Code
195 Dennison Rd					Westbrook		СТ	06498-1457
Principal Occupation					Name of Employ	/er		
Retired					Retire	ed		
Is contributor a principal of a state contractor or	prospective sta	ite contractor?	Yes X N	0		lobbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of	f 🗖				dependent child	of a lobbyist?		
government the contract is with:		Executive	Legislative			x _{No}		
Is this contribution associated with a	Yes	Method of contribution	on:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?			x Personal Check					
	x _{No}	Cash		03/	07/2014	\$100.00		\$100.00
If yes, list Event #		Money Order	Credit/Debit Card	L				
Last Name				First			MI	Contribution ID #
Collins Sr.					Patrick		н	0338
Residential Street Address				City	- denoit		State	Zip Code
33A River Farm Dr				City	Brooklyn		CT	06234-3333
				I	Name of Employ	TOP.		00237-3333
Principal Occupation								
Retired					Retire			
Is contributor a principal of a state contractor or	prospective sta	ite contractor?	Yes X N	0	Is contributor a dependent child	lobbyist, spouse, or Second Alababian Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of	f				acpendent ennu			
government the contract is with:		Executive	Legislative			X No		
Is this contribution associated with a	Yes	Method of contribution	on:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?		Cash	Personal Check					
If yes, list Event #	x _{No}	Money Order	Credit/Debit Card	03/	07/2014	\$100.00		\$100.00
11 yes, 115t Lyont #		money of del		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		
Somers 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuale			
Last Name	First			MI	Contribution ID #
	FIISt	Dhamuum		P	0177
King Residential Street Address	City	Rhonwyn		P State	-
44 E Gate Rd	City	Danhuny		CT	Zip Code 06811-3624
Principal Occupation		Danbury Name of Employ	704	CI	00011-3024
Housewife		House			
			lobbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac	111100	
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	03/0	07/2014	\$100.00		\$100.00
If yes, list Event # 02202014A Money Order Credit/Debit Card	0.5/	5772011	\$100.00		<i>4100.00</i>
Last Name	First			MI	Contribution ID #
King		Robert		L	0178
Residential Street Address	City			State	Zip Code
44 E Gate Rd		Danbury		СТ	06811-3624
Principal Occupation		Name of Employ	er		
Retired		Retire			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	obbyist, spouse, or	Amou	int of Contribution
	0	dependent child	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 function associated with a function of the second seco	Date	Received	Aggregate Contributions		
No Cash Personal Check	03/0	07/2014	\$100.00		\$100.00
If yes, list Event # 02202014A Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Santoro		Glenn		А	0256
Residential Street Address	City			State	Zip Code
26 Wyndham Ln		Farmington		СТ	06032-2758
Principal Occupation	-	Name of Employ	er	-	
Attorney		Robin	ison & Cole		
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 the test of test	0	dependent child			
government the contract is with:			X No		
Is this contribution associated with a fundraising event listed in Section 112 Yes	Date	Received	Aggregate Contributions		
If yes, list Event #	03/0	07/2014	\$100.00		\$100.00
	I			l	
Last Name	First			MI	Contribution ID #
Farmer		Marjorie			0349
Residential Street Address	City			State	Zip Code
295 Pequot Ave		Mystic		СТ	06355-1739
Principal Occupation		Name of Employ			
Therapist			employed		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a dependent child of	obbyist, spouse, or Yes	Amou	int 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?	Date	Received	Aggregate Contributions		
If yes, list Event #	03/0	09/2014	\$100.00		\$100.00

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I. MONETARY RECEIPT	'S (Se	ction A-I)	-		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT		
Somers 2014			April 10 Filing - Original		
	T 1	• • • •			
B. Itemized Contributions from	m Indi	ividuals		•	
Last Name	First			MI	Contribution ID #
Popkin		Valerie			0351
Residential Street Address	City			State	Zip Code
295 Pequot Ave		Mystic		СТ	06355-1739
Principal Occupation		Name of Employ	rer		
Physician		L&M I	Medical Group, Inc.		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution
	0	dependent child of	of a lobbyist? Yes		
If yes, indicate which branch or branches of Executive Legislative			X No		
government the contract is with:	Date I	Received	Aggregate Contributions	•	
fundraising event listed in Section J1?	Duit 1		- iggregate controlations		
No Cash Personal Check	0.2/0	0/2014	¢100.00		±100.00
If yes, list Event # Money Order X Credit/Debit Card	03/0	9/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Semancik		Patricia		М	0344
Residential Street Address	City			State	Zip Code
93 Hilltop Rd		Mystic		СТ	06355-2019
Principal Occupation		Name of Employ	er	•	•
Teacher		Groto	n BoE		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	ant of Contribution
Yes Yes You	0	dependent child of	of a lobbyist? Yes		
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:	Date I	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Dute		riggregate controlations		
X No Cash X Personal Check	0.01	0/2014	+100.00		+100.00
If yes, list Event # Money Order Credit/Debit Card	03/1	.0/2014	\$100.00		\$100.00
			Į		
Last Name	First			MI	Contribution ID #
Collins Jr.		Patrick			0353
Residential Street Address	City			State	Zip Code
15 Robertson Ave		Danielson		СТ	06239
Principal Occupation		Name of Employ	rer		
Carpenter		Self-e	employed		
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	of a lobbyist? Yes		
If yes, indicate which branch or branches of government the contract is with:			x No		
	Date I	Received	Aggregate Contributions	•	
fundraising event listed in Section J1?					
X No Cash Personal Check	03/1	.0/2014	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	0.5/1	.0/2014	\$100.00		\$100.00
L est Menne	E' -				Contribution ID //
Last Name	First			MI	Contribution ID #
O'Connell		Neal		н	0339
Residential Street Address	City			State	Zip Code
67 Stanton Ln	L	Mystic		СТ	06355-2128
Principal Occupation		Name of Employ	rer		
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	ant of Contribution
	U	dependent child of	of a fobbyist?		
If yes, indicate which branch or branches of everyment the contract is with:			x _{No}		
Is this contribution associated with a Method of contribution:	Date I	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?					
No Cash Personal Check	03/1	.0/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card	0,0,1	0/2017	\$100.00		¥100.00

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I. MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	Ì	,	TYPE OF REPORT		
Somers 2014			April 10 Filing - Original		
D Itamized Contributions from	n Ind	ividuala			
B. Itemized Contributions from	-	lividuals		1	
Last Name	First			MI	Contribution ID #
Janey		Denise			0272
Residential Street Address	City			State	Zip Code
40 Smoke Hill Dr		Danbury		СТ	06811-2957
Principal Occupation		Name of Employ	er		
Chief Examiner		City c	of Danbury	-	
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution
If yes, indicate which branch or branches of government the contract is with:			× No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes, list Event #	03/1	10/2014	\$100.00		\$100.00
			l		
Last Name	First			MI	Contribution ID #
Burns		Daniel		S	0280
Residential Street Address	City			State	Zip Code
260 Elm St		Noank		СТ	06340-5522
Principal Occupation		Name of Employ	er		
Consultant		Self-e	employed		
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? Yes		
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?	But		- iggregate controlations		
X No Cash Personal Check	02/1	11/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card	03/1	11/2014	\$100.00		\$100.00
Last Name	First		-	MI	Contribution ID #
	FIISt	Citi			0355
Harvey	<i>a</i> :-	Ciji		M	
Residential Street Address	City			State	Zip Code
19 Spring St		Westerly		RI	02891-2321
Principal Occupation		Name of Employ	er		
			employed		
Is contributor a principal of a state contractor or prospective state contractor?	, ,		obbyist, spouse, or Yes	Amou	int of Contribution
If you indicate which brough as broughes of		dependent child of			
government the contract is with:			x _{No}		
Is this contribution associated with a graduate the second	Date	Received	Aggregate Contributions		
	03/1	11/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
White		W. Patrick			0352
Residential Street Address	City			State	Zip Code
94 Sandy Hollow Rd	-	Mystic		СТ	06355-1718
Principal Occupation		Name of Employ	er	1	-
Consultant			ions for Small Business, LLC		
			· · · · · · · · · · · · · · · · · · ·	Amou	int 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 Executive Legislative			x _{No}		
government the contract is with:	Data	Received			
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X No Cash Personal Check		12/2014	1100.00		+100.00
If yes, list Event # Money Order Credit/Debit Card	03/1	12/2014	\$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		
Somers 2014			April 10 Filing - Original		
	T 1				
B. Itemized Contributions from	m Ind	ividuals			
Last Name	First			MI	Contribution ID #
Kidder		Linda		J	0350
Residential Street Address	City			State	Zip Code
94 Sandy Hollow Rd		Mystic		СТ	06355-1718
Principal Occupation		Name of Employ	ver	-	
Attorney		Linda	J Kidder Associates, LLC		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or Yes	Amou	int of Contribution
	0	dependent child	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 Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
X No Cash Personal Check	03/1	12/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card	03/1	12/2014	\$100.00		\$100.00
Last Name	Einet			M	Contribution ID #
Last Name	First			MI	Contribution ID #
Curtis		Shawn			0347
Residential Street Address	City			State	Zip Code
115 W District Rd	L	Unionville		СТ	06085-1463
Principal Occupation		Name of Employ	ver		
Director of Marketing		LEGO	Group		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or Yes	Amou	int of Contribution
	0	dependent child	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			X No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
X No Cash X Personal Check	03/1	12/2014	\$25.00		\$25.00
If yes, list Event # Money Order Credit/Debit Card	03/1	12/2014	Ψ25.00		¥23.00
Last Name	First		-	MI	Contribution ID #
	FIISt				
Dellacono		Frank		R	0348
Residential Street Address	City			State	Zip Code
214 Farnholme Rd	L	Stonington		СТ	06378-2209
Principal Occupation		Name of Employ	/er		
Surgeon/Physician		ENT o	of Southeastern CT	-	
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of	° I	dependent child			
government the contract is with:			x No		
Is this contribution associated with a sociated with a Yes Yes	Date	Received	Aggregate Contributions		
	03/1	12/2014	\$50.00		\$50.00
If yes, list Event # Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Ouellette, MD	1 11 50	George		S	0340
Residential Street Address	City	George			
	City			State	Zip Code
158 Pearl St	L	Noank		СТ	06340-5764
Principal Occupation		Name of Employ			
Physician			tal Digestive Diseases, P.C.	1	
Is contributor a principal of a state contractor or prospective state contractor?	。		lobbyist, spouse, or Yes	Amou	int of Contribution
		dependent child			
government the contract is with:			x _{No}		
	I				
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
Vac		Received	Aggregate Contributions \$100.00		\$100.00

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I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	Ì	, , , , , , , , , , , , , , , , , , ,	TYPE OF REPORT		
Somers 2014			April 10 Filing - Original		
	T 1				
B. Itemized Contributions from	m Ind	ividuals		•	
Last Name	First			MI	Contribution ID #
Conolly		Harry		В	0318
Residential Street Address	City			State	Zip Code
174 Pearl St		Noank		СТ	06340-5764
Principal Occupation		Name of Employ	rer		
Retired		Retire	ed		
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	of a lobbyist? Yes		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?			66 · 6 · · · · · · · · · · ·		
X No Cash X Personal Check	03/1	12/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card	0.5/1	12/2014	\$100.00		\$100.00
			•		0
Last Name	First			MI	Contribution ID #
Moore		Marjorie		Р	0358
Residential Street Address	City			State	Zip Code
1 Benjamin Rd		Mystic		СТ	06355-1601
Principal Occupation		Name of Employ	rer		
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	ant of Contribution
	0	dependent child of	of a lobbyist? Yes		
If yes, indicate which branch or branches of government the contract is with:			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	03/1	12/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card	0.5/1	12/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
	First	Amanda		NII .	
Dauphinais		Amanda		~	0370
Residential Street Address	City	_		State	Zip Code
738 Camberwell Dr	L	Eagan		MN	55123-3937
Principal Occupation		Name of Employ	rer		
Marketing		3M			
Is contributor a principal of a state contractor or prospective state contractor?	ío		lobbyist, spouse, or Yes	Amou	ant of Contribution
If you indicate which brough as broughes of		dependent child of	of a lobbyist?		
government the contract is with:			x _{No}		
Is this contribution associated with a for the UP Yes Yes	Date	Received	Aggregate Contributions		
No Cash Personal Check	03/1	13/2014	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Dauphinais		Matthew			0371
Residential Street Address	City	Hatthew		State	Zip Code
	City	F			-
738 Camberwell Dr	μ.,	Eagan		MN	55123-3937
Principal Occupation		Name of Employ			
Consultant			Monroe Partners		
Is contributor a principal of a state contractor or prospective state contractor?	io		obbyist, spouse, or Yes	Amou	ant 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]	
If ves. list Event #	03/1	13/2014	\$100.00		\$100.00
If yes, list Event # Money Order K Credit/Debit Card	1		1	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		
Somers 2014			April 10 Filing - Original		
B. Itemized Contributions from	n Ind	ividuala			
		Ividuals		L	
Last Name	First			MI	Contribution ID #
Levine		Andrew			0375
Residential Street Address	City			State	Zip Code
221 Boston Post Rd		East Lyme		СТ	06333-1659
Principal Occupation		Name of Employ	er		
Owner		Levin	e Insurance Co.	_	
Is contributor a principal of a state contractor or prospective state contractor?	b	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution
If yes, indicate which branch or branches of government the contract is with:			X No		
Is this contribution associated with a restrict the section up of the section of	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes, list Event #	03/1	13/2014	\$50.00		\$50.00
			-		0.11.5
Last Name	First	_		MI	Contribution ID #
Ziogas		Rosanne			0383
Residential Street Address	City			State	Zip Code
132 Mallard Dr		Avon		СТ	06001-4562
Principal Occupation		Name of Employ	er		
Retired		Retire	ed	_	
Is contributor a principal of a state contractor or prospective state contractor?	、 、		obbyist, spouse, or Yes	Amou	int of Contribution
If yas indicate which branch or branches of the test of te	,	dependent child of	of a lobbyist?		
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 # No Cash Personal Check Credit/Debit Card	03/1	13/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Holstein	1 1130	John		P	0356
Residential Street Address	City			P	
	City	Chaningston			Zip Code
337 Stonington Rd		Stonington		СТ	06378-2638
Principal Occupation		Name of Employ			
Executive			r Plus, 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 ennu (·		
government the contract is with:			X No		
Is this contribution associated with a for draining source line dra Station 112 Yes	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes, list Event #	03/1	14/2014	\$100.00		\$100.00
				l	
Last Name	First			MI	Contribution ID #
Wheeler		Victoria		N	0359
Residential Street Address	City			State	Zip Code
21 Godfrey St		Mystic		СТ	06355-1701
Principal Occupation		Name of Employ	er		-
Homemaker		Home	emaker		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist spouse or	Amou	int of Contribution
	D I	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 Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?			00-00-00-00-00-00-00-00-00-00-00-00-00-		
X No Cash Personal Check	03/1	14/2014	\$25.00		\$25.00
If yes, list Event # Money Order Credit/Debit Card			\$23.00		φ 2 0.00

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I. MONETARY RECEIPT	'S (Se	ection A-I)	-		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	Ì	,	TYPE OF REPORT		
Somers 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	ividuals		•	
Last Name	First			MI	Contribution ID #
Bernhard Jr.		George		К	0360
Residential Street Address	City			State	Zip Code
52 Palmer Neck Rd		Pawcatuck		СТ	06379-2318
Principal Occupation		Name of Employ	rer	-	
Dentist		Self-e	employed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	obbyist, spouse, or	Amou	int of Contribution
	0	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with a Mathed of contribution.	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
No Cash Personal Check	0.2/1	14/2014	¢100.00		±100.00
If yes, list Event # Money Order Credit/Debit Card	03/1	14/2014	\$100.00		\$100.00
					a
Last Name	First			MI	Contribution ID #
Tary		Melanie		А	0362
Residential Street Address	City			State	Zip Code
52 Palmer Neck Rd		Pawcatuck		СТ	06379-2318
Principal Occupation		Name of Employ	rer		
Realtor		Self-e	employed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	obbyist, spouse, or	Amou	int of Contribution
Yes X No	0	dependent child	of a lobbyist? Yes		
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	licectived	riggregate controlations		
X No Cash X Personal Check	0.2 /		+100.00		+100.00
If yes, list Event # Money Order Credit/Debit Card	03/1	14/2014	\$100.00		\$100.00
			<u></u>		
Last Name	First			MI	Contribution ID #
Craig		Carol		В	0361
Residential Street Address	City			State	Zip Code
18 Riverbend Dr		Mystic		СТ	06355-3600
Principal Occupation		Name of Employ	rer		
Realtor		Berks	hire Hathaway Home Service	es	
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	obbyist, spouse, or	Amou	int of Contribution
	0	dependent child	of a lobbyist? Yes		
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?			66 · 6 · · · · · · · · · · ·		
X No Cash X Personal Check	03/1	14/2014	\$50.00		\$50.00
If yes, list Event # Money Order Credit/Debit Card	03/1	14/2014	\$30.00		\$30.00
				1.0	0.11.5.77
Last Name	First			MI	Contribution ID #
Van Zandt		Sidney		F	0363
Residential Street Address	City			State	Zip Code
3 Front St	L	Noank		СТ	06340-5715
Principal Occupation		Name of Employ	rer		
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	int of Contribution
	U	dependent child			
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 Personal Check	03/1	14/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card		-7/2014	\$100.00		Ψ100.00

					Page 92 of 242
I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	`	,	TYPE OF REPORT		
Somers 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Wenderoth		Charles			0307
Residential Street Address	City			State	Zip Code
45 Essex St		Mystic		СТ	06355-3317
Principal Occupation		Name of Employ	rer	-	
Engineer		US DI	HS		
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? Yes		
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 Personal Check	03/-	14/2014	\$50.00		\$50.00
If yes, list Event # Money Order Credit/Debit Card	0.57.	14/2014	430.00		450.00
Last Name	First			MI	Contribution ID #
	1 1150	Mishaal		F	0308
Doyle Residential Street Address	Citra	Michael			
	City			State	Zip Code
67 Faire Harbor Pl	L	New London		СТ	06320-4710
Principal Occupation		Name of Employ			
Retired		Retire		1	
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	lobbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		dependent child o	·		
government the contract is with:			x _{No}		
Is this contribution associated with a for draining super list d in faction 112 Yes	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
	03/3	14/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Fahle		Brenda		L	0303
Residential Street Address	City			State	Zip Code
3220 Meadow Ln		Collegeville		РА	19426-1413
Principal Occupation	·	Name of Employ	rer		
Retired		Retire			
			obbyist, spouse, or	Amor	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	Vac	711100	an of contribution
If yes, indicate which branch or branches of accomment the contract is with:			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		
X No Cash Personal Check	0.24		+100.00		+100.00
If yes, list Event # Money Order Credit/Debit Card	03/3	14/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Fahle		Rickey		G	0304
Residential Street Address	City			State	Zip Code
3220 Meadow Ln		Collegeville		PA	19426-1413
Principal Occupation		Name of Employ	er		
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	int of Contribution
	U	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		
fundraising event listed in Section J1?	1				
X No Cash Personal Check	03/	14/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card	,	.,	\$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		
Somers 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			1
Last Name	First			MI	Contribution ID #
Drury		Thomas			0396
Residential Street Address	City			State	Zip Code
28 Lisa Ln		Tolland		СТ	06084-3536
Principal Occupation		Name of Employ	/er	•	•
Business		Hydro	ofera		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or Yes	Amou	unt of Contribution
	0	dependent child	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 Method of contribution:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?					
X No Cash Personal Check	03/3	15/2014	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card			+		+
Last Name	First			MI	Contribution ID #
Gatto	1	Dom			0398
Residential Street Address	City	Dom		State	Zip Code
	City	Meetrort		CT	*
1698 Post Rd E	<u> </u>	Westport	•		06880-5652
Principal Occupation		Name of Employ			
Medical consultant			employed		
Is contributor a principal of a state contractor or prospective state contractor?	ю	Is contributor a dependent child	lobbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of		dependent ennu	·		
government the contract is with:			X No		
Is this contribution associated with a function where the section 112 Yes	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes, list Event #	03/3	15/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Boulton		John		V	0407
Residential Street Address	City			State	Zip Code
214 West Ave		Darien		СТ	06820-4203
Principal Occupation	-	Name of Employ	/er	-	
Reinsurance		Swiss	Re America Holding Corp		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amou	unt of Contribution
	0	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches of government the contract is with:			x No		
	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?					
X No Cash Personal Check	03/	16/2014	\$10.00		\$10.00
If yes, list Event # Money Order X Credit/Debit Card	007	10,2011	<i><i><i>q</i>10.000</i></i>		<i></i>
Last Name	First			MI	Contribution ID #
Kluberdanz	THSt	Brian		E	0408
Residential Street Address	City	Dildil			
	City			State	Zip Code
34 Fairview St	I	West Hartfor		СТ	06119-1807
Principal Occupation		Name of Employ			
Law Student		Stude			
Is contributor a principal of a state contractor or prospective state contractor?	ю		lobbyist, spouse, or Yes	Amou	unt 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 is Section 112 Yes	Date	Received	Aggregate Contributions		
	1				
	03/	16/2014	\$100.00		\$100.00
If yes, list Event # Money Order K Credit/Debit Card	1		1	1	

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		I. MONE	TARY RECEIPT	'S (Se	ection A-I)	-		
NAME OF COMMITTEE (Provide	e Complete	Name as Registere	ed with Commission)	Ì	,	TYPE OF REPORT		
Somers 2014						April 10 Filing - Original		
		D L/ -		T				
		B. Itemize	d Contributions from	m Inc	lividuals		•	
Last Name				First			MI	Contribution ID #
Mongillo					David		М	0411
Residential Street Address				City			State	Zip Code
72 Mooreland Dr					Southington		СТ	06489-2900
Principal Occupation				-	Name of Employ	/er	-	
Retired					Retire	ed		
Is contributor a principal of a state contractor or	prospective sta	te contractor?			Is contributor a	lobbyist, spouse, or	Amou	unt of Contribution
			Yes X N	0	dependent child	Vac		
If yes, indicate which branch or branches of	f	Executive	Legislative			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?	Yes	Method of contribution		Date	Received	Aggregate Controutions		
	x _{No}	X Cash	Personal Check			150.00		150.00
If yes, list Event #	▲ No	Money Order	Credit/Debit Card	03/	16/2014	\$50.00		\$50.00
				1				
Last Name				First			MI	Contribution ID #
Hertweck					Timothy		R	0413
Residential Street Address				City			State	Zip Code
83 Wig Hill Rd					Chester		СТ	06412-1109
Principal Occupation				-	Name of Employ	/er	-	•
Business Development					Self-e	employed		
Is contributor a principal of a state contractor or	prospective sta	te contractor?				lobbyist, spouse, or	Amou	ant of Contribution
			Yes X N	0	dependent child	Vac		
If yes, indicate which branch or branches of	f	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			Dute	Received	Aggregate controlitons		
_	x _{No}	Cash	Personal Check	0.2/	17/2014	¢100.00		+100.00
If yes, list Event #	in No	Money Order	X Credit/Debit Card	03/	17/2014	\$100.00		\$100.00
		-				-		
Last Name				First			MI	Contribution ID #
Lombardi					Tom			0414
Residential Street Address				City			State	Zip Code
41 Oak St					Southington		СТ	06489-3274
Principal Occupation					Name of Employ	/er		
Controller/CPA					Cente	erplan Development Company	Y	
Is contributor a principal of a state contractor or	prospective sta	te contractor?	Yes X N			lobbyist, spouse, or	Amou	ant of Contribution
	c —			0	dependent child	of a lobbyist?		
If yes, indicate which branch or branches or government the contract is with:		Executive	Legislative			x _{No}		
Is this contribution associated with a	Yes	Method of contributi	on:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Yes							
	x _{No}	Cash	Personal Check	03/	17/2014	\$50.00		\$50.00
If yes, list Event #		Money Order	X Credit/Debit Card		•			
Last Name				First			MI	Contribution ID #
Bond				1 1151	Stephen		N	0417
				Citra	Stephen			
Residential Street Address				City	Marth		State	Zip Code
286 Haley Rd					Mystic		СТ	06355-1059
Principal Occupation					Name of Employ			
Purchasing Agent						ric Boat/General Dynamics		
Is contributor a principal of a state contractor or	prospective sta	te contractor?	Yes X N	0		lobbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of	f 🗖	,		-	dependent child	of a lobbyist?		
government the contract is with:	·	Executive	Legislative			x _{No}		
Is this contribution associated with a	Yes	Method of contributi	on:	Date	Received	Aggregate Contributions]	
fundraising event listed in Section J1?	_	X Cash						
	x _{No}		Personal Check	03/	18/2014	\$100.00		\$100.00
If yes, list Event #		Money Order	Credit/Debit Card	1			I	

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I. MONETARY RECEIPT	'S (Se	ection A-I)	-		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	Ì	,	TYPE OF REPORT		
Somers 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First	ii viuuais		MI	Contribution ID #
Markley	First	Joseph		C	0409
Residential Street Address	City	Joseph		State	Zip Code
47 Elm St	City	Plantsville		CT	06479-1108
Principal Occupation		Name of Employ	er		00479-1100
Legislator			of Connecticut		
				Amou	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with a forther up of the second s	Date	Received	Aggregate Contributions		
	03/	18/2014	\$20.00		\$20.00
If yes, list Event # 03182014A Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Hoyt		Dottie		н	0399
Residential Street Address	City			State	Zip Code
40 Marlin Dr		Groton		СТ	06340-5418
Principal Occupation	-	Name of Employ	rer	•	•
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution
If we indicate which have been also as from the set	0	dependent child			
government the contract is with:			x _{No}		
Is this contribution associated with a fundamental sector II a graduated with a graduated	Date	Received	Aggregate Contributions		
If yes, list Event #	03/	18/2014	\$50.00		\$50.00
	I			l	1
Last Name	First			MI	Contribution ID #
Hoyt Jr.		Richard		М	0400
Residential Street Address	City	. .		State	Zip Code
40 Marlin Dr		Groton		СТ	06340-5418
Principal Occupation		Name of Employ			
CPA			e, Hoyt & Filipetti	1 Amo	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	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		
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:					
No Cash Personal Check	03/	18/2014	\$50.00		\$50.00
If yes, list Event # 03152014A Money Order Credit/Debit Card	, i				
Last Name	First			MI	Contribution ID #
Richard		Katherine		н	0402
Residential Street Address	City			State	Zip Code
261 Spencer Plains Rd		Westbrook		СТ	06498-1549
Principal Occupation		Name of Employ	er		•
Accounting Generalist		Klingl	berg Family Centers		
Is contributor a principal of a state contractor or prospective state contractor?	-	Is contributor a	obbyist, spouse, or Yes	Amou	unt of Contribution
	0	dependent child			
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with a X X X AC Method of contribution:	Date	Received	Aggregate Contributions]	
If yes, list Event # 03152014A No Cash Personal Check Money Order Credit/Debit Card	03/	18/2014	\$100.00		\$100.00
	1				

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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		
Somers 2014			April 10 Filing - Original		
B. Itemized Contributions from	T J	····			
	1	ividuals			
Last Name	First			MI	Contribution ID #
Watrous		Lori		A	0405
Residential Street Address	City			State	Zip Code
25 Courtland Dr # 7E	L	Groton		СТ	06340-3851
Principal Occupation		Name of Employe			
Office Assistant			of Groton		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a lo dependent child o	Vac	Amou	nt of Contribution
If yes, indicate which branch or branches of					
government the contract is with:		<u> </u>			
Is this contribution associated with a fundraising event listed in Section J1? Yes	Date	Received	Aggregate Contributions		
No No Cash Personal Check					
If yes, list Event # 03152014A No Money Order Credit/Debit Card	03/1	18/2014	\$50.00		\$50.00
					a . 1
Last Name	First			MI	Contribution ID #
Heublein		Gretchen		~	0422
Residential Street Address	City			State	Zip Code
27 Field St	L	Pawcatuck		CT	06379-1947
Principal Occupation		Name of Employe			
Student		Stude			
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a lo dependent child o	Vac	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent ennu o	·		
government the contract is with:					
Is this contribution associated with a fundraising event listed in Section J1? Yes	Date	Received	Aggregate Contributions		
If yes, list Event # 03182014A	03/1	18/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Shaw	<i>a</i> :-	Kurtis		<i>a</i>	0428
Residential Street Address	City			State	Zip Code
27 Field St	L	Pawcatuck		CT	06379-1947
Principal Occupation		Name of Employe			
Student		Stude			
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a lo dependent child o		Amou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative		1	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	03/1	18/2014	\$100.00		\$100.00
If yes, list Event # 03182014A Money Order Credit/Debit Card	03/1	10/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Linares	riist	Arthur		S	0423
Residential Street Address	City	Artiful		State	
	Сцу	Maathraal		CT	Zip Code
242 Toby Hill Rd	<u>і </u>	Westbrook		CI	06498-3521
Principal Occupation Business Owner		Name of Employe			
			hobyist spouse or	٨٠٠٠	nt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child o	Vac	Amou	int of Contribution
If yes, indicate which branch or branches of accomment the contract is with:		-			
Executive Legislative			X NT-		
government the contract is with:	Deta	Received	Aggregate Contributions		
government the contract is with:	Date	Received	Aggregate Contributions		
Is this contribution associated with a Vac		Received			\$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		
Somers 2014			April 10 Filing - Original		
	T 1				
B. Itemized Contributions from	m Ind	ividuals		•	
Last Name	First			MI	Contribution ID #
Menezes		John		к	0424
Residential Street Address	City			State	Zip Code
40 Seneca Dr		Noank		СТ	06340-5509
Principal Occupation		Name of Employ	ver	-	
Electrical Engineer		Rayth	neon		
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	int of Contribution
If yas 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 Yes	Date	Received	Aggregate Contributions		
	03/3	18/2014	\$100.00		\$100.00
If yes, list Event # 03182014A Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Casey		Cynthia			0419
Residential Street Address	City	-,		State	Zip Code
61 Haley Cres	5	Groton		ст	06340-5415
Principal Occupation	L	Name of Employ	/er		00510 5115
Owner			olon Buick GMC		
			lobbyist, spouse, or	A.m.ov	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac	Alliou	ant of Contribution
If yes, indicate which branch or branches of Executive Legislative		1	X No		
		D 1 1			
Is this contribution associated with a fundraising event listed in Section J1? Yes	Date	Received	Aggregate Contributions		
If yes, list Event # 03182014A	03/3	18/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Chambers		James			0420
Residential Street Address	City			State	Zip Code
282 Pumpkin Hill Rd		Mystic		СТ	06355-1119
Principal Occupation		Name of Employ	/er		
Real estate		Peque	ot Development		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amou	int of Contribution
	0	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1? Method of contribution:					
No Cash Personal Check	03/-	18/2014	\$100.00		\$100.00
If yes, list Event # 03182014A			<i><i><i></i></i></i>		<i>4</i> 200.00
Last Name	First			MI	Contribution ID #
Rauh Jr.	First	Michael		IVII	
	<i>a</i> :-	Michael		a	0425
Residential Street Address	City			State	Zip Code
56 S River Dr	L	Narraganset		RI	02882-2735
Principal Occupation		Name of Employ			
Banking			ea Groton Bank	ı — — —	
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	int of Contribution
If you indicate which brough as broughes of	-	dependent child	of a lobbyist?		
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 #	03/3	18/2014	\$100.00		\$100.00
If yes, list Event # Money Order X 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)	Ì	,	TYPE OF REPORT		
Somers 2014			April 10 Filing - Original		
B. Itemized Contributions fro	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Steere		Rev. Kennet	h	W	0429
Residential Street Address	City			State	Zip Code
144 E Shore Ave		Groton Long	Point	СТ	06340-8933
Principal Occupation	·	Name of Employ	/er	•	•
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amor	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	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? Yes Method of contribution:	Dute	litered	inggregate controlutions		
No Cash Rersonal Check	0.2/	10/2014	#F0.00		+F0 00
If yes, list Event # 03182014A Money Order Credit/Debit Card	03/.	18/2014	\$50.00		\$50.00
	1 T			1 1	
Last Name	First			MI	Contribution ID #
Welch		Thomas		Р	0430
Residential Street Address	City			State	Zip Code
36 Coveside Ln		Stonington		СТ	06378-2902
Principal Occupation		Name of Employ	/er		
Cap Head Hunter		Ryde	r		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or Yes	Amou	ant of Contribution
	0	dependent child	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?			20 · 2 ···· · · · · · · · · · ·		
No No Cash Personal Check	02/	18/2014	\$60.00		\$60.00
If yes, list Event # 03182014A Money Order Credit/Debit Card	0.5/.	10/2014	\$00.00		\$00.00
	- -		•		
Last Name	First			MI	Contribution ID #
Santacroce	\vdash	John		L	0426
Residential Street Address	City			State	Zip Code
80 Baker Ave		Groton		СТ	06340-3921
Principal Occupation		Name of Employ	/er		
Owner		Groto	on Oil Co.		
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or	Amou	int of Contribution
If you indicate which brough as broughes of	0	dependent child			
If yes, indicate which branch or branches of government the contract is with:			X No		
Is this contribution associated with a fundration around listed in Section 112 Yes	Date	Received	Aggregate Contributions	1	
X No Cash Personal Check	03/	18/2014	\$40.00		\$40.00
If yes, list Event # Money Order Credit/Debit Card					·
Last Name	First			MI	Contribution ID #
Ganacoplos Jr.	1 1150	Peter		N	0397
Residential Street Address	City	Felei			
	City			State	Zip Code
25 Smith St	μ,	Groton		СТ	06340-4024
Principal Occupation		Name of Employ			
Owner			our Restaurant		
Is contributor a principal of a state contractor or prospective state contractor?	o		lobbyist, spouse, or Yes	Amou	int of Contribution
	-	dependent child			
government the contract is with:			x _{No}		
Is this contribution associated with a function of the second sec	Date	Received	Aggregate Contributions	1	
	1				
No Cash Personal Check	03/	18/2014	\$25.00		\$25.00
If yes, list Event # 03152014A	,	., .=.	+=0.00	1	

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I. MONETARY RECEIPT	'S (Se	ection A-I)	-		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	Ì	,	TYPE OF REPORT		
Somers 2014			April 10 Filing - Original		
	T 1				
B. Itemized Contributions from	m Ind	ividuals		•	
Last Name	First			MI	Contribution ID #
Beaulieu		Diane		К	0385
Residential Street Address	City			State	Zip Code
250 Elm St		Noank		СТ	06340-5522
Principal Occupation		Name of Employ	rer	-	
Director		Henk	el		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	obbyist, spouse, or	Amou	int of Contribution
Yes X N	0	dependent child	of a lobbyist? Yes		
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?	Buie		1.661 egate contributions		
X No Cash Personal Check	0.2/1	0/2014	¢50.00		¢50.00
If yes, list Event # Money Order Credit/Debit Card	03/1	18/2014	\$50.00		\$50.00
					a
Last Name	First			MI	Contribution ID #
Henrickson		William		A	0373
Residential Street Address	City			State	Zip Code
51 Glenwood Ave		New London		СТ	06320-4316
Principal Occupation		Name of Employ	rer		
Executive Coach		Vista	ge International		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	obbyist, spouse, or	Amou	int of Contribution
	0	dependent child	of a lobbyist? Yes		
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?			88 · 8 · · · · · · · · ·		
X No Cash X Personal Check	03/1	18/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card	0.5/1	10/2014	\$100.00		\$100.00
Last Name	First		-	MI	Contribution ID #
	FIISt				
Kowenhoven		William		Н	0374
Residential Street Address	City			State	Zip Code
7 Legendary Rd	L	East Lyme		СТ	06333-1115
Principal Occupation		Name of Employ	rer		
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	int of Contribution
If you indicate which brough as broughes of	0	dependent child	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with a function of the section of	Date	Received	Aggregate Contributions		
	03/1	18/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Richmond III	. 1151	William		A	0379
Residential Street Address	City	windin			
	City	Old Cashing	L.	State	Zip Code
163 Ingham Hill Rd	L	Old Saybroo		СТ	06475-1128
Principal Occupation		Name of Employ			
Retired		Retire			
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	int of Contribution
		dependent child	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 J1?					
	03/1	18/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card	1		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		
Somers 2014			April 10 Filing - Original		
	T 1				
B. Itemized Contributions from	m Ind	ividuals		•	
Last Name	First			MI	Contribution ID #
Teeson		Phyllis		E	0380
Residential Street Address	City			State	Zip Code
39 Glenwood Ave		New London		СТ	06320-4316
Principal Occupation		Name of Employ	rer		•
Retired		Retire	ed		
			abbyist spaysa or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac		
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:		D 1 1			
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event #	03/3	18/2014	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Ventry		Betty		А	0381
Residential Street Address	City	-		State	Zip Code
322 Great Neck Rd	, i	Waterford		ст	06385-3819
Principal Occupation	L	Name of Employ	or		00505 5015
		Retire			
Retired					
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a dependent child	lobbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		dependent ennu v			
government the contract is with:	_		x _{No}		
Is this contribution associated with a for devicing super listed in Section 112 Yes	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
	03/3	18/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Bresnyan		Nicholas		Р	0386
Residential Street Address	City			State	Zip Code
214 Candlewood Rd	City	Groton		СТ	06340-2707
	<u> </u>			CI	00340-2707
Principal Occupation		Name of Employ			
Retired		Retire			
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a dependent child	obbyist, spouse, or Yes	Amou	int of Contribution
If you indicate which branch or branches of		dependent child o	· _		
government the contract is with:	-		x _{No}		
Is this contribution associated with a fundamental section 112 Yes	Date	Received	Aggregate Contributions		
	03/3	18/2014	\$25.00		\$25.00
If yes, list Event # Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Althuis		Rose Marie			0390
Residential Street Address	Citra	Rose Marie		St. 1.	
	City			State	Zip Code
195 Michelle Ln Apt 109	L	Groton		СТ	06340-4249
Principal Occupation		Name of Employ			
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	int of Contribution
If you indicate which branch or branches of	~	dependent child			
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with a function with the function of the funct	Date	Received	Aggregate Contributions	1	
No Cash Personal Check	03/	18/2014	\$100.00		\$100.00
If yes, list Event # 03152014A Money Order Credit/Debit Card		-,===•	+200.00		

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I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	Ì	, , , , , , , , , , , , , , , , , , ,	TYPE OF REPORT		
Somers 2014			April 10 Filing - Original		
	-				
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Bresnahan		Jeffrey		С	0391
Residential Street Address	City			State	Zip Code
410 Brook St		Noank		СТ	06340-4842
Principal Occupation		Name of Employ	rer		•
Coach		Conn	ecticut College		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	obbyist, spouse, or	Amou	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	of a lobbyist? Yes		
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?			88 · 8 · · · · · · · · ·		
No Cash Personal Check	03/	18/2014	\$100.00		\$100.00
If yes, list Event # 03152014A Money Order Credit/Debit Card	0.5/.	10/2014	\$100.00		\$100.00
Last News					Contribution ID #
Last Name	First			MI	
Brown MD		Stephen		A	0392
Residential Street Address	City			State	Zip Code
30 Sols Point Rd		Clinton		СТ	06413-2320
Principal Occupation		Name of Employ	rer		
Physician		Self-e	employed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	obbyist, spouse, or	Amou	unt of Contribution
	0	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
No Cash Personal Check	03/	18/2014	\$100.00		\$100.00
If yes, list Event # 03152014A Money Order Credit/Debit Card	0.57.	10/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
	FIISt	D			Contribution ID #
Byles		Donald		W	0393
Residential Street Address	City			State	Zip Code
23 First St		Groton		СТ	06340-5915
Principal Occupation		Name of Employ	er		
Funeral Director		Byles	Memorial Home		
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of	0	dependent child	51 a 1000y1st?		
government the contract is with:			x _{No}		
Is this contribution associated with a fundraising event listed in Section 112 Yes	Date	Received	Aggregate Contributions		
No Cash Personal Check	03/3	18/2014	\$50.00		\$50.00
If yes, list Event # 03152014A Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Cote		David		M	0395
Residential Street Address	City	Duvia		State	Zip Code
78 Colony Rd	City	Groton		CT	06340-5412
	L				00340-3412
Principal Occupation		Name of Employ			
Owner/Engineer			Massage Int'l	.	
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a dependent child	lobbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of		dependent child (of a foodyist?		
government the contract is with:			X No]	
Is this contribution associated with a fundamental section up of the section of t	Date	Received	Aggregate Contributions		
	03/3	18/2014	\$100.00		\$100.00
If yes, list Event # 03152014A Money Order Credit/Debit Card	1		1	1	

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I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		ŕ	TYPE OF REPORT		
Somers 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals		•	
Last Name	First			MI	Contribution ID #
Наде		Elias		J	0372
Residential Street Address	City			State	Zip Code
20 Seabreeze Dr		Waterford		СТ	06385-3813
Principal Occupation		Name of Employ	/er		-
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amou	int of Contribution
	0	dependent child	of a lobbyist? Yes		
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		Aggregate controlitons		
No Cash Personal Check	0.2/	10/2014	± 10,00		+ 40,00
If yes, list Event # Money Order Credit/Debit Card	03/.	18/2014	\$40.00		\$40.00
Last Name	First			MI	Contribution ID #
Trejo		Kevin		G	0404
Residential Street Address	City			State	Zip Code
536 Shennecossett Rd Apt L		Groton		СТ	06340-5240
Principal Occupation		Name of Employ	/er	-	
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac		
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
	Data	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
No No Cash Personal Check					
If yes, list Event # 03152014A In No Money Order Credit/Debit Card	03/3	18/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Ackerman		Andrea		L	0389
Residential Street Address	City			State	Zip Code
824 Groton Long Point Rd		Noank		СТ	06340-5604
Principal Occupation		Name of Employ	/er		
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	- V		
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
No Cash Personal Check	0.24		+100.00		+100.00
If yes, list Event # 03152014A Money Order Credit/Debit Card	03/.	18/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Allen		Lorraine		E	0365
Residential Street Address	City			State	Zip Code
549 Ocean Ave		New London		СТ	06320-4534
Principal Occupation		Name of Employ	/er		
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	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? Yes	Date	Receiveu	Aggregate Contributions		
X No Cash X Personal Check	0.01	10/2014	+100.00		+100.00
If yes, list Event # Money Order Credit/Debit Card	03/3	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		
Somers 2014			April 10 Filing - Original		
	T				
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Beaulieu Jr.		Robert		W	0366
Residential Street Address	City			State	Zip Code
250 Elm St		Noank		СТ	06340-5522
Principal Occupation		Name of Employ	/er	•	•
Teacher		Groto	on BoE		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or Yes	Amou	unt of Contribution
	0	dependent child	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	
fundraising event listed in Section J1?					
X No Cash Personal Check	03/	18/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card	0.5/	10/2014	\$100.00		\$100.00
Last Name	First	_		MI	Contribution ID #
Bucklin		Jane		E	0369
Residential Street Address	City			State	Zip Code
26 Tyler Ave		Groton		СТ	06340-5921
Principal Occupation		Name of Employ	/er		
Paraprofessional		Groto	on BoE		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or Yes	Amou	unt of Contribution
	0	dependent child			
If yes, indicate which branch or branches of government the contract is with:			× No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
X No Cash Personal Check	03/	18/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card	0.57	10/2014	\$100.00		\$100.00
Last Name	First		·	MI	Contribution ID #
	FIISt				
Camelio		Linda		М	0394
Residential Street Address	City			State	Zip Code
122 Castle Hill Rd		Pawcatuck		СТ	06379-1988
Principal Occupation		Name of Employ	/er		
Administrative Assistant		Conn	ecticut College	-	
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	unt of Contribution
If you indicate which brough as broughes of	0	dependent child			
If yes, indicate which branch or branches of government the contract is with:			X No		
Is this contribution associated with a graduate of the second sec	Date	Received	Aggregate Contributions	1	
	03/3	18/2014	\$50.00		\$50.00
If yes, list Event # Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Kluberdanz Jr.	1 1150	Donald		J	0401
Residential Street Address	Citra	Donald		State	
	City	Devicestively			Zip Code
122 Castle Hill Rd	I	Pawcatuck		СТ	06379-1988
Principal Occupation		Name of Employ			
Engineer		NUW			
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	ant of Contribution
	-	dependent child			
government the contract is with:			x _{No}		
Is this contribution associated with a fundration associated with a fundration as a fundration of the section 112 Yes	Date	Received	Aggregate Contributions	1	
	03/	18/2014	\$25.00		\$25.00
If yes, list Event # 03152014A Money Order Credit/Debit Card					•

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I. MONETARY RECEI	PTS (S	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission	1)	, ,	TYPE OF REPORT		
Somers 2014			April 10 Filing - Original		
D. Itomized Contributions f	mann In	lividuala			
B. Itemized Contributions f				r	1
Last Name	First			MI	Contribution ID #
Percy		Marilyn		М	0377
Residential Street Address	City			State	Zip Code
14 New Shore Rd		Waterford		СТ	06385-3609
Principal Occupation		Name of Employ	/er		
Homemaker		Home	emaker		
Is contributor a principal of a state contractor or prospective state contractor?	No		lobbyist, 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:			x _{No}		
Is this contribution associated with a for draining work listed in faction 112 Yes	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
	. 03/	18/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card	1				
Last Name	First			MI	Contribution ID #
Percy		Stephen			0378
Residential Street Address	City	•		State	Zip Code
14 New Shore Rd		Waterford		ст	06385-3609
Principal Occupation		Name of Employ	/er		00000 0000
Retired		Retire			
			lobbyist, spouse, or	1.ma	ant of Contribution
Yes	No	dependent child	Vac	Alliot	int of Contribution
If yes, indicate which branch or branches of Executive Legislative		1	X No		
government the contract is with:		<u> </u>	i		
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X No Cash X Personal Check					
If yes, list Event # Money Order Credit/Debit Card	i 03/	18/2014	\$100.00		\$100.00
				ı	1
Last Name	First			MI	Contribution ID #
Sherrard		James		М	0345
Residential Street Address	City			State	Zip Code
66 Algonquin Dr		Mystic		СТ	06355-1721
Principal Occupation		Name of Employ	/er		
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?	No		lobbyist, spouse, or Yes	Amou	ant of Contribution
	NO	dependent child	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with a fundration around listed in Section 112 Yes	Date	Received	Aggregate Contributions	1	
X No Cash X Personal Check	03/	18/2014	\$50.00		\$50.00
If yes, list Event # Money Order Credit/Debit Card	1				
Last Name	First			MI	Contribution ID #
Sherrard	1 1100	Penelope			0346
Residential Street Address	City			State	Zip Code
	City				-
66 Algonquin Dr		Mystic		СТ	06355-1721
Principal Occupation		Name of Employ			
Homemaker			emaker	. <u> </u>	
Is contributor a principal of a state contractor or prospective state contractor?	No	Is contributor a dependent child	lobbyist, spouse, or Yes	Amou	int of Contribution
		dependent child	of a foodyist?		
government the contract is with:			X No]	
Is this contribution associated with a for draining over third in faction 112 Yes	Date	Received	Aggregate Contributions		
If yes, list Event #	1 03/	18/2014	\$50.00		\$50.00
			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		
Somers 2014			April 10 Filing - Original		
	T 1				
B. Itemized Contributions from	m Ind	lividuals		•	
Last Name	First			MI	Contribution ID #
Switz		Lisa		А	0302
Residential Street Address	City			State	Zip Code
19 Kidds Way		Stonington		СТ	06378-2311
Principal Occupation		Name of Employ	/er		
Office Manager		Switz	Real Estate		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amou	ant of Contribution
	0	dependent child	of a lobbyist? Yes		
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?	Build	litteritea	1661 egate controlations		
X No Cash Personal Check	0.2/-	10/2014	¢100.00		±100.00
If yes, list Event # Money Order Credit/Debit Card	03/.	18/2014	\$100.00		\$100.00
					1
Last Name	First			MI	Contribution ID #
Wilson		Dorothy		J	0128
Residential Street Address	City			State	Zip Code
14 Heath St		Mystic		СТ	06355-1629
Principal Occupation		Name of Employ	ver	•	•
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amou	unt of Contribution
Yes Yes Y	0	dependent child	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					
If yes, list Event # Money Order Credit/Debit Card	03/3	18/2014	\$100.00		\$50.00
	1				
Last Name	First			MI	Contribution ID #
Murray		Nancy		С	0376
Residential Street Address	City			State	Zip Code
54 Rope Ferry Rd Unit B-27		Waterford		СТ	06385-2822
Principal Occupation		Name of Employ	ver		•
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amou	ant of Contribution
Yes X N	0	dependent child	of a lobbyist?		
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Build	litteritea	1661 egate controlations		
X No Cash Personal Check	02/	19/2014	\$50.00		\$50.00
If yes, list Event # Money Order Credit/Debit Card	0.5/.	18/2014	\$50.00		\$50.00
	-				1
Last Name	First			MI	Contribution ID #
Anderson		Charles		С	0384
Residential Street Address	City			State	Zip Code
46 Brookview Ct		Noank		СТ	06340-5528
Principal Occupation]	Name of Employ	/er		
Attorney		Walle	r Smith & Palmer P.C.		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amou	ant of Contribution
	0	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?			- opropute contributions		
No Cash Personal Check	0.7/	10/2014	¢100.00		¢100.00
If yes, list Event # Money Order Credit/Debit Card	03/.	19/2014	\$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		
Somers 2014			April 10 Filing - Original		
	T 1				
B. Itemized Contributions from	m Ind	ividuals			
Last Name	First			MI	Contribution ID #
Messina		Jeffrey		J	0438
Residential Street Address	City			State	Zip Code
25 Osage Ln		Groton		СТ	06340-5610
Principal Occupation		Name of Employ	rer		
Pharmacist		Fort H	Hill Pharmacy		
			abbruiat anougo ar	Amor	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac		
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:		n : 1		-	
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event #	03/1	19/2014	\$100.00		\$100.00
	I				
Last Name	First			MI	Contribution ID #
Barry		Michael		Р	0434
Residential Street Address	City			State	Zip Code
108 Reed Ave		North Attleb	oro	ма	02760-1936
Principal Occupation	<u> </u>	Name of Employ			
Retired		Retire			
			lobbyist, spouse, or	Amor	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac	Alliot	int of Contribution
If yes, indicate which branch or branches of		1	X No		
government the contract is with:			i]	
Is this contribution associated with a function and the function of the funct	Date	Received	Aggregate Contributions		
If yes, list Event #	03/1	19/2014	\$25.00		\$25.00
Last Name	First			MI	Contribution ID #
Schaefer		Tod		w	0427
Residential Street Address	City			State	Zip Code
8 Prospect St		Mystic		ст	06355-2337
Principal Occupation	<u> </u>	Name of Employ	rer		
Retired		Retire			
			lobbyist, spouse, or	Amor	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	- V	Alliot	ant of Contribution
If yes, indicate which branch or branches of Executive Legislative		1	· —		
government the contract is with:				1	
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event #	03/1	19/2014	\$100.00		\$100.00
			l	L	
Last Name	First			MI	Contribution ID #
Clark		Wayne		А	0421
Residential Street Address	City			State	Zip Code
18 Clipper Ct		Mystic		СТ	06355-2138
Principal Occupation	<u>'</u>	Name of Employ	er	•	
Teacher			n BoE		
				A	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	obbyist, spouse, or Second Sec	Amou	an of Contribution
If yes, indicate which branch or branches of			X No		
If yes, indicate which branch or branches of government the contract is with:			î		
Is this contribution associated with a for draining source tited in Source 112 Yes	Date	Received	Aggregate Contributions		
Tundraising event listed in Section J1?	1				
If yes, list Event #	03/1	19/2014	\$100.00		\$100.00
	1		1	1	

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I. MONETARY RECEIPT	'S (Se	ection A-I)	-		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	Ì	,	TYPE OF REPORT		
Somers 2014			April 10 Filing - Original		
	T				
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Pawlick		Sarah		М	0415
Residential Street Address	City			State	Zip Code
880 Pequot Trl		Stonington		СТ	06378-2234
Principal Occupation		Name of Employ	er		•
Retired		Retire	ed		
			obbyist spouse or	Amor	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac		
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:				-	
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
If ves, list Event #	03/3	19/2014	\$100.00		\$100.00
					-
Last Name	First			MI	Contribution ID #
Regan Jr.		Christopher		М	0442
Residential Street Address	City			State	Zip Code
20 Findlay Way		Stonington		СТ	06378-2308
Principal Occupation	-	Name of Employ	er		
Real Estate Developer			employed		
			obbyist spouse or	Amor	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac		
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:			i		
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
Image: Second Pressonal Check					
If yes, list Event # Money Order Credit/Debit Card	03/3	19/2014	\$100.00		\$100.00
				I	1
Last Name	First			MI	Contribution ID #
DuBois		Christien			0453
Residential Street Address	City			State	Zip Code
202 Maple St		Somersworth	ı	NH	03878-1545
Principal Occupation	-	Name of Employ	er	-	•
Student		Stude	ent		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	obbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	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?	Dute	Received	riggregate controlations		
X No Cash Personal Check	0.2/	20/2014	#35.00		42E 00
If yes, list Event # Money Order X Credit/Debit Card	03/.	20/2014	\$25.00		\$25.00
			-		
Last Name	First			MI	Contribution ID #
Finley Jr.		Joseph		С	0454
Residential Street Address	City			State	Zip Code
44 Polk Ct		Newport		RI	02840-3716
Principal Occupation		Name of Employ	er		
Physician		USN			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	obbyist, spouse, or Yes	Amou	int of Contribution
	0	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution accounted with a Mathad of contribution:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?					
No Cash Personal Check	0.2/	20/2014	¢100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	03/	20/2014	\$100.00		\$100.00

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I. MONETARY RECEIPT	'S (Se	ection A-I)	-		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	Ì	,	TYPE OF REPORT		
Somers 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Maynard	1 1150	Cathleen		F	0458
Residential Street Address	City	cutilicen		State	Zip Code
60 Ken Rose Ter	eny	Westbrook		СТ	06498-1487
Principal Occupation		Name of Employ	rer		001001107
Retired		Retire			
			obbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac		
If yes, indicate which branch or branches of government the contract is with:			X No		
	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
X No Cash Personal Check	03/2	20/2014	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Tisi		Arthur			0462
Residential Street Address	City			State	Zip Code
25 Watergate Dr		Amawalk		NY	10501-1102
Principal Occupation		Name of Employ	er		
		Fairw	ay Group Holdings		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	int of Contribution
	0	dependent child			
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with a Yes Yes	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes, list Event #	03/2	20/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Tisi		Pamela		F	0463
Residential Street Address	City			State	Zip Code
25 Watergate Dr		Amawalk		NY	10501-1102
Principal Occupation		Name of Employ	rer		
		St. V	ncent's Hospital		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a dependent child	lobbyist, 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 fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
Image: Section 31. Image: Section 31. Image: No Image: Cash Image: Section 31. Personal Check					
If yes, list Event # Money Order X Credit/Debit Card	03/2	20/2014	\$100.00		\$100.00
	1				
Last Name	First			MI	Contribution ID #
Proto		Benjamin		~	0460
Residential Street Address	City	a		State	Zip Code
2090 Cutspring Rd		Stratford		СТ	06614-8938
Principal Occupation		Name of Employ			
Attorney			employed		
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	obbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of Executive Legislative			X No		
government the contract is with:	D-4	Received	i		
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X No Cash Personal Check	0.2.1	20/2014	#E0.00		¢E0.00
If yes, list Event # No Money Order X Credit/Debit Card	03/2	20/2014	\$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)	Ì		TYPE OF REPORT		
Somers 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	ividuals			
Last Name	First			MI	Contribution ID #
Waldron		Patrick		R	0364
Residential Street Address	City			State	Zip Code
36 Hillandale Rd		Danbury		СТ	06811-3611
Principal Occupation		Name of Employ	ver	•	•
Director, Veterans' Affairs		City o	of Danbury		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or Yes	Amou	unt of Contribution
	0	dependent child	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 Method of contribution:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?					
X No Cash Personal Check	03/2	21/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card	03/2	-1/2011	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
	FIISt				
Drury		Amanda		G	0467
Residential Street Address	City			State	Zip Code
28 Lisa Ln	L	Tolland		СТ	06084-3536
Principal Occupation		Name of Employ	/er		
Veterinary technician		North	ern RI Animal Hospital		
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	ant 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 for draining over this of a star 112 Yes	Date	Received	Aggregate Contributions]	
fundraising event listed in Section J1?					
	03/2	21/2014	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Ginsberg		Jay			0468
Residential Street Address	City			State	Zip Code
2 Applewood Cmn		East Lyme		ст	06333-1444
Principal Occupation	<u> </u>	Name of Employ	/er		
Physician			neastern CT Nephrology		
			labbuist spause or	Amor	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	- V	Anot	an of contribution
If yes, indicate which branch or branches of Executive Legislative		-	x No		
government the contract is with:	Dete	Received		4	
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X No Cash Personal Check					
If yes, list Event # Money Order X Credit/Debit Card	03/2	21/2014	\$100.00		\$100.00
				I	1
Last Name	First			MI	Contribution ID #
Pappas		Peter		D	0471
Residential Street Address	City			State	Zip Code
33 Island Cir S		Groton		СТ	06340-8823
Principal Occupation		Name of Employ	/er		
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or Yes	Amou	ant of Contribution
	0	dependent child	of a lobbyist? Yes		
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?			300		
X No Cash Personal Check	0.2/2	01/2014	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card		21/2014	\$100.00		φ100.00

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I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	Ì	,	TYPE OF REPORT		
Somers 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	ividuale			
	First			MI	Contribution ID #
Last Name	FIISt	Deheven			0472
Peruzzotti Residential Street Address	City	Deborah		L	-
	City	Cratan		State CT	Zip Code
193 Buddington Rd Principal Occupation	I	Groton Name of Employ	-	CI	06340-3210
Production Manager			ld Corp		
			obbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	Vac	THIO	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?					
X No Cash Personal Check	03/2	21/2014	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	03/2		<i><i><i>q</i>100100</i></i>		\$100.00
Last Name	First			MI	Contribution ID #
Miller		Arthur		F	0439
Residential Street Address	City			State	Zip Code
31 Stanton Ln		Mystic		СТ	06355-2128
Principal Occupation	<u> </u>	Name of Employ	er		
Retired		Retire			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution
Yes X No	0	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 Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
X No Cash Yersonal Check	03/2	21/2014	\$50.00		\$50.00
If yes, list Event # Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Webster		Ruth		G	0444
Residential Street Address	City			State	Zip Code
459 Fishtown Rd		Mystic		СТ	06355-2041
Principal Occupation		Name of Employ	er	-	
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	int of Contribution
If yas indicate which branch or branches of	0	dependent child of			
government the contract is with:			x _{No}		
Is this contribution associated with a for devicing super listed in Section 112 Yes	Date	Received	Aggregate Contributions		
If yes, list Event #	03/2	21/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Brown		Jeffrey		А	0418
Residential Street Address	City			State	Zip Code
22 Money Point Rd		Mystic		СТ	06355-3272
Principal Occupation		Name of Employ	er		
Office Manager		Coast	al Dermatology, P.C.		
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		dependent child of	of a foodyfst?		
government the contract is with:			X No		
Is this contribution associated with a fundraicing event listed in Section 112 Yes	Date	Received	Aggregate Contributions		
If yes, list Event #	03/2	21/2014	\$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		
Somers 2014			April 10 Filing - Original		
B. Itemized Contributions from	n Ind	ividuala			
	1	Ividuals		1	
Last Name	First	_		MI	Contribution ID #
Anderson		Dean		R	0432
Residential Street Address	City			State	Zip Code
27 Water St		Stonington		СТ	06378-1424
Principal Occupation		Name of Employ	rer		
Owner		Able I	Business Printing	-	
Is contributor a principal of a state contractor or prospective state contractor?	D	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution
If yes, indicate which branch or branches of government the contract is with:			X No		
Is this contribution associated with a restrict the formation of the second sec	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes, list Event #	03/2	21/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Last Name St. Hilaire	riist	David		W	0102
Residential Street Address	<i>C</i> '+	David			
	City			State	Zip Code
29 Ponderosa Blvd	L	East Greenbu		NY	12061-9609
Principal Occupation		Name of Employ			
Finance		,	of Danbury	i	
Is contributor a principal of a state contractor or prospective state contractor?	D	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		dependent ennu (
government the contract is with:			X No		
Is this contribution associated with a for darking some line of a Sociation 112 Yes	Date	Received	Aggregate Contributions		
If yes, list Event # No Cash Personal Check Order Credit/Debit Card	03/2	21/2014	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Arconti		Bernadette			0252
Residential Street Address	City			State	Zip Code
20 Karen Rd	5	Danbury		СТ	06811-3256
Principal Occupation	<u> </u>	Name of Employ	er		00011 5250
Registered Nurse		Filosa			
			obbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	D	dependent child of	Vac	Allot	ant of Contribution
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with a function associated with a function associated with a function and the second seco	Date	Received	Aggregate Contributions		
X No Cash Personal Check	03/2	21/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Arconti		Christopher		J	0262
Residential Street Address	City			State	Zip Code
20 Karen Rd		Danbury		СТ	06811-3256
Principal Occupation	<u> </u>	Name of Employ	er		
Owner			iti's Painting Service		
			lobbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	o	dependent child of	Vac	Anot	an or contribution
If yes, indicate which branch or branches of Executive Legislative		-	X No		
government the contract is with:	Det	Dessive 4	1		
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
					L
If yes, list Event #	03/2	21/2014	\$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		
Somers 2014			April 10 Filing - Original		
	T 1				
B. Itemized Contributions from	m Ind	lividuals		•	
Last Name	First			MI	Contribution ID #
Watts		Paul		С	0382
Residential Street Address	City			State	Zip Code
61 Daniel Brown Dr		Mystic		СТ	06355-1611
Principal Occupation		Name of Employ	/er	•	
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac		
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 Controlitons		
No Cash Rersonal Check					
If yes, list Event # Money Order Credit/Debit Card	03/4	21/2014	\$10.00		\$10.00
Last Name	First			MI	Contribution ID #
Robinson		Mark		С	0483
Residential Street Address	City			State	Zip Code
25 Lemont Rd		Groton		СТ	06340-4811
Principal Occupation		Name of Employ	/er		
Engineer/ Carpenter		2B Sa	ailing LLC		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amou	int of Contribution
	0	dependent child	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 Method of contribution	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?			88 · 8 · · · · · · · · · · · ·		
No Cash Personal Check	03/2	23/2014	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	0.5/2	2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
	First	Matthew		IVII	0480
Drury	~	Matthew			
Residential Street Address	City			State	Zip Code
1355 California St		San Francisc		CA	94109-4975
Principal Occupation		Name of Employ	/er		
Sales		Magn	olia		
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	int of Contribution
If you indicate which brough as broughes of	0	dependent child			
government the contract is with:			x _{No}		
Is this contribution associated with a fundraising event listed in Section 112 Yes	Date	Received	Aggregate Contributions	1	
If yes list Event #	03/2	23/2014	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Sheets		Paulann		н	0484
Residential Street Address	City	- ddidiiii		State	Zip Code
87 Neptune Dr		Groton		СТ	06340-5421
Principal Occupation	·	Name of Employ	lo r		303-0-3-21
Lawyer			n Advocacy P.C.		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a dependent child	lobbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution
		acpendent child (of a foodyist?		
government the contract is with:			x _{No}]	
Is this contribution associated with a fundamining super listed in Section 112 Yes	Date	Received	Aggregate Contributions		
	1				
	03/2	23/2014	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	1		1	1	

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I. MONETARY RECEIPT	'S (Se	ection A-I)	-		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	Ì	,	TYPE OF REPORT		
Somers 2014			April 10 Filing - Original		
	T 1				
B. Itemized Contributions from	m Ind	lividuals		•	
Last Name	First			MI	Contribution ID #
Casagrande		Daniel		Е	0496
Residential Street Address	City			State	Zip Code
30 Main St		Danbury		СТ	06810-3040
Principal Occupation		Name of Employ	/er	-	•
attorney		Cram	er & Anderson LLP		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amou	unt of Contribution
	0	dependent child	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 Method of contribution:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?					
No Cash Personal Check	03/	24/2014	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	0.5/	24/2014	\$100.00		\$100.00
Last Name	Einst				Contribution ID #
Last Name	First			MI	
Cecere		Joseph		A	0498
Residential Street Address	City			State	Zip Code
100 Clift St		Mystic		СТ	06355-1804
Principal Occupation		Name of Employ	/er		
Physician		Self-e	employed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or Yes	Amou	unt of Contribution
	0	dependent child	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 Method of contribution:	Date	Received	Aggregate Contributions	•	
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	05/1	24/2014	\$100.00		\$100.00
Last Name	First		-	MI	Contribution ID #
	FIISt	5			
Fish		Daniel		N	0504
Residential Street Address	City			State	Zip Code
400 North St		Ridgefield		СТ	06877-2531
Principal Occupation		Name of Employ	/er		
Physician		Ortho	paedic Specialsts of CT		
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of	0	dependent child			
government the contract is with:			x No		
Is this contribution associated with a sociated with a Yes Yes	Date	Received	Aggregate Contributions		
No Cash Personal Check	03/2	24/2014	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Fish	1 1 30	Geraldine		F	0505
Residential Street Address	Citra	Geralullie			
	City	D : 1 C 1 1		State	Zip Code
400 North St	L	Ridgefield		СТ	06877-2531
Principal Occupation		Name of Employ			
Housewife		House		ı — — —	
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	ant of Contribution
	-	dependent child			
government the contract is with:			x _{No}		
Is this contribution associated with a fundration around the section 112 Yes Wethod of contribution:	Date	Received	Aggregate Contributions	1	
No Cash Personal Check	03/2	24/2014	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	,				

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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		
Somers 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	ividuale			
	First			MI	Contribution ID #
Last Name	FIISt	Keli		IVII	0513
Hogan Residential Street Address	City	Kell		Ctata	
	City	Now London		State CT	Zip Code 06320-3945
310 Bayonet St Principal Occupation		New London Name of Employ	or.	CI	00320-3945
Produce Asst. Manager			Foods		
			obbyist, spouse, or	Amou	nt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	Vac	111100	
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	03/2	24/2014	\$50.00		\$50.00
If yes, list Event # Money Order X Credit/Debit Card	,-	,			+
Last Name	First			MI	Contribution ID #
Cady		Judith		В	0447
Residential Street Address	City			State	Zip Code
2 Morgan St		Mystic		СТ	06355-1608
Principal Occupation		Name of Employ	er		
Retired		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
	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		
fundraising event listed in Section J1?					
If yes, list Event #	03/2	24/2014	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Cheeseman		Holly		Н	0466
Residential Street Address	City			State	Zip Code
16 Mitchell Dr		Niantic		СТ	06357-2838
Principal Occupation		Name of Employ	er		
Retired		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	int of Contribution
If yes, indicate which branch or branches of		dependent child o	·		
government the contract is with:			X No		
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
Initial and the control of the contr					
If yes, list Event # Money Order Credit/Debit Card	03/2	24/2014	\$20.00		\$20.00
Last Name	First			MI	Contribution ID #
Dempsey		Rhonda Russ	Sell	~	0452
Residential Street Address	City	A 1		State	Zip Code
22 S Prospect St	L	Groton		СТ	06340-5920
Principal Occupation		Name of Employ			
Owner Is contributor a principal of a state contractor or prospective state contractor?			cer's Café obbyist, spouse, or	A	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	Vac	Allou	int of Contribution
If yes, indicate which branch or branches of sovernment the contract is with:		-	X No		
Is this contribution approved with a Mathead of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Date		ABBICERIC CONTIDUTIONS		
X No Cash Personal Check	03/	24/2014	\$50.00		\$50.00
If yes, list Event # Money Order Credit/Debit Card		- 72017	φ50.00		400.00

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I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	Ì	,	TYPE OF REPORT		
Somers 2014			April 10 Filing - Original		
P. Itomized Contributions fro	m Ind	ividuala			
B. Itemized Contributions fro	1	lividuals		-	
Last Name	First			MI	Contribution ID #
Belcher		Nathan			0367
Residential Street Address	City			State	Zip Code
1 Hudson Ln		Niantic		СТ	06357-1967
Principal Occupation		Name of Employ	rer		
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?	io	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with a function grant list d in Stating 110 Yes	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes, list Event # No Cash Personal Check Money Order Credit/Debit Card	03/2	24/2014	\$100.00		\$100.00
				•	0
Last Name	First			MI	Contribution ID #
Belcher		Patricia Mari	e		0368
Residential Street Address	City			State	Zip Code
1 Hudson Ln	L	Niantic		СТ	06357-1967
Principal Occupation		Name of Employ	rer		
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?	lo.		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 function associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes, list Event # No Cash Personal Check Credit/Debit Card	03/2	24/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
McDermott	FIISt	Bruce		A	0357
	<i>C</i> ''	Bruce			
Residential Street Address	City			State	Zip Code
328 Noank Rd	<u> </u>	Mystic		СТ	06355-2450
Principal Occupation		Name of Employ			
Retired		Retire			
Is contributor a principal of a state contractor or prospective state contractor?	io	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		1	x No		
government me contract is with.	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?			66 · 6 · · · · · · · · · · · ·		
X No Cash X Personal Check	03/3	24/2014	\$50.00		\$50.00
If yes, list Event # Money Order Credit/Debit Card	0.5/2	24/2014	\$30.00		\$50.00
L est Neuro	First			MI	Contribution ID #
Last Name	FIISt	During			
Avery	<i>C</i> ''	Bruce		W	0433
Residential Street Address	City			State	Zip Code
25 Center St	L	Noank		СТ	06340-5520
Principal Occupation		Name of Employ			
Marine			employed	i	
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	lobbyist, spouse, or Yes	Amou	ant of Contribution
		acpendent child (of a foodyist?		
government the contract is with:			X _{No}		
Is this contribution associated with a function associated with a Yes	Date	Received	Aggregate Contributions		
Tundraising event listed in Section J1?					
If yes, list Event #	03/2	24/2014	\$50.00		\$50.00
	1		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		
Somers 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	ividuals		•	
Last Name	First			MI	Contribution ID #
Ackley		Alan		А	0431
Residential Street Address	City			State	Zip Code
99 North Rd		Groton		СТ	06340-3222
Principal Occupation		Name of Employ	er		-
Owner		Ackle	y's Package Store		
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		dependent child			
government the contract is with:					
Is this contribution associated with a for devicing space lists of instances 112 Yes	Date	Received	Aggregate Contributions		
If yes, list Event #	03/2	24/2014	\$100.00		\$100.00
ii yes, iist Event #					
Last Name	First			MI	Contribution ID #
Drab		Gina			0412
Residential Street Address	City			State	Zip Code
511 Groton Long Point Rd	City	Groton		СТ	06340-4866
	L			CI	00340-4800
Principal Occupation		Name of Employ			
Retired		Retire		1	
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a dependent child	obbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		dependent child o			
government the contract is with:			x _{No}		
Is this contribution associated with a fraction UP Yes	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?					
	03/2	24/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Bond		Hayley		S	0416
Residential Street Address	City	Паутеу		State	
	City				Zip Code
286 Haley Rd	L	Mystic		СТ	06355-1059
Principal Occupation		Name of Employ			
Bartender		Hot R	od Café		
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	int of Contribution
If you indicate which branch or branches of	0	dependent child			
government the contract is with:			X No		
Is this contribution associated with a function associated with a function associated with a function and the section 112 Yes	Date	Received	Aggregate Contributions	1	
X No Cash Personal Check	03/2	24/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card	/-		+		+
Last Name	First			MI	Contribution ID #
	riist	Const			
Mongillo	~	Carol		S	0410
Residential Street Address	City			State	Zip Code
72 Mooreland Dr	L	Southington		СТ	06489-2900
Principal Occupation		Name of Employ	rer		
Real Estate		Real	Estate		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	int of Contribution
	υ	dependent child			
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?	5				
X No Cash Personal Check	0.2 /	04/2014	#100.00		¢100.00
If yes, list Event # Money Order Credit/Debit Card	03/4	24/2014	\$100.00		\$100.00

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I. MONETARY RECEIPT	'S (Se	ction A-I)	-		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		ŕ	TYPE OF REPORT		
Somers 2014			April 10 Filing - Original		
		• • • •			
B. Itemized Contributions from	m Ind	ividuals		•	
Last Name	First			MI	Contribution ID #
Bridges		Evelyn		М	0445
Residential Street Address	City			State	Zip Code
45 Hewitt Rd # A-6		Mystic		СТ	06355-3062
Principal Occupation		Name of Employ	ver	-	•
Social Worker		Stoni	ngton BoE		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or Yes	Amou	unt of Contribution
	0	dependent child	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 Method of contribution:	Date	Received	Aggregate Contributions	•	
fundraising event listed in Section J1?					
X No Cash Personal Check	03/2	24/2014	\$50.00		\$50.00
If yes, list Event # Money Order Credit/Debit Card	03/2		430.00		450.00
T and Name	Einet			NU	Contribution ID #
Last Name	First			MI	Contribution ID #
Hetzel		Daniel		W	0436
Residential Street Address	City			State	Zip Code
187 Ledgewood Rd Apt 103	L	Groton		СТ	06340-6618
Principal Occupation		Name of Employ	/er		
Engineer		Electr	ric Boat		
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	unt of Contribution
If yog indicate which branch or branches of	°	dependent child	of a lobbyist?		
government the contract is with:			X No		
Is this contribution associated with a Method of contribution:	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 # Money Order Credit/Debit Card	/	, -			
Last Name	First			MI	Contribution ID #
Kosta	Thot	Linda		M	0437
Residential Street Address	City	Linda		State	Zip Code
	City	Maria			-
194 Payer Ln	L	Mystic		СТ	06355-1643
Principal Occupation		Name of Employ			
Banker			lse Groton Bank		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a dependent child	lobbyist, spouse, or Yes	Amou	unt 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 for draining super list d is for the U12 Yes	Date 1	Received	Aggregate Contributions		
	03/2	24/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Goe Olson		Marie		w	0455
Residential Street Address	City			State	Zip Code
188 Crosswinds Dr	0119	Noank		СТ	06340-4875
Principal Occupation	<u>н</u>	Name of Employ	/er		
Housewife		House		<u> </u>	unt of Contributio
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	lobbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		sependent ennu (
government the contract is with:			X No		
Is this contribution associated with a for draining super listed in facting 112 Yes	Date	Received	Aggregate Contributions		
If yes, list Event #	03/2	24/2014	\$50.00		\$50.00
	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		
Somers 2014			April 10 Filing - Original		
	T 1				
B. Itemized Contributions from	m Ind	ividuals			
Last Name	First			MI	Contribution ID #
Pierce		Betsy Gibsor	ו		0441
Residential Street Address	City			State	Zip Code
91 Jupiter Point Rd		Groton		СТ	06340-6016
Principal Occupation		Name of Employ	/er	-	•
Realtor		Self-e	employed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or Yes	Amou	unt of Contribution
	0	dependent child	of a lobbyist? Yes		
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 Personal Check	0.2/	24/2014	¢100.00		¢100.00
If yes, list Event # Money Order Credit/Debit Card	03/.	24/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Pierce		Charles		Р	0459
Residential Street Address	City			State	Zip Code
91 Jupiter Point Rd		Groton		СТ	06340-6016
Principal Occupation		Name of Employ	/er	•	•
Office		Electr	ric Boat		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amou	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac		
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 Controutions		
X No Cash X Personal Check					
If yes, list Event # Money Order Credit/Debit Card	03/2	24/2014	\$100.00		\$100.00
	I			I T	1
Last Name	First			MI	Contribution ID #
Clayton		Thomas		E	0448
Residential Street Address	City			State	Zip Code
11 Tiffany Ave		Waterford		СТ	06385-2227
Principal Occupation		Name of Employ	/er	•	•
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amou	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	- V		
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 Personal Check					
If yes, list Event # Money Order Credit/Debit Card	03/2	24/2014	\$100.00		\$100.00
	I			L	•
Last Name	First			MI	Contribution ID #
Culver		Janet		В	0449
Residential Street Address	City			State	Zip Code
57 Old North Rd		Mystic		СТ	06355-3288
Principal Occupation	· _	Name of Employ	ver	•	•
Insurance Agent			er Insurance		
			<u> </u>	Amor	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac	Amou	an or contribution
If yes, indicate which branch or branches of Executive Legislative					
government the contract is with:	-			1	
Is this contribution associated with a fundraising event listed in Section 112 Yes	Date	Received	Aggregate Contributions		
If yes, list Event #	03/2	24/2014	\$25.00		\$25.00
	1		1	1	

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I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		ŕ	TYPE OF REPORT		
Somers 2014			April 10 Filing - Original		
	T 1				
B. Itemized Contributions from	m Ind	ividuals			
Last Name	First			MI	Contribution ID #
Vincent		Lee		D	0464
Residential Street Address	City			State	Zip Code
1 New London Rd		Mystic		СТ	06355-2403
Principal Occupation		Name of Employ	/er	-	-
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or Yes	Amov	int of Contribution
	0	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution accounted with a Mathead of contribution:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?			88 · 8 · · · · · · · · · ·		
X No Cash Personal Check	03/	24/2014	\$50.00		\$50.00
If yes, list Event # Money Order Credit/Debit Card	0.5/.	24/2014	\$30.00		\$ 50.00
			•		a
Last Name	First			MI	Contribution ID #
Weinstein		Seth		A	0465
Residential Street Address	City			State	Zip Code
7 Patrick Dr		Killingworth		СТ	06419-1241
Principal Occupation		Name of Employ	/er		
Therapist		Self-	employed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or Yes	Amou	int of Contribution
	0	dependent child	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 Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
No Cash Personal Check	03/	24/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card	05/1		\$100.00		\$100.00
Last Name	First		-	MI	Contribution ID #
	FIISt			IVII	
Quinn		Carolann		L	0461
Residential Street Address	City			State	Zip Code
148 Crosswinds Dr		Noank		СТ	06340-4875
Principal Occupation		Name of Employ	/er		
Mortgage Officer		Liber	ty Bank	-	
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of	0	dependent child			
government the contract is with:			x No		
Is this contribution associated with a sociated with a Yes Yes	Date	Received	Aggregate Contributions		
	03/2	24/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Demara	1 1 30	Cheryl		1011	0451
Residential Street Address	Citra	Cheryn		State .	
	City			State	Zip Code
17 Leeward Ln	L	Noank		СТ	06340-4876
Principal Occupation		Name of Employ			
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	int of Contribution
	-	dependent child			
government the contract is with:			x _{No}		
Is this contribution associated with a graduated with a g	Date	Received	Aggregate Contributions	1	
	03/2	24/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card	''				

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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		
Somers 2014			April 10 Filing - Original		
	T				
B. Itemized Contributions from	m Ind	lividuals		-	1
Last Name	First			MI	Contribution ID #
Grady		William		J	0094
Residential Street Address	City			State	Zip Code
17 Palmers Cove Rd		Groton		СТ	06340-5433
Principal Occupation		Name of Employ	/er		
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or Yes	Amou	ant of Contribution
	0	dependent child	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	
fundraising event listed in Section J1?					
X No Cash Personal Check	03/3	24/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card			+		+
Last Name	First			MI	Contribution ID #
Stafford	1 1150	Fred		R	0403
Residential Street Address	City	Treu		State	Zip Code
	City	Cratan		CT	06340-3288
783 Buddington Rd	l	Groton		CI	00340-3288
Principal Occupation		Name of Employ			
Retired		Retire	-		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a dependent child	lobbyist, spouse, or Second Alababiat	Amou	int of Contribution
If yes, indicate which branch or branches of		dependent ennu	·		
government the contract is with:			x _{No}		
Is this contribution associated with a function associated with a function associated with a Yes	Date	Received	Aggregate Contributions		
If yes, list Event #	03/2	24/2014	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Brett		Amy		L	0539
Residential Street Address	City			State	Zip Code
458 Shore Rd		Old Lyme		СТ	06371-1830
Principal Occupation		Name of Employ	/er		•
Operations Director		M. Br	ett Painting Co.		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amou	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	of a lobbyist? Yes		
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 No Cash Personal Check	03/	25/2014	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	0.5/.	25/2014	\$100.00		\$100.00
	E' (Contribution ID #
Last Name	First			MI	
Sugrue		David		J	0545
Residential Street Address	City			State	Zip Code
6 Robin Hill Rd		Waterford		СТ	06385-3316
Principal Occupation		Name of Employ			
General Manager		Cente	erplate at Ocean Beach Park		
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	ant of Contribution
If yog indicate which branch or branches of	~	dependent child	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	
Tundraising event listed in Section J1?					
X No Cash Personal Check	03/2	25/2014	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	1		1	1	

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I. MONETARY RECEIPT	'S (Se	ection A-I)	-		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		ŕ	TYPE OF REPORT		
Somers 2014			April 10 Filing - Original		
	T 1				
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
DeMatto		Luanne		E	0547
Residential Street Address	City			State	Zip Code
401 Sandy Hollow Rd		Mystic		СТ	06355-1631
Principal Occupation		Name of Employ	/er	•	•
Companion		Senio	ors Helping Seniors		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amov	unt of Contribution
Yes X No	0	dependent child	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 Method of contribution:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?					
X No Cash Personal Check	03/	26/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card	0.5/	20/2014	\$100.00		\$100.00
Last Name	Einet				Contribution ID #
Last Name	First			MI	Contribution ID #
Eick		Robert			0548
Residential Street Address	City			State	Zip Code
262 Harbor Dr		Stamford		СТ	06902-7438
Principal Occupation		Name of Employ	/er		
Finance		CRT (Capital		
Is contributor a principal of a state contractor or prospective state contractor?	_	Is contributor a	lobbyist, spouse, or Yes	Amou	unt of Contribution
	0	dependent child	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			X No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
X No Cash Personal Check	03/	26/2014	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	05/1	20/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
	FIISt	D : 1 1			
Fraser		Richard		A	0507
Residential Street Address	City			State	Zip Code
745 Ocean Ave		New London		СТ	06320-4448
Principal Occupation		Name of Employ	/er		
Physician		Tham	nes Urology	-	
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	unt of Contribution
	0	dependent child			
If yes, indicate which branch or branches of government the contract is with:			x No		
Is this contribution associated with a graduate state of the second state of the secon	Date	Received	Aggregate Contributions	1	
	03/2	26/2014	\$50.00		\$50.00
If yes, list Event # Money Order Credit/Debit Card	,	•			
Last Name	First			MI	Contribution ID #
Alcantara	1 1 30	Jose		L	0487
	City	JUSE			
Residential Street Address	City			State	Zip Code
18 Cove Ave	L	Norwalk		СТ	06855-2323
Principal Occupation		Name of Employ			
Oysterman		Norm	Bloom & Son		
Is contributor a principal of a state contractor or prospective state contractor?			lobbyist, spouse, or Yes	Amou	unt of Contribution
	~	dependent child			
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with a gradient of the second sec	Date	Received	Aggregate Contributions	1	
X No Cash Personal Check	03/3	26/2014	\$50.00		\$50.00
If yes, list Event # Money Order Credit/Debit Card		-,===.	+50.00		

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I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	Ì	,	TYPE OF REPORT		
Somers 2014			April 10 Filing - Original		
D. Itamized Contributions from	n Ind	ividuala			
B. Itemized Contributions from		Ividuals		r	1
Last Name	First			MI	Contribution ID #
Amaya		Deine			0488
Residential Street Address	City			State	Zip Code
44 Fort Point St		Norwalk		СТ	06855-1023
Principal Occupation		Name of Employ	/er		
Oysterman		Norm	Bloom & Son		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or Yes	Amou	int of Contribution
	5	dependent child	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	
fundraising event listed in Section J1?					
X No Cash Personal Check	03/3	26/2014	\$50.00		\$50.00
If yes, list Event # Money Order Credit/Debit Card	00/1	-0,201	400.000		400.00
Last Name	First			MI	Contribution ID #
	11150	Manala.		NII .	
Amaya	<i>a</i> :-	Yomis			0489
Residential Street Address	City			State	Zip Code
103 Woodward Ave		Norwalk		СТ	06854-4507
Principal Occupation		Name of Employ	/er		
Oysterman		Norm	Bloom & Son		
Is contributor a principal of a state contractor or prospective state contractor?	n		lobbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of	0	dependent child	of a lobbyist?		
government the contract is with:			x _{No}		
Is this contribution associated with a rest of the sector	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?					
	03/2	26/2014	\$50.00		\$50.00
If yes, list Event # Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Macauley		Dennis		с	0475
Residential Street Address	City			State	Zip Code
59 Judith Dr		Danbury		СТ	06811-3444
Principal Occupation		Name of Employ	le r		00011 5111
Retired		Retire			
			lobbyist, spouse, or	A	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	D	dependent child	- V	Alliot	int of Contribution
If yes, indicate which branch or branches of Executive Legislative		I	·		
government the contract is with:				-	
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event #	03/2	26/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Macauley		Sheila		J	0476
Residential Street Address	City			State	Zip Code
59 Judith Dr		Danbury		СТ	06811-3444
Principal Occupation		Name of Employ	/er		
Retired		Retire	ed		
				Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	D	dependent child	Vac		
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:	Det	Received		4	
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
Indications of the information o					+400.00
If yes, list Event # No Money Order Credit/Debit Card	03/2	26/2014	\$100.00		\$100.00

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I. MONETARY RECEIPT	'S (Se	ection A-I)	-		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	Ì	, 	TYPE OF REPORT		
Somers 2014			April 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First	liviuuais		MI	Contribution ID #
Demare	FIISt	James		V	0479
Residential Street Address	City	James		V State	Zip Code
215 Idlewood Dr	City	Stamford		CT	06905-2408
Principal Occupation	<u> </u>	Name of Employ	or	СГ	00903-2408
Oysterman			Bloom & Son		
		-	obbyist spouse or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	D	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 Personal Check	03/2	26/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card		- / -	1		
Last Name	First			MI	Contribution ID #
Hubbard		Lynn		м	0456
Residential Street Address	City	•		State	Zip Code
17 Seneca Dr		Groton		СТ	06340-5506
Principal Occupation		Name of Employ	er		
Retired		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
	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 Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes, list Event #	03/2	26/2014	\$20.00		\$20.00
Last Name	First			MI	Contribution ID #
Lumaj		Peter			0457
Residential Street Address	City			State	Zip Code
745 Mill Plain Rd		Fairfield		СТ	06824-3806
Principal Occupation		Name of Employ	er		
Attorney			employed		
Is contributor a principal of a state contractor or prospective state contractor?	D	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 ennu (x No		
government the contract is with:					
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X No Cash X Personal Check	0.2/2	00/2014	+F0.00		+F0.00
If yes, list Event # Money Order Credit/Debit Card	03/2	26/2014	\$50.00		\$50.00
				1.9	
Last Name	First	M.=		MI	Contribution ID #
McInerney Residential Street Address	City	Mary		Ctata	0477
22 Lisa Ln	City	Didgofield		State CT	Zip Code
	<u> </u>	Ridgefield	-	CI	06877-2433
Principal Occupation Retired		Name of Employ Retire			
			11 1 / · · · · · · · · · · · · · · · · ·	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	o	dependent child of	Vac	Amou	an or contribution
If yes, indicate which branch or branches of sovernment the contract is with:			X No		
Is this contribution approved with a Mathead of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Duite				
X No Cash Personal Check	03/3	26/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card		-0/2017	φ100.00		Ψ±00.00

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I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	Ì	, 	TYPE OF REPORT		
Somers 2014			April 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First	ii viuuais		MI	Contribution ID #
	FIISt	Thomas		IVII	0478
McInerney Residential Street Address	City	momas		State	Zip Code
22 Lisa Ln	City	Ridgefield		CT	06877-2433
Principal Occupation	<u> </u>	Name of Employ	TOP	СГ	00077-2433
Retired		Retire			
			lobbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	D	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 Personal Check	03/2	26/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card	,-		+		+
Last Name	First			MI	Contribution ID #
Coykendall		Alan		L	0499
Residential Street Address	City			State	Zip Code
15 Whispering Rod Rd		Unionville		СТ	06085-1436
Principal Occupation	·	Name of Employ	er	_	
Retired		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
	D	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 Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
X No Cash X Personal Check	03/2	26/2014	\$25.00		\$25.00
If yes, list Event # Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Rodriguez		Edwin			0531
Residential Street Address	City			State	Zip Code
18 Cove Ave		Norwalk		СТ	06855-2323
Principal Occupation		Name of Employ	er	-	•
Oysterman		Norm	Bloom & Son		
Is contributor a principal of a state contractor or prospective state contractor?			lobbyist, spouse, or Yes	Amou	int of Contribution
	5	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 Yes	Date	Received	Aggregate Contributions		
If yes, list Event #	03/2	27/2014	\$50.00		\$50.00
	I				•
Last Name	First			MI	Contribution ID #
Barrett		Kelly			0491
Residential Street Address	City			State	Zip Code
22 Cove Ave		Norwalk		СТ	06855-2323
Principal Occupation		Name of Employ			
Attorney		Neal	Rogan LLC		
Is contributor a principal of a state contractor or prospective state contractor?	D		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 fundraising event listed in Section 112 Yes	Date	Received	Aggregate Contributions		
If yes, list Event #	03/2	27/2014	\$100.00		\$100.00

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		I. MONE	TARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide	e Complete	Name as Registered	ed with Commission)	Ì	·	TYPE OF REPORT		
Somers 2014						April 10 Filing - Original		
		D L .		T 1				
		B. Itemize	d Contributions from	m Inc	lividuals		-	
Last Name				First			MI	Contribution ID #
Bloom					Jimmy		N	0493
Residential Street Address				City			State	Zip Code
22 Cove Ave					Norwalk		СТ	06855-2323
Principal Occupation				-	Name of Employ	/er		
Oysterman					Norm	Bloom & Son		
Is contributor a principal of a state contractor or	prospective sta	ate contractor?	Yes X N		Is contributor a	lobbyist, spouse, or	Amou	int of Contribution
			Yes X N	0	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches o	f	Executive	Legislative			X No		
government the contract is with: Is this contribution associated with a		Method of contributi		Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Yes		_	Buie	litered	inggiogate contributions		
_	x _{No}	X Cash	Personal Check	0.2/	27/2014	¢50.00		¢50.00
If yes, list Event #	NO NO	Money Order	Credit/Debit Card	03/.	27/2014	\$50.00		\$50.00
Last Name				First			MI	Contribution ID #
Bento					Mark		А	0492
Residential Street Address				City			State	Zip Code
5380 Congress St					Fairfield		СТ	06824-1725
Principal Occupation				-	Name of Employ	/er		
					Fairfi	eld Woodworks		
Is contributor a principal of a state contractor or	prospective sta	ate contractor?	Yes X N		Is contributor a	lobbyist, spouse, or	Amou	int of Contribution
			Yes X N	0	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches o	f	Executive	Legislative			x _{No}		
government the contract is with: Is this contribution associated with a		Method of contributi		Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Yes		_	Duit	licectived	inggregate controlations		
	x _{No}	Cash	X Personal Check	0.2/	27/2014	\$100.00		\$100.00
If yes, list Event #		Money Order	Credit/Debit Card	03/	27/2014	\$100.00		\$100.00
		•				•		0
Last Name				First			MI	Contribution ID #
Bloom					Norman			0494
Residential Street Address				City			State	Zip Code
1 Fifth St					East Norwall	<	СТ	06855-2401
Principal Occupation					Name of Employ	/er		
Oysterman					Norm	Bloom & Son		
Is contributor a principal of a state contractor or	prospective sta	ate contractor?	Yes X N		Is contributor a	lobbyist, spouse, or Yes	Amou	int of Contribution
	·		Yes X N	0	dependent child	of a lobbyist?		
If yes, indicate which branch or branches or government the contract is with:	I _	Executive	Legislative			x _{No}		
Is this contribution associated with a		Method of contributi	on:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Yes							
	x No	Cash	Personal Check	03/	27/2014	\$100.00		\$100.00
If yes, list Event #		Money Order	Credit/Debit Card	0.5/	2772011	\$100.00		\$100.00
Last Name				E.m.			м	Contribution ID #
				First			MI	Contribution ID #
Bove					David		N	0495
Residential Street Address				City			State	Zip Code
3 Little Way				L	Norwalk		СТ	06855-1606
Principal Occupation					Name of Employ	/er		
Sales					A.E.C			
Is contributor a principal of a state contractor or	prospective sta	ate contractor?	Yes X N	0		lobbyist, spouse, or Yes	Amou	int of Contribution
	c.	_	res 🗂 N	U	dependent child	of a lobbyist?		
If yes, indicate which branch or branches or government the contract is with:	t 🗌	Executive	Legislative			X No		
Is this contribution associated with a	_	Method of contributi	-	Data	Received	Aggregate Contributions		
	1 1	Method of contribuin	011.	Date	Received			
fundraising event listed in Section J1?	Yes		-	Date	Received	Aggregate Contributions		
	Yes	Cash	Personal Check		27/2014	\$50.00		\$50.00

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		I. MONE	TARY RECEIPT	'S (Se	ection A-I)	-		
NAME OF COMMITTEE (Provide	Complete	Name as Registere	ed with Commission)			TYPE OF REPORT		
Somers 2014						April 10 Filing - Original		
		B Itemized	d Contributions from	n Ind	lividuals			
		D. Itellized		1	liviuuais			G (1) (15 /
Last Name				First			MI	Contribution ID #
Follini					Nancy		E	0506
Residential Street Address				City			State	Zip Code
71 Harborview Ave					Milford		СТ	06460-6542
Principal Occupation					Name of Employ			
Shellfish farming						oatch Enterprises		
Is contributor a principal of a state contractor or p	prospective sta	te contractor?	Yes X N	o	Is contributor a dependent child	obbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of	Г		• · · • ·			,		
government the contract is with:			Legislative					
Is this contribution associated with a fundraising event listed in Section J1?	Yes	Method of contribution	on:	Date	Received	Aggregate Contributions		
	x _{No}	x Cash	Personal Check					
If yes, list Event #	▲ No	Money Order	Credit/Debit Card	03/3	27/2014	\$100.00		\$100.00
Г								
Last Name				First			MI	Contribution ID #
Gilbert					Joseph		J	0508
Residential Street Address				City			State	Zip Code
71 Harborview Ave					Milford		СТ	06460-6542
Principal Occupation					Name of Employ	rer		
Shellfish farming					Briarı	oatch Enterprises		
Is contributor a principal of a state contractor or p	prospective sta	te contractor?	Yes X N	0		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	Yes	Method of contribution	on:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?		x Cash	Personal Check					
If yes, list Event #	X No	Money Order	Credit/Debit Card	03/	27/2014	\$100.00		\$100.00
Last Name				First			MI	Contribution ID #
Miles					Carl		D	0524
Residential Street Address				City			State	Zip Code
246 Bloomingdale Rd					Quaker Hill		СТ	06375-1350
Principal Occupation				-	Name of Employ	rer	-	
Mechanic					AT&T			
Is contributor a principal of a state contractor or p	prospective sta	te contractor?	Yes X N		Is contributor a	obbyist, spouse, or Yes	Amou	int of Contribution
			Yes X N	0	dependent child	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:		Executive	Legislative			X No		
Is this contribution associated with a	Yes	Method of contribution	on:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?		x Cash						
	x _{No}		Personal Check	03/3	27/2014	\$100.00		\$100.00
If yes, list Event #		Money Order	Credit/Debit Card					
Last Name				First			MI	Contribution ID #
Ellis					Emily		D	0503
Residential Street Address				City			State	Zip Code
246 Bloomingdale Rd					Quaker Hill		СТ	06375-1350
Principal Occupation				•	Name of Employ	er	1	
Teacher						London BoE		
Is contributor a principal of a state contractor or p	prospective sta	te contractor?					Amou	int of Contribution
			Yes X No	D	dependent child	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 contributio	-	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Yes	_				388 Soundations		
	× No	× Cash	Personal Check	03/	27/2014	\$100.00		\$100.00
If yes, list Event #		Money Order	Credit/Debit Card		2017	\$100.00		¥100.00

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	I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complet	e Name as Registered with Commission)	Ì	, ,	TYPE OF REPORT		
Somers 2014				April 10 Filing - Original		
		T 1				
	B. Itemized Contributions from	m Inc	lividuals			
Last Name		First			MI	Contribution ID #
Denison			Michael		W	0540
Residential Street Address		City			State	Zip Code
246 Bloomingdale Rd			Quaker Hill		СТ	06375-1350
Principal Occupation		-	Name of Employ	/er		-
Barista			Book	s A Million		
Is contributor a principal of a state contractor or prospective s	tate contractor?		Is contributor a	lobbyist, spouse, or Yes	Amou	int of Contribution
	Yes X N	0	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches of	Executive Legislative			x _{No}		
government the contract is with:	Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?		Buie	Ttooorrou	inggregate controlutions		
× No	X Cash Personal Check	0.2/	27/2014	¢100.00		±100.00
If yes, list Event #	Money Order Credit/Debit Card	03/.	27/2014	\$100.00		\$100.00
	•					
Last Name		First			MI	Contribution ID #
Miles			Elizabeth		D	0544
Residential Street Address		City			State	Zip Code
246 Bloomingdale Rd			Quaker Hill		СТ	06375-1350
Principal Occupation			Name of Employ	/er		
Homemaker			Home	emaker		
Is contributor a principal of a state contractor or prospective s	tate contractor?		Is contributor a	lobbyist, spouse, or	Amou	int of Contribution
	tate contractor? Yes X N	0	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches of	Executive Legislative			x _{No}		
government the contract is with:	Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?		Date	Received	Aggregate Contributions		
X No	X Cash Personal Check					
If yes, list Event #	Money Order Credit/Debit Card	03/.	27/2014	\$100.00		\$100.00
		1			1	
Last Name		First			MI	Contribution ID #
Denison			Molly		J	0541
Residential Street Address		City			State	Zip Code
2 Richards Grove Rd			Quaker Hill		СТ	06375-1517
Principal Occupation			Name of Employ	/er		
Bartender/Student			Devs	on Bank		
Is contributor a principal of a state contractor or prospective s	tate contractor?		Is contributor a	lobbyist, spouse, or	Amou	int of Contribution
	tate contractor?	0	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches of	Executive Legislative			x _{No}		
government the contract is with:	Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?				88 · 8 · · · · · · · · · · · ·		
× No	Cash Personal Check	03/	27/2014	\$100.00		\$100.00
If yes, list Event #	Money Order Credit/Debit Card	0.5/	27/2014	\$100.00		\$100.00
	*			•		
Last Name		First			MI	Contribution ID #
Sylvia			Corey			0556
Residential Street Address		City			State	Zip Code
1 Bayberry Dr			South Dartm	nouth	MA	02748-1298
Principal Occupation			Name of Employ	/er		
Auto Dealership			Kinne	ey Audi		
Is contributor a principal of a state contractor or prospective s	tate contractor?		Is contributor a	lobbyist, spouse, or Yes	Amou	int of Contribution
	Yes 🗛 N	0	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches of	Executive Legislative			x _{No}		
government the contract is with:	Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?						
X No	Cash Personal Check	0.2	77/2014	¢100.00		¢100.00
If yes, list Event #	Money Order Credit/Debit Card	1 03/.	27/2014	\$100.00		\$100.00

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I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	Ì	,	TYPE OF REPORT		
Somers 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First	liviuuais		MI	Contribution ID #
Preece	FIISt	Sarah		IVII	0553
Residential Street Address	City	Salali		State	Zip Code
84 Dartmouth Ave	City	Warwick		RI	02888-4458
Principal Occupation	<u>ا</u>	Name of Employ	70 r	KI	02000-4450
Ski Instructor			aton Ltd.		
			lobbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac	111100	
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 Personal Check	03/2	27/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card	/				
Last Name	First			MI	Contribution ID #
Cesiro		Peter		т	0560
Residential Street Address	City			State	Zip Code
12 Wendy Ln		Rutland		VT	05701-2557
Principal Occupation		Name of Employ	rer		
Snow Sports Coach		Killing	gton Ltd.		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	obbyist, spouse, or	Amou	int of Contribution
	0	dependent child	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with a for the UP Yes Yes	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes, list Event #	03/2	27/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Jones		Donna		М	0517
Residential Street Address	City			State	Zip Code
29 Reservoir Ave		Norwalk		СТ	06850-3003
Principal Occupation		Name of Employ	rer		
Oysterman			Bloom & Son	-	
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a 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 fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X No Cash Personal Check			150.00		- 50.00
If yes, list Event # Money Order Credit/Debit Card	03/2	27/2014	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Jones	<i>a</i> :-	Robert			0518
Residential Street Address	City	Name		State	Zip Code
29 Reservoir Ave	<u> </u>	Norwalk		СТ	06850-3003
Principal Occupation		Name of Employ	Bloom & Son		
Oysterman				A may	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	obbyist, spouse, or Sector Yes	Amou	int of Contribution
If yes, indicate which branch or branches of coversment the contract is with:		- "	X No		
government the contract is with:	Date	Received	Aggregate Contributions	4	
fundraising event listed in Section J1?	Date		Aggregate Contributions		
X No Cash Personal Check	03/7	27/2014	\$50.00		\$50.00
If yes, list Event # Money Order Credit/Debit Card	1 03/2	21/2014	\$50.00	1	400.00

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L MONETARY RECEIP	TS (Se	ection A-I)	-		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		, ,	TYPE OF REPORT		
Somers 2014			April 10 Filing - Original		
	-				
B. Itemized Contributions fro	om Inc	lividuals		-	
Last Name	First			MI	Contribution ID #
Loyona		Pricilo			0519
Residential Street Address	City			State	Zip Code
37 Quintard Ave		Norwalk		СТ	06854-3712
Principal Occupation	-	Name of Employ	/er	-	•
Oysterman		Norm	Bloom & Son		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amou	unt of Contribution
	No	dependent child	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 Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
X No Cash Personal Check	03/	27/2014	\$50.00		\$50.00
If yes, list Event # Money Order Credit/Debit Card	0.5/	27/2014	\$30.00		\$50.00
Last Name	Einet			NU	Contribution ID #
Last Name	First			MI	Contribution ID #
Pincay		Tania			0529
Residential Street Address	City			State	Zip Code
37 Quintard Ave		Norwalk		СТ	06854-3712
Principal Occupation		Name of Employ	/er		
Oysterman		Norm	Bloom & Son		
Is contributor a principal of a state contractor or prospective state contractor?	N	Is contributor a	lobbyist, spouse, or Yes	Amou	unt of Contribution
	INO	dependent child	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			X No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
X No Cash Personal Check	03/	27/2014	\$50.00		\$50.00
If yes, list Event # Money Order Credit/Debit Card	0.5/	2772014	\$50.00		450.00
Last Name	First		-	MI	Contribution ID #
	FIISt				
Higgins		William		С	0511
Residential Street Address	City			State	Zip Code
71 Great Pasture Rd		Redding		СТ	06896-2306
Principal Occupation		Name of Employ	/er		
Oysterman		Norm	Bloom & Son	-	
Is contributor a principal of a state contractor or prospective state contractor?	No		lobbyist, spouse, or Yes	Amou	unt of Contribution
	140	dependent child			
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 No Cash Personal Check	03/	27/2014	\$50.00		\$50.00
If yes, list Event # Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Higgins	1 1.50	William		W	0512
Residential Street Address	City	winam			
	City	D a d d'a a		State	Zip Code
71 Great Pasture Rd		Redding		СТ	06896-2306
Principal Occupation		Name of Employ	/er		
Boatbuilding			employed	i	
Is contributor a principal of a state contractor or prospective state contractor?	No		lobbyist, spouse, or Yes	Amou	ant of Contribution
		dependent child			
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/	27/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card					

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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		
Somers 2014			April 10 Filing - Original		
	T				
B. Itemized Contributions from	m Ind	lividuals		-	1
Last Name	First			MI	Contribution ID #
Martinez		Mario			0522
Residential Street Address	City			State	Zip Code
153 Ely Ave		Norwalk		СТ	06854-2927
Principal Occupation		Name of Employ	ver	-	•
Oysterman		Norm	Bloom & Son		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or Yes	Amou	ant of Contribution
	0	dependent child	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 Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
X No Cash Personal Check	03/3	27/2014	\$50.00		\$50.00
If yes, list Event # Money Order Credit/Debit Card	0.5/1	27/2011	\$50.00		450.00
Last Name	First			MI	Contribution ID #
O'Neill	THSt	Pat		IVII	0525
Residential Street Address	City	ral		State	Zip Code
	City				
56 Hazelwood Ave	L	Milford		СТ	06461-4039
Principal Occupation		Name of Employ			
Oysterman			Bloom & Son		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a dependent child	lobbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent crind			
government the contract is with:			x _{No}		
Is this contribution associated with a for draining work listed in Section 112 Yes	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes, list Event #	03/2	27/2014	\$50.00		\$50.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Orgovan		Joseph		Р	0526
Residential Street Address	City			State	Zip Code
235 Flax Hill Rd		Norwalk		ст	06854-8201
Principal Occupation		Name of Employ	/er		1
House painter		Self-e	employed		
			labbuist spause or	Amou	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	V	111100	
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 Controutions		
X No Cash Personal Check	0.2/	2/2014	¢100.00		+100.00
If yes, list Event # Money Order Credit/Debit Card	03/.	27/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Rauscher		John		Р	0530
Residential Street Address	City			State	Zip Code
55 Willow St		Milford		СТ	06460-6350
Principal Occupation		Name of Employ	/er		
Captain		Norm	Bloom & Son		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or Yes	Amou	ant of Contribution
	o	dependent child	of a fobbyist?		
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	
Is this contribution associated with a fundraising event listed in Section J1?					
X No Cash Personal Check	03/	27/2014	\$50.00		\$50.00
If yes, list Event # Money Order Credit/Debit Card	5,7	-/2017	400.00		+00.00

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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		
Somers 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Sharkany Jr.		Alan		R	0533
Residential Street Address	City			State	Zip Code
1 Old Mill Rd		Weston		СТ	06883-1502
Principal Occupation		Name of Employ	er		
Plumbing/HVAC Equipment Sales		Elmsf	ord Winnelson		
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	0	dependent child of	of a lobbyist?		
government the contract is with:			X No		
Is this contribution associated with a fundamining spart list d in Section 112 Yes	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes, list Event #	03/2	27/2014	\$100.00		\$100.00
	I				
Last Name	First			MI	Contribution ID #
Stilwagen		Edward		A	0534
Residential Street Address	City			State	Zip Code
335 Westport Rd	L	Easton		СТ	06612-1635
Principal Occupation		Name of Employ			
Atlantic Calm Farms			employed		
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	int of Contribution
If yes, indicate which branch or branches of Executive Legislative			· –		
government the contract is with: Legislative Legislative	Dete	Received			
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X Cash Personal Check	0.2/5	2/2014	¢100.00		+100.00
If yes, list Event # Money Order Credit/Debit Card	03/2	27/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Tretter	1 11 50	Charles		C	0536
Residential Street Address	City	chancs		State	Zip Code
91 Monroe St	eny	Dedham		MA	02026-3319
Principal Occupation	<u> </u>	Name of Employ	er	100	02020 3313
Retired		Retire			
				Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	Vac		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
	03/2	27/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Niles		Lauren		А	0568
Residential Street Address	City			State	Zip Code
176 Durnell Ave		Roslindale		MA	02131-3419
Principal Occupation	Π	Name of Employ	er		
Stylist		Self-e	employed		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	int of Contribution
If you indicate which brough as broughes of	Ň	dependent child of	of a foodyist?		
government the contract is with:			X No		
Is this contribution associated with a for draining work listed in faction 112 Yes	Date	Received	Aggregate Contributions		
tundraising event listed in Section J1?					
If yes, list Event #	03/2	27/2014	\$100.00		\$100.00

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I. MONETARY RECEIPT	'S (Se	ection A-I)	-		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		, 	TYPE OF REPORT		
Somers 2014			April 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First	ii viuuais		MI	Contribution ID #
Oliveira	FIISt	Christopher		F	0569
Residential Street Address	City	Christopher		F	Zip Code
7 Heffion Farm Rd	City	Old Lyme		CT	06371-2623
Principal Occupation		Name of Employ	er	CI	00571-2025
Attorney			employed		
				Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	D	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 Personal Check	03/2	27/2014	\$50.00		\$50.00
If yes, list Event # Money Order X Credit/Debit Card	,-				
Last Name	First			MI	Contribution ID #
Janney		Brooke		н	0565
Residential Street Address	City			State	Zip Code
395 Great Geneva Dr	-	Dover		DE	19901-5862
Principal Occupation		Name of Employ	er		
Analyst		Natio	nal Security Partners LLC		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution
	D	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 Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes list Event #	03/2	27/2014	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Middleton		William		Р	0549
Residential Street Address	City			State	Zip Code
3 Fort Rachel Pl		Mystic		СТ	06355-2505
Principal Occupation	-	Name of Employ	rer	-	
Investment Advisor		Sound	dview Portfolio Advisors, LLC		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of the test of test	5	dependent child of			
government the contract is with:			X No		
Is this contribution associated with a for devices event listed in Section 112 Yes	Date	Received	Aggregate Contributions		
If yes, list Event #	03/2	27/2014	\$100.00		\$100.00
					•
Last Name	First			MI	Contribution ID #
Dwyer		Patrick			0563
Residential Street Address	City			State	Zip Code
40 Canfield Dr		Bridgewater		СТ	06752-1308
Principal Occupation		Name of Employ	rer		
Public Affairs		Maste			
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		dependent child of			
government the contract is with:			X No		
Is this contribution associated with a fundraicing event listed in Section 112 Yes	Date	Received	Aggregate Contributions		
If yes, list Event #	03/2	28/2014	\$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		
Somers 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First	liviuuais		MI	Contribution ID #
Rozwadowski	FIISt	Helen		IVII	0583
Residential Street Address	City	пенен		State	Zip Code
11 Granite St	City	New London		CT	06320-5917
Principal Occupation		Name of Employ	er		00520 5517
Professor			ersity of Connecticut		
			abbuist spausa or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	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?					
If yes_list Event #	03/2	28/2014	\$50.00		\$50.00
If yes, list Event # Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Sabe		Margaret			0584
Residential Street Address	City			State	Zip Code
157 Washington St		Norwich		СТ	06360-4231
Principal Occupation		Name of Employ	er		
R&D Management		Verte	x Pharmaceuticals		
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	0	dependent child			
government the contract is with:			x _{No}		
Is this contribution associated with a for draining work listed in faction 112 Yes	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes, list Event #	03/2	28/2014	\$50.00		\$50.00
	I				
Last Name	First			MI	Contribution ID #
Rubin		Matthew		М	0572
Residential Street Address	City			State	Zip Code
175 Ferry Rd Unit 18		Old Saybroo		СТ	06475-1447
Principal Occupation		Name of Employ			
Real Estate ownership/management			employed		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a dependent child	obbyist, spouse, or Second Sec	Amou	int of Contribution
If yes, indicate which branch or branches of accomment the contract is with:		1	x No		
government the contract is with:	Data	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X No Cash Personal Check	03/	28/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card	05/1	2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Warner	1 1100	Suzanne		L	0537
Residential Street Address	City	Guzunno		State	Zip Code
20 Wedgewood Dr		Watertown		СТ	06795-1826
Principal Occupation		Name of Employ	er		
Teacher			rtown BoE		
				Amou	int of Contribution
	0	dependent child	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 Method of contribution	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?					
	03/2	28/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card	1			1	

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		I. MONE	TARY RECEIP	ES (Se	ection A-I)			
NAME OF COMMITTEE (Provide	Complete	Name as Registere	ed with Commission)		ŕ	TYPE OF REPORT		
Somers 2014						April 10 Filing - Original		
		D I / ·		-				
		B. Itemized	d Contributions fro	m Inc	lividuals			
Last Name				First			MI	Contribution ID #
Zegray					Julie			0538
Residential Street Address				City			State	Zip Code
17 Pleasant St					Bethel		СТ	06801-2319
Principal Occupation				-	Name of Employ	/er	-	•
Homemaker					Home	emaker		
Is contributor a principal of a state contractor or p	prospective sta	te contractor?	Yes X		Is contributor a	lobbyist, spouse, or Yes	Amou	unt of Contribution
			Yes X N	ło	dependent child	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	Ves	Method of contribution	on:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?		x _{Cash}						
	x _{No}		Personal Check	03/	28/2014	\$100.00		\$100.00
If yes, list Event #		Money Order	Credit/Debit Card	,				·
Last Name				First			MI	Contribution ID #
Talento				1 1150	Catrena		M	0535
				<i>C</i> ''	Catrena			
Residential Street Address				City			State	Zip Code
293 Glen Hills Rd					Meriden		СТ	06451-3835
Principal Occupation					Name of Employ	/er		
Program Coordinator					Stanl	ey, Black & Decker	_	
Is contributor a principal of a state contractor or p	prospective sta	te contractor?	Yes X N	Jo		lobbyist, spouse, or Yes	Amou	unt of Contribution
If you indicate which brough or broughou of	_				dependent child	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:	L	Executive	Legislative			x _{No}		
Is this contribution associated with a		Method of contribution	on:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Yes							
	X No	X Cash	Personal Check	03/	28/2014	\$100.00		\$100.00
If yes, list Event #		Money Order	Credit/Debit Card	00,	20,202	<i><i><i></i></i></i>		÷100.00
Last Name				First			MI	Contribution ID #
SanFilippo				1 1150	Ross		J	0532
Residential Street Address				<i>C</i> ''	RUSS		-	
				City			State	Zip Code
286 Laurelwood Dr					Salem		СТ	06420-3937
Principal Occupation					Name of Employ			
Oral Surgeon					Soun	dview Oral & Maxillofacial Su	rgery	
Is contributor a principal of a state contractor or p	prospective sta	te contractor?	Yes X N	Jo		lobbyist, spouse, or Yes	Amou	unt 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	Yes	Method of contribution	on:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?			X Personal Check					
	x _{No}	Cash		03/	28/2014	\$100.00		\$100.00
If yes, list Event #		Money Order	Credit/Debit Card					
Last Name				First			MI	Contribution ID #
McKenney					Eileen			0523
Residential Street Address				Citra	Lileen		St. t.	
				City			State	Zip Code
8 Boxwood Dr					Brookfield		СТ	06804-3402
Principal Occupation					Name of Employ	/er		
Registered Nurse						ury Hospital		
Is contributor a principal of a state contractor or p	prospective sta	te contractor?	Yes X N	Jo		lobbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of	_	. –			dependent child			
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	on:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?	L Yes							
	x _{No}	× Cash	Personal Check	03/	28/2014	\$100.00		\$100.00
If yes, list Event #		Money Order	Credit/Debit Card		-,	+100000		

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I. MONETARY RECEIPT	'S (Se	ection A-I)	-		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	<u>`</u>	,	TYPE OF REPORT		
Somers 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First	liviuuais		MI	Contribution ID #
Malone	FIISt	Kevin		IVII	0520
Residential Street Address	City	Kevili		State	Zip Code
49 Elbow Hill Rd	City	Brookfield		CT	06804-1905
Principal Occupation		Name of Employ	10 r		00804-1905
Engineer			Aerospace		
			· · · · · · · · · · · · · · · · · · ·	Amoi	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	o	dependent child	Van		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
To this contribution according to the Mathed of Constrainment	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
X No Cash Personal Check	03/3	28/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card					-
Last Name	First			MI	Contribution ID #
Malone		Mary			0521
Residential Street Address	City			State	Zip Code
49 Elbow Hill Rd		Brookfield		СТ	06804-1905
Principal Occupation	•	Name of Employ	/er	-	•
Social Services		CT De	epartment of Children & Fami	ilies	
Is contributor a principal of a state contractor or prospective state contractor?			lobbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of	0	dependent child			
government the contract is with:			x _{No}		
Is this contribution associated with a for draining work listed in Section 112 Yes	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?					
If yes, list Event #	03/2	28/2014	\$100.00		\$100.00
	I				
Last Name	First			MI	Contribution ID #
Fontana Jr.		Raymond		J	0542
Residential Street Address	City			State	Zip Code
33 Old Clinton Rd		Westbrook		СТ	06498
Principal Occupation		Name of Employ			
Engineer		Conn			
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a dependent child	lobbyist, spouse, or Second Alababian Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of					
government the contract is with:	Dete	Received		-	
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X No Cash X Personal Check	03/	28/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card	0.57	20/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Grainger	THSt	Jan		IVII	0509
Residential Street Address	City	5011		State	Zip Code
412 Wall St	City	Meriden		CT	06450-4428
Principal Occupation		Name of Employ	/er		001301120
Administrator Assistant			pe Trades Benefit Fund		
			lahhrviat anavaa ar	Amou	unt of Contribution
Yes X N	0	dependent child	Vac		
If yes, indicate which branch or branches of Executive Legislative			× No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?	1				
X No Cash Personal Check	03/2	28/2014	\$100.00		\$100.00
If yes, list Event # 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		
Somers 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			МІ	Contribution ID #
Hunt	1 11 50	Shilo		, mi	0514
Residential Street Address	City	51110		State	Zip Code
8 Linden Rd	eny	Carmel		NY	10512-5235
Principal Occupation		Name of Employ	/er		10012 0200
Document Manager			nney Mechanical		
			lobbvist, spouse, or	Amou	unt of Contribution
Yes X No	0	dependent child	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 Personal Check	03/3	28/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card	,				
Last Name	First			MI	Contribution ID #
Palsgrove		Cassidy			0527
Residential Street Address	City			State	Zip Code
8 Linden Rd		Carmel		NY	10512-5235
Principal Occupation		Name of Employ	/er		•
Student		Stude	ent		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or Yes	Amou	int of Contribution
	0	dependent child	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with a	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes, list Event #	03/3	28/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Ibelshauser		Ruth			0515
Residential Street Address	City			State	Zip Code
108 Pleasant Ave		East Haven		СТ	06512-1063
Principal Occupation		Name of Employ	ver		
Office Manager		Mech	anical Contractors Association	n of Conne	cticut
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	ant 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?	Date	Received	Aggregate Contributions		
If yes, list Event #	03/3	28/2014	\$100.00		\$100.00
					•
Last Name	First			MI	Contribution ID #
Johnson		Kristen		М	0516
Residential Street Address	City			State	Zip Code
132 N Branford Rd	L	Wallingford		СТ	06492-2714
Principal Occupation		Name of Employ			
Paralegal		Aetna			
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a dependent child	lobbyist, 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:	D-4	Received	1		
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X No Cash Personal Check	0.27	20/2014	¢100.00		¢100.00
If yes, list Event # Money Order Credit/Debit Card	03/	28/2014	\$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		
Somers 2014			April 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First	ii viuuais		MI	Contribution ID #
Dahl	FIISt	Jeannine		IVII	0500
Residential Street Address	City	Jeannine		State	Zip Code
23 Devon Dr	City	Pawcatuck		CT	06379-1232
Principal Occupation		Name of Employ	10 r		00579-1252
Homemaker			emaker		
				Amor	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	D	dependent child	Van		
If yes, indicate which branch or branches of government the contract is with:			X No		
Is this contribution associated with a for draining over this of a star 112 Yes	Date	Received	Aggregate Contributions]	
fundraising event listed in Section J1?					
If yes, list Event #	03/2	28/2014	\$100.00		\$100.00
				I	
Last Name	First			MI	Contribution ID #
Dahl		Norman			0501
Residential Street Address	City			State	Zip Code
23 Devon Dr	<u> </u>	Pawcatuck		СТ	06379-1232
Principal Occupation		Name of Employ			
Contractor			nney Mechanical		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a dependent child	lobbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution
If yes, indicate which branch or branches of Executive Legislative		1	× No		
government the contract is with: Legislative Legislative Legislative	Data	Received	Aggregate Contributions	-	
fundraising event listed in Section J1?	Date	Receiveu	Aggregate Contributions		
No Cash Personal Check	03/	28/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card	03/1	20/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Case		Audrey			0497
Residential Street Address	City			State	Zip Code
160 Converse Ave		Meriden		ст	06450-3414
Principal Occupation		Name of Employ	ver	<u>.</u>	
Health Fund Coordinator		CT Pi	pe Trades Benefit Fund		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or Yes	Amou	int of Contribution
	0	dependent child			
If yes, indicate which branch or branches of government the contract is with:			X No		
Is this contribution associated with a for draining super listed in facting 112 Yes	Date	Received	Aggregate Contributions	1	
If yes, list Event #	03/2	28/2014	\$100.00		\$100.00
	-				
Last Name	First			MI	Contribution ID #
Baluzy		George			0490
Residential Street Address	City			State	Zip Code
23 High Ridge Rd		Brookfield		СТ	06804-3516
Principal Occupation		Name of Employ			
Editor		CBS I			
Is contributor a principal of a state contractor or prospective state contractor?	D	Is contributor a dependent child	lobbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		acpendent child (
everyment the contract is with:	-		X No	4	
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
No Cash Personal Check		20/2014	1100.00		+100.00
If yes, list Event # Money Order Credit/Debit Card	03/2	28/2014	\$100.00		\$100.00

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I. MONETARY RECEIPT	ES (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		·	TYPE OF REPORT		
Somers 2014			April 10 Filing - Original		
B. Itemized Contributions fro	m Ind	lividuala			
	1	lividuals		1	1
Last Name	First			MI	Contribution ID #
Welch		Donna		F	0485
Residential Street Address	City			State	Zip Code
778 Shuttle Meadow Rd		Southington		СТ	06489-1376
Principal Occupation		Name of Employ	er		
Teacher		New	Britain BoE		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	obbyist, spouse, or Yes	Amou	ant of Contribution
	NO	dependent child	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 Method of contribution:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?					
X No Cash X Personal Check	03/3	28/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card	00/	20,2021	÷100100		÷200.00
Last Name	First			MI	Contribution ID #
Welch Jr.	Filst	1			
	<i>a</i> :-	John		W	0486
Residential Street Address	City			State	Zip Code
778 Shuttle Meadow Rd		Southington		СТ	06489-1376
Principal Occupation		Name of Employ	rer		
Retired		Retire	ed	-	
Is contributor a principal of a state contractor or prospective state contractor?	Jo		lobbyist, 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:			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	28/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Robinson	1 1100	Joan		M	0582
Residential Street Address	City	Joan		State	Zip Code
	City	Ma			
10 Whitehall Pond		Mystic		СТ	06355-1954
Principal Occupation		Name of Employ			
Retired		Retire			
Is contributor a principal of a state contractor or prospective state contractor?	lо	Is contributor a dependent child	obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent child o	· —		
government the contract is with:			x _{No}		
Is this contribution associated with a fundraicing event listed in Section 112 Yes	Date	Received	Aggregate Contributions		
	03/2	28/2014	\$25.00		\$25.00
If yes, list Event # 🔲 Money Order 🔲 Credit/Debit Card					
Last Name	First			MI	Contribution ID #
O'Hara		Vincent		F	0440
Residential Street Address	City			State	Zip Code
60 Sleepy Hollow Rd		Fairfield		СТ	06824-3926
Principal Occupation		Name of Employ	er		
Attorney			& O'Hara LLP		
				A	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	lo	dependent child	obbyist, spouse, or Second Sec	Amou	ant of Contribution
If yes, indicate which branch or branches of		r	X No		
government the contract is with:			î		
Is this contribution associated with a for devicing upper triated in Section 112 Yes	Date	Received	Aggregate Contributions		
If yes, list Event # No Credit/Debit Card	03/2	28/2014	\$100.00		\$100.00
	1		1	1	

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I. MONETARY RECEIPT	'S (Se	ction A-I)	-		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		ŕ	TYPE OF REPORT		
Somers 2014			April 10 Filing - Original		
	T 1	• • • •			
B. Itemized Contributions from	m Indi	ividuals			
Last Name	First			MI	Contribution ID #
Bruno		Todd		А	0446
Residential Street Address	City			State	Zip Code
18 Malcein Dr		Southington		СТ	06489-1323
Principal Occupation		Name of Employ	er		-
Fitter/Plumber		James	s T. Kay Co., Inc.		
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? Yes		
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 F	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
No Cash Personal Check	03/2	8/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card	03/2	.0/2014	\$100.00		\$100.00
					0
Last Name	First			MI	Contribution ID #
Barrasso		Elaine			0473
Residential Street Address	City			State	Zip Code
292 Pilgrim Ln		Southington		СТ	06489-1327
Principal Occupation		Name of Employ	er		
Retired		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
	0	dependent child of	of a lobbyist? Yes		
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:	Date F	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Duiter	licectived	1.661.66 controlations		
No Cash Personal Check	0.2/2	0/2014	±100.00		+100.00
If yes, list Event # Money Order Credit/Debit Card	03/2	28/2014	\$100.00		\$100.00
· · ·					
Last Name	First			MI	Contribution ID #
Barrasso		John		A	0474
Residential Street Address	City			State	Zip Code
292 Pilgrim Ln	L	Southington		СТ	06489-1327
Principal Occupation		Name of Employ	er		
Executive Vice President		Mecha	anical Contractors Association	n	
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? Yes		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with a Mathad of contribution:	Date F	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
X No Cash Personal Check	03/2	8/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card	03/2	0/2014	\$100.00		\$100.00
	F ' (1.9	
Last Name	First			MI	Contribution ID #
Daly		Virginia		S	0502
Residential Street Address	City			State	Zip Code
8 Winthrop Blvd	L	Cromwell		СТ	06416-1259
Principal Occupation		Name of Employ	er		
Human Resources Coordinator		Stanle	ey, Black & Decker		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	int of Contribution
	v I	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 F	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
No Cash Personal Check	03/2	8/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card	1 ^{00/2}	-0/2017	\$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		
Somers 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First	liviuuais		MI	Contribution ID #
Daly Jr.	FIISt	Michael		IVII	0577
Residential Street Address	City	MICHAEI		State	Zip Code
8 Winthrop Blvd	City	Cromwell		CT	06416-1259
Principal Occupation	L	Name of Employ	TOP	СГ	00410-1239
Retired		Retire			
			lobbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	Vac		
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
No Cash Personal Check	03/2	28/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card		,	+		+
Last Name	First			MI	Contribution ID #
Steere		Sarah		Е	0555
Residential Street Address	City			State	Zip Code
40 Seneca Dr		Noank		СТ	06340-5509
Principal Occupation		Name of Employ	er		
Senior Assistant State's Attorney		State	of Connecticut		
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? Yes		
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?					
	03/2	28/2014	\$50.00		\$50.00
If yes, list Event # Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Power		Kevin		В	0597
Residential Street Address	City			State	Zip Code
54 Oxford Ct		Mystic		СТ	06355-1705
Principal Occupation		Name of Employ	er		
Home Inspector		Self-e	employed		
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		dependent child of			
government the contract is with:			x _{No}		
Is this contribution associated with a fundraising event listed in Section 112 Yes	Date	Received	Aggregate Contributions		
If yes, list Event #	03/2	29/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Heublein		Andrew		С	0579
Residential Street Address	City			State	Zip Code
67 Collins Rd		Stonington		СТ	06378-2409
Principal Occupation		Name of Employ			
Retired		Retire		· · · ·	
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	int of Contribution
If yes, indicate which branch or branches of Executive Legislative		r	X No		
government the contract is with:	D-4	Received	1		
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X No Cash Personal Check	0.2.1	20/2014	¢100.00		¢100.00
If yes, list Event # Money Order Credit/Debit Card	03/.	29/2014	\$100.00		\$100.00

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I. MONETARY RECEIPT	ES (Se	ection A-I)	-		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT		
Somers 2014			April 10 Filing - Original		
B. Itemized Contributions fro	m Ind	lividuals			
Last Name	First	ii viuuais		MI	Contribution ID #
Ames	FIISt	Pamela		G	0586
Residential Street Address	City	Palliela		State	Zip Code
67 Collins Rd	City	Stonington		CT	06378-2409
Principal Occupation		Name of Employ	70 r		00378-2409
Life Coach			employed		
			lobbyist, spouse, or	Amou	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	lo	dependent child	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?					
X No Cash X Personal Check	03/	29/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card	0.5/	2072011	\$100,000		\$100.00
Last Name	First			MI	Contribution ID #
Clarkson		Deborah			0588
Residential Street Address	City	Deboluli		State	Zip Code
37 Marlin Dr		Groton		СТ	06340-5417
Principal Occupation	I	Name of Employ	er		00010 0117
Retired		Retired			
			obbyist spouse or	Amou	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	lo	dependent child	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 Personal Check	03/	29/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card	,	-, -			
Last Name	First			MI	Contribution ID #
Einhorn		Jonathan		J	0590
Residential Street Address	City			State	Zip Code
110 Brookwood Dr		Westbrook		СТ	06498-1576
Principal Occupation	1	Name of Employ	er		
Attorney		Self-e	employed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or Yes	Amou	ant of Contribution
	10	dependent child			
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		
	03/	29/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Helbig		Elizabeth			0592
Residential Street Address	City			State	Zip Code
750 Groton Long Point Rd		Noank		СТ	06340-5604
Principal Occupation		Name of Employ	er		
Comptroller		Noan	k Village Boatyard		
Is contributor a principal of a state contractor or prospective state contractor?	In		obbyist, spouse, or Yes	Amou	ant of Contribution
If was indicate which brough as broughes of	NU	dependent child	51 å 1000y1st:		
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	
	1				
	03/	29/2014	\$100.00		\$100.00
If yes, list Event # 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)		ŕ	TYPE OF REPORT		
Somers 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuala			
	1	lividuals		r	1
Last Name	First			MI	Contribution ID #
Helbig		Nicholas		A	0593
Residential Street Address	City			State	Zip Code
750 Groton Long Point Rd		Noank		СТ	06340-5604
Principal Occupation		Name of Employ	/er		
Student		Stude	ent	-	
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, 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 for draining super list d is for the 112 Yes	Date	Received	Aggregate Contributions		
If yes, list Event #	03/2	29/2014	\$100.00		\$100.00
in yes, ist Event #					
Last Name	First			MI	Contribution ID #
Helbig		Ronald		R	0594
Residential Street Address	City			State	Zip Code
750 Groton Long Point Rd		Noank		СТ	06340-5604
Principal Occupation		Name of Employ	/er		
VP & General Manager		Noan	k Village Boatyard		
Is contributor a principal of a state contractor or prospective state contractor?			lobbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?			88 · 8 · · · · · · · · · · · ·		
X No Cash Personal Check	03/	29/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card	03/1	23/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Jones	THSt	Eric		C	0595
Residential Street Address	City	LIIC		State	Zip Code
5 Seneca Dr	City	New London		CT	06320-4152
	<u> </u>			CI	00320-4132
Principal Occupation		Name of Employ			
Military Officer			Coast Guard		
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	lobbyist, spouse, or Sector Yes	Amou	int of Contribution
If yes, indicate which branch or branches of Executive Legislative		I			
government the contract is with:				1	
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X No Cash Personal Check		/			
If yes, list Event # Money Order X Credit/Debit Card	03/2	29/2014	\$50.00		\$50.00
	-			I	1
Last Name	First			MI	Contribution ID #
Mireault		Lisa			0596
Residential Street Address	City			State	Zip Code
72 Marlin Dr		Groton		СТ	06340-5418
Principal Occupation		Name of Employ	/er		
Realtor		Berks	shire Hathaway		
Is contributor a principal of a state contractor or prospective state contractor?			lobbyist, spouse, or	Amou	int of Contribution
	U	dependent child			
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with a function associated with a function associated with a function as a function of the second secon	Date	Received	Aggregate Contributions	1	
X No Cash Personal Check	03/2	29/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card	,			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		
Somers 2014			April 10 Filing - Original		
P. Itomized Contributions from	m Ind	ividuala			
B. Itemized Contributions from	-	lividuals		1	
Last Name	First			MI	Contribution ID #
Burdick		Reid			0605
Residential Street Address	City			State	Zip Code
36 Jerome Rd	L	New London		СТ	06320-2925
Principal Occupation		Name of Employ	rer		
Director		Byles	-MacDougall inc		
Is contributor a principal of a state contractor or prospective state contractor?	io	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution
If yes, indicate which branch or branches of government the contract is with:			X No		
Is this contribution associated with a fundamining super listed in Section 112 Yes	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes, list Event #	03/3	30/2014	\$100.00		\$100.00
			•		0.11.5
Last Name	First			MI	Contribution ID #
Davis		Robert		D	0606
Residential Street Address	City			State	Zip Code
1161 Bodine Rd	L	Chester Spri	-	PA	19425-2006
Principal Occupation		Name of Employ	rer		
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	int of Contribution
If was indicate which branch or branches of the test of te		dependent child of			
government the contract is with:			x _{No}		
Is this contribution associated with a fundamining super listed in Section 112 Yes	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes, list Event #	03/3	30/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Kleinhans	Thist	Eleanor			0612
Residential Street Address	City	Licanor		State	Zip Code
64 Old Black Point Rd	City	Niantic		CT	06357-2833
	<u> </u>			CI	00337-2033
Principal Occupation		Name of Employ	er		
Real estate broker		Self			int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	ю	dependent child of	obbyist, spouse, or Second Sec	Атоц	int of Contribution
If yes, indicate which branch or branches of Executive Legislative		1	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		
X No Cash Personal Check	0.21	20/2014	+100.00		+100.00
If yes, list Event # Money Order X Credit/Debit Card	03/3	30/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Kleinhans		Robert			0613
Residential Street Address	City			State	Zip Code
64 Old Black Point Rd		Niantic		СТ	06357-2833
Principal Occupation		Name of Employ			
Manager		Town	of Vernon		
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	int of Contribution
If you indicate which branch as branches of		dependent child of	of a foodyist?		
government the contract is with:			x _{No}		
Is this contribution associated with a restrict the force of the test of t	Date	Received	Aggregate Contributions		
tundraising event listed in Section J1?					
If yes, list Event #	03/3	30/2014	\$100.00		\$100.00
	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		
Somers 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First	ii viuuais		MI	Contribution ID #
Linehan	FIISt	Karen		O	0614
Residential Street Address	City	Kaleli		State	Zip Code
12 Castle Hill Rd	City	Pawcatuck		CT	06379-1959
Principal Occupation	<u> </u>	Name of Employ	/er	CI	00579-1959
President			an Custom Homes		
		-	lobbyist spouse or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	Van		
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	03/3	31/2014	\$50.00		\$50.00
If yes, list Event # Money Order Credit/Debit Card	,		1		
Last Name	First			MI	Contribution ID #
Mathews		Thomas		м	0615
Residential Street Address	City			State	Zip Code
18 Russell Ave		Pawcatuck		СТ	06379-1386
Principal Occupation		Name of Employ	/er		
Student		Stude	ent		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	lobbyist, spouse, or Yes	Amou	int 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 for the UP Yes Yes	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes, list Event #	03/3	31/2014	\$60.00		\$60.00
Last Name	First			MI	Contribution ID #
Moukawsher		Joanne		F	0618
Residential Street Address	City			State	Zip Code
19 Bruggeman Ct		Mystic		СТ	06355-1970
Principal Occupation		Name of Employ			
Vice President			rt Auto, Ltd.		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	lobbyist, spouse, or Sector Yes	Amou	int of Contribution
If yes, indicate which branch or branches of Executive Legislative			X No		
government the contract is with:	Data	Received			
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X No Cash X Personal Check	03/3	31/2014	\$25.00		\$25.00
If yes, list Event # Money Order Credit/Debit Card	03/.	51/2014	\$25.00		\$25.00
Last Name	First			MI	Contribution ID #
Moukawsher	1 1150	Patrick		J	0619
Residential Street Address	City	Tuttick		State	Zip Code
19 Bruggeman Ct		Mystic		СТ	06355-1970
Principal Occupation	-	Name of Employ	/er		
President			rt Auto, Ltd.		
				Amou	int of Contribution
Yes X N	0	dependent child of	Vac		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
rundraising event listed in Section J1?					
	03/3	31/2014	\$25.00		\$25.00
If yes, list Event # Money Order Credit/Debit Card	1			I	

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I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	Ì	,	TYPE OF REPORT		
Somers 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Pribnow	Flist	Gustave		A	0620
Residential Street Address	City	Guslave		A	Zip Code
18 Parkwood Dr	City	Pawcatuck		CT	06379-2212
Principal Occupation	I	Name of Employ	/er		00575-2212
Retired		Retire			
				Amor	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Van		
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 Personal Check	03/3	31/2014	\$25.00		\$25.00
If yes, list Event # Money Order Credit/Debit Card			1		
Last Name	First			MI	Contribution ID #
Reynolds		Susan			0621
Residential Street Address	City			State	Zip Code
5 Frederick Pl		Clinton		СТ	06413-1263
Principal Occupation		Name of Employ	/er		
Homemaker		Home	emaker		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or Yes	Amou	int of Contribution
	0	dependent child	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with a for draining work listed in Section 112 Yes	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?					
If yes, list Event #	03/3	31/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Sneddon Jr.		Charles		А	0622
Residential Street Address	City			State	Zip Code
322 Montauk Ave		Stonington		СТ	06378-2127
Principal Occupation		Name of Employ	/er		
Owner			stic Jewelers		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a dependent child	lobbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		dependent ennu v			
government the contract is with:				4	
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X No Cash Personal Check	0.2/	21/2014	¢50.00		¢50.00
If yes, list Event # Money Order Credit/Debit Card	03/.	31/2014	\$50.00		\$50.00
Leet News	First		•	MI	Contribution ID #
Last Name Tibus	FIISt	Irene Susett	0	IVII	0623
Residential Street Address	City	Tiene Susett	e	State	Zip Code
322 Montauk Ave	City	Stonington		CT	06378-2127
Principal Occupation		Name of Employ	10 r		00578-2127
Owner			stic Jewelers		
		-		Amo	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac	7 tillot	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?			<u></u>		
X No Cash Personal Check	03/	31/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card			4100.00		+

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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		
Somers 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First	ii viuuais		MI	Contribution ID #
Ulloa	FIISt	Nestor		IVII	0624
Residential Street Address	City	INESLOI		State	Zip Code
90 Courtland Ave	City	Stamford		CT	06902-3423
Principal Occupation		Name of Employ	er	CI	00902-5425
Health Coach			employed		
				Amor	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	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 Personal Check	03/3	31/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card					-
Last Name	First			MI	Contribution ID #
Wheeler		Dudley		R	0625
Residential Street Address	City			State	Zip Code
70 Stony Brook Rd		Stonington		СТ	06378-1622
Principal Occupation		Name of Employ	er		
Farmer		Self-e	employed		
Is contributor a principal of a state contractor or prospective state contractor?	-	Is contributor a	obbyist, spouse, or Yes	Amou	ant of Contribution
	0	dependent child	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with a for draining super list d is for time 112 Yes	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes, list Event #	03/3	31/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Williams Jr.		Nathan		J	0626
Residential Street Address	City			State	Zip Code
3 Cavendish Ln		Pawcatuck		СТ	06379-1236
Principal Occupation		Name of Employ	er		
Student		Stude			
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a dependent child	lobbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent ennu v			
government the contract is with:		D 1 1			
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X No Cash Personal Check	0.2/	21/2014	¢60.00		#60.00
If yes, list Event # Money Order Credit/Debit Card	03/.	31/2014	\$60.00		\$60.00
Leet News	First			NU	Contribution ID #
Last Name	FIISt	Many		мі T	0627
Aragones Residential Street Address	City	Mary		State	Zip Code
140 Ball Pond Rd	City	New Fairfield	1	CT	06812-4539
Principal Occupation		Name of Employ		СГ	00012-4339
Realtor			m Pitt Real Estate		
			abbuist spouse or	Amor	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac	7 tillot	in or control 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?			<u></u>		
X No Cash Personal Check	03/	31/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card		-/2017	\$100.00		+-50100

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I. MONETARY RECEIPT	'S (Se	ection A-I)	-		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	Ì	,	TYPE OF REPORT		
Somers 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Benedict	Flist	Mark		C	0629
Residential Street Address	City	Mai K		State	Zip Code
8 Hamilton Rd	City	Westerly		RI	02891-3648
Principal Occupation	-	Name of Employ	/er		02091 5040
Financial Advisor			an Stanley		
		-	· · · · · · · · · · · · · · · · · · ·	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	V		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?					
If yes_list Event #	03/3	31/2014	\$25.00		\$25.00
If yes, list Event # Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Bland, Jr.		Gordon		D	0630
Residential Street Address	City			State	Zip Code
94 Plant St		New London		СТ	06320-4455
Principal Occupation	•	Name of Employ	ver	-	
Project Management Coordinator		Unite	d States Navy		
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of	0	dependent child	of a lobbyist?		
government the contract is with:			x _{No}		
Is this contribution associated with a fundraising event listed is Section 112 Yes	Date	Received	Aggregate Contributions		
If yes, list Event # 03312014A	03/	31/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Brenek		Shannon		W	0631
Residential Street Address	City			State	Zip Code
14 Henderson Rd		New London		СТ	06320-2919
Principal Occupation		Name of Employ			
Graphic Designer			employed		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a dependent child	lobbyist, spouse, or Sector Yes	Amou	int of Contribution
If yes, indicate which branch or branches of coversment the contract is with:					
government the contract is with:	Data	Received			
fundraising event listed in Section J1?	Date	Receiveu	Aggregate Contributions		
No Cash Personal Check	03/	31/2014	\$50.00		\$50.00
If yes, list Event # 03312014A Money Order Credit/Debit Card	0.57	51/2014	\$30.00		\$30.00
Last Name	First			MI	Contribution ID #
Chieffalo	THSt	Domenico		, mi	0634
Residential Street Address	City	Domenico		State	Zip Code
15 Stone St	0.1.5	Danbury		СТ	06810-8009
Principal Occupation	!	Name of Employ	/er		
Attorney			employed		
				Amou	int of Contribution
Yes X No	0	dependent child	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?					
X No Cash Personal Check	03/	31/2014	\$50.00		\$50.00
If yes, list Event # 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		
Somers 2014			April 10 Filing - Original		
	T 1				
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Doyle		Kevin		М	0637
Residential Street Address	City			State	Zip Code
20 Prospect St		New London		СТ	06320-6219
Principal Occupation		Name of Employ	ver	•	
Chemist		Pfizer	Inc.		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or Yes	Amou	int of Contribution
	0	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
	Date	Received	Aggregate Contributions	1	
Is this contribution associated with a fundraising event listed in Section J1?					
No Cash Personal Check	03/	31/2014	\$100.00		\$100.00
If yes, list Event # 03312014A	05/.	51/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Drinkwater	1 1130	Laurie Ann		IVII	0638
Residential Street Address	City	Laurie Ann		State	Zip Code
	City				1
5 Maxson Pl	L	New London		СТ	06320-4405
Principal Occupation		Name of Employ			
Commercial Real Estate Advisor			employed		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a dependent child	lobbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		dependent child o			
government the contract is with:			x _{No}		
Is this contribution associated with a fundraising event listed in Section 112 Yes	Date	Received	Aggregate Contributions		
	03/3	31/2014	\$100.00		\$100.00
If yes, list Event # 03312014A Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Fallon		Victoria		к	0639
Residential Street Address	City			State	Zip Code
8 Ascot Ln		Old Lyme		СТ	06371-1870
Principal Occupation		Name of Employ	ver		
Bartender/Server		State	Street Saloon		
		Is contributor a	lobbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	V		
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?	Dute	Received	Aggregate controlitons		
No K Cash Personal Check	02/	21/2014	¢100.00		¢100.00
If yes, list Event # 03312014A Money Order Credit/Debit Card	03/.	31/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Flynn		Thomas			0641
Residential Street Address	City			State	Zip Code
236 S Elm St		Wallingford		СТ	06492-4815
Principal Occupation		Name of Employ	ver		
Attorney		Self-e	employed		
Is contributor a principal of a state contractor or prospective state contractor?			lobbyist, spouse, or Yes	Amou	int of Contribution
	0	dependent child			
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	
Is this contribution associated with a fundraising event listed in Section J1?					
No Cash Personal Check	03/	31/2014	\$50.00		\$50.00
If yes, list Event # 03312014A Money Order Credit/Debit Card		. ,===•	+20000		

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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		
Somers 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Gemza		Tancy			0642
Residential Street Address	City	i unoy		State	Zip Code
12A Spruce Mountain Rd		Danbury		ст	06810-8258
Principal Occupation		Name of Employ	ver		
Self-employed		Arbor	nne Sales		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amou	int of Contribution
	0	dependent child			
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?					
	03/3	31/2014	\$50.00		\$50.00
If yes, list Event # Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Gray		Deborah		J	0643
Residential Street Address	City			State	Zip Code
76 Bayshore Dr		New London		СТ	06320-2903
Principal Occupation		Name of Employ	/er		
Medical Editor		CSG	Inc.		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or Yes	Amou	int of Contribution
	0	dependent child	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			X No		
Is this contribution associated with a function associated with a function as a function of the section 112 Yes	Date	Received	Aggregate Contributions	1	
	03/3	31/2014	\$75.00		\$75.00
If yes, list Event # 03312014A Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Harris		Jefferson		w	0645
Residential Street Address	City			State	Zip Code
102 Montauk Ave		New London		СТ	06320-4829
Principal Occupation		Name of Employ	/er		
Information Technology		Pfizer	· Inc.		
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or	Amou	int of Contribution
If yes, indicate which branch or branches of	0	dependent child			
government the contract is with:			x _{No}		
Is this contribution associated with a fundration are used listed in Section 112 Yes	Date	Received	Aggregate Contributions		
If yes, list Event # 03312014A	03/3	31/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Hillery		Nancy		J	0646
Residential Street Address	City			State	Zip Code
88 Pearl St		Noank		СТ	06340-5733
Principal Occupation		Name of Employ	/er		
Executive		Hiller	y Co.	-	
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, 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 fundration are used listed in Section 112 Yes	Date	Received	Aggregate Contributions		
If yes, list Event #	03/3	31/2014	\$50.00		\$50.00
			1	1	

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I. MONETARY RECEIPT	S (S	ection A-I)	-		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	Ì	,	TYPE OF REPORT		
Somers 2014			April 10 Filing - Original		
B. Itemized Contributions fro	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Ide	riist	Aaron		M	0648
Residential Street Address	City	Adion		State	Zip Code
44 Pacific St	City	New London		CT	06320-4505
Principal Occupation		Name of Employ	/er		00520 4505
Engineer			ric Boat/General Dynamics		
			lobbyist spouse or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with a functional field in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions	1	
No Cash Personal Check	03/	31/2014	\$50.00		\$50.00
If yes, list Event # 03312014A Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Klouda		Robert			0652
Residential Street Address	City			State	Zip Code
1 Lomartra Ln		Branford		СТ	06405-6146
Principal Occupation		Name of Employ	/er	-	
Sales		Meru	Networks		
Is contributor a principal of a state contractor or prospective state contractor?			lobbyist, spouse, or Yes	Amou	int of Contribution
If was indicate which branch or branches of the test of te	0	dependent child			
government the contract is with:			x No		
Is this contribution associated with a for draining source listed in faction 112 Yes	Date	Received	Aggregate Contributions		
If yes, list Event #	03/	31/2014	\$100.00		\$100.00
				I	
Last Name	First			MI	Contribution ID #
Martinez		Mirna		L	0654
Residential Street Address	City			State	Zip Code
19 Prospect St		New London		СТ	06320-6218
Principal Occupation		Name of Employ			
Teacher			London BoE		int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	lobbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution
If yes, indicate which branch or branches of covernment the contract is with:		*	x No		
government the contract is with:	Date	Received	Aggregate Contributions	-	
fundraising event listed in Section J1?	Dute	Received	Aggregate contributions		
No Cash Personal Check	03/	31/2014	\$50.00		\$50.00
If yes, list Event # 03312014A	00,		\$30100		400100
Last Name	First			MI	Contribution ID #
McLaughlin		Frank			0655
Residential Street Address	City			State	Zip Code
18 Starr St	5	New London		ст	06320-6021
Principal Occupation		Name of Employ	/er		
Real Estate Developer		Self-e	employed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amou	int of Contribution
	0	dependent child			
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with a function associated with a function associated with a function as a function of the second secon	Date	Received	Aggregate Contributions	1	
	03/	31/2014	\$100.00		\$100.00
If yes, list Event # 03312014A Money Order Credit/Debit Card	1		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		
Somers 2014			April 10 Filing - Original		
	T 1				
B. Itemized Contributions from	m Inc	lividuals			1
Last Name	First			MI	Contribution ID #
Mills		Carol Ann			0656
Residential Street Address	City			State	Zip Code
3999 Bay Pointe Dr		Gulf Breeze		FL	32563-2913
Principal Occupation	-	Name of Employ	ver	•	•
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or Yes	Amou	unt of Contribution
	0	dependent child	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 Method of contribution:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?					
X No Cash Personal Check	03/	31/2014	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	0.57	51/2014	\$100.00		\$100.00
Last Name	Einet				Contribution ID #
Last Name	First			MI	Contribution ID #
Mills		Shannon		A	0657
Residential Street Address	City			State	Zip Code
46 Longwood Ave Apt 3		Brookline		MA	02446-5220
Principal Occupation		Name of Employ	ver		
Healthcare		Start	-up		
Is contributor a principal of a state contractor or prospective state contractor?	-	Is contributor a	lobbyist, spouse, or Yes	Amou	unt of Contribution
	0	dependent child	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	
fundraising event listed in Section J1?					
No Cash Personal Check	03/	31/2014	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	0.57	51/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
	FIISU			INII	
Stavris		Matthew			0666
Residential Street Address	City			State	Zip Code
46 Longwood Ave Apt 3		Brookline		MA	02446-5220
Principal Occupation		Name of Employ	/er		
Healthcare		Start	-up	-	
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	unt of Contribution
If you indicate which brough as broughes of	0	dependent child			
If yes, indicate which branch or branches of government the contract is with:			x No		
Is this contribution associated with a function associated with a function and the section 112 Yes	Date	Received	Aggregate Contributions	1	
No Cash Personal Check	03/3	31/2014	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	,	- , -			
Last Name	First			MI	Contribution ID #
	1 11 30	Susan		IVII	0659
Pegden	<i>C</i> ''	Susan			
Residential Street Address	City			State	Zip Code
591 Hope St	L	Providence		RI	02906-2655
Principal Occupation		Name of Employ			
Attorney		State	of Rhode Island		
Is contributor a principal of a state contractor or prospective state contractor?			lobbyist, spouse, or Yes	Amou	unt of Contribution
	~	dependent child			
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with a function and the second se	Date	Received	Aggregate Contributions	1	
No Cash Personal Check	03/	31/2014	\$100.00		\$100.00
If yes, list Event # 03312014A Money Order Credit/Debit Card	,	- ,	+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		
Somers 2014			April 10 Filing - Original		
B. Itemized Contributions from		P			
		lividuals		1	1
Last Name	First			MI	Contribution ID #
Robinson		Margot		М	0660
Residential Street Address	City			State	Zip Code
64 Drummer Ln		Redding		СТ	06896-1414
Principal Occupation		Name of Employ	/er		
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?	-	Is contributor a	lobbyist, spouse, or Yes	Amou	int of Contribution
	0	dependent child			
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?					
X No Cash Personal Check	03/	31/2014	\$70.00		\$70.00
If yes, list Event # Money Order Credit/Debit Card	00/		<i>\$70.000</i>		<i>4,</i> 0.00
Last Name	First			MI	Contribution ID #
	FIISt	5.1		IVII	
Skaar		Debra			0662
Residential Street Address	City			State	Zip Code
20 Coult Ln	L	Old Lyme		СТ	06371-1104
Principal Occupation		Name of Employ	/er		
Retired		Retire	ed	-	
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of	0	dependent child	of a lobbyist?		
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 Personal Check	03/3	31/2014	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	,	•			•
Last Name	First			MI	Contribution ID #
Sprecace		Adam			0663
Residential Street Address	City	Addin		State	Zip Code
	City	Newlandan		CT	06320-4354
125 Gardner Ave	<u> </u>	New London		CI	06320-4354
Principal Occupation		Name of Employ			
Mechanical Engineer			ric Boat/General Dynamics		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a dependent child	lobbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		dependent child o	·		
government the contract is with:			x _{No}		
Is this contribution associated with a fundration a sumt listed in Section 112 Yes	Date	Received	Aggregate Contributions		
	03/3	31/2014	\$50.00		\$50.00
If yes, list Event # 03312014A Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Sprecace		Jean			0664
Residential Street Address	City			State	Zip Code
125 Gardner Ave		New London		СТ	06320-4354
Principal Occupation	-	Name of Employ	/er		
After School Proctor			oseph School	· ·	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	lobbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of Executive Legislative		r			
government the contract is with:			i		
Is this contribution associated with a fundrations around listed in Section 112 Yes	Date	Received	Aggregate Contributions		
If yes, list Event # 03312014A	03/3	31/2014	\$50.00		\$50.00
- Money Older - Create Debit Calu	1		1	1	

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I. MONETARY RECEIPT	'S (Se	ction A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		, i i i i i i i i i i i i i i i i i i i	TYPE OF REPORT		
Somers 2014			April 10 Filing - Original		
	T 11				
B. Itemized Contributions from	m Indi	ividuals			
Last Name	First			MI	Contribution ID #
Startz		Bruce		E	0665
Residential Street Address	City			State	Zip Code
345 Judson Ave		Mystic		СТ	06355-2111
Principal Occupation		Name of Employ	er		
Operations Manager		Donca	aster		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution
Yes X No	0	dependent child of	of a lobbyist? Yes		
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:	Date R	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Butter	cool ou	1.661.66are controlations		
X No Cash Personal Check	0.2/2	1/2014	¢50.00		¢50.00
If yes, list Event # Money Order Credit/Debit Card	03/3	1/2014	\$50.00		\$50.00
					1
Last Name	First			MI	Contribution ID #
Vogel		Raymond		W	0667
Residential Street Address	City			State	Zip Code
266 Lower Blvd		New London		СТ	06320-4247
Principal Occupation		Name of Employ	er		
Developer		V-Teo	h, Inc.		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution
Yes Yes You	0	dependent child of	of a lobbyist? Yes		
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:	Date R	Received	Aggregate Contributions		
Is this contribution associated with a fundraising event listed in Section J1?	Date	CCCIVCU	Aggregate Contributions		
No Cash Personal Check			150.00		
If yes, list Event # 03312014A Money Order Credit/Debit Card	03/3	1/2014	\$50.00		\$50.00
			_		
Last Name	First			MI	Contribution ID #
Wetmur		John		G	0668
Residential Street Address	City			State	Zip Code
9 Prospect St		New London		СТ	06320-6218
Principal Occupation		Name of Employ	er		
Electrical Engineer		Electr	ic Boat		
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? Yes		
If yes, indicate which branch or branches of Executive Legislative			X No		
government the contract is with	Date R	Received	Aggregate Contributions		
fundraising event listed in Section J1?			66 - 6		
X No Cash Personal Check	03/3	1/2014	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card		1/2014	\$100.00		\$100.00
				1.5	G
Last Name	First	_		MI	Contribution ID #
Williston		Donna			0669
Residential Street Address	City			State	Zip Code
32 Pearl St	<u> </u>	Mystic		СТ	06355-2576
		Name of Employ	er		
Principal Occupation		1 5			
Owner			Line Gallery		
Owner		Finer		Amou	int of Contribution
Owner Is contributor a principal of a state contractor or prospective state contractor?	ō	Finer	obbyist, spouse, or f a lobbyist? Yes	Amou	nt of Contribution
Owner Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of Exacutiva In the properties	o	Finer Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution
Owner 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 Is this contribution associated with a Method of contribution:	_	Finer Is contributor a l	obbyist, spouse, or of a lobbyist? Yes X No	Amou	nt of Contribution
Owner 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 Is this contribution associated with a fundraising event listed in Section J1? Yes	_	Finer Is contributor a l dependent child o	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution
Owner 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 Ves Method of contribution:	Date R	Finer Is contributor a l dependent child o	obbyist, spouse, or of a lobbyist? Yes X No	Amou	nt 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		
Somers 2014			April 10 Filing - Original		
	T				
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Wood		Derron		М	0670
Residential Street Address	City			State	Zip Code
10 Prospect St		New London		СТ	06320-6219
Principal Occupation		Name of Employ	/er	•	•
Executive Director		Flock	Theatre		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or Yes	Amou	unt of Contribution
	0	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
	Date	Received	Aggregate Contributions	1	
Is this contribution associated with a fundraising event listed in Section J1?					
No Cash Personal Check	03/	31/2014	\$100.00		\$100.00
If yes, list Event # 03312014A	0.5/1	51/2011	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Donka	1 1130	Abel		1011	0607
Residential Street Address	City	ADEI		State	Zip Code
	City				1
500 Pequot Ave	L	New London		СТ	06320-4400
Principal Occupation		Name of Employ			
Physician			employed		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a dependent child	lobbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent crind	·		
government the contract is with:			X No		
Is this contribution associated with a for devicing super listed in facting 112 Yes	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes, list Event #	03/3	31/2014	\$50.00		\$50.00
ii yes, iist Event #					
Last Name	First			MI	Contribution ID #
Dowling		Susan		М	0608
Residential Street Address	City			State	Zip Code
22 Leeward Ln		Noank		ст	06340-4877
Principal Occupation		Name of Employ	/er	<u>. </u>	
Financial Advisor		UBS	Financial Services		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amou	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	- V		
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?	Dute		Aggregate controlations		
X No Cash Personal Check	02/	31/2014	¢100.00		¢100.00
If yes, list Event # Money Order Credit/Debit Card	03/.	51/2014	\$100.00		\$100.00
				1	
Last Name	First			MI	Contribution ID #
Frishman		Glenn		J	0609
Residential Street Address	City			State	Zip Code
1219 Pequot Trl		Stonington		СТ	06378-1926
Principal Occupation		Name of Employ	/er		
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?			lobbyist, spouse, or Yes	Amou	unt of Contribution
	U	dependent child			
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?					
No Cash Personal Check	03/	31/2014	\$50.00		\$50.00
If yes, list Event # Money Order Credit/Debit Card		-/2017	450.00		400,00

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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		
Somers 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First	ii viuuais		MI	Contribution ID #
Hull	FIISt	Allen		E	0610
Residential Street Address	City	Allen		State	Zip Code
4 Hill Rd	City	Old Saybrool	k	CT	06475-1312
Principal Occupation	<u> </u>	Name of Employ		CI	004751512
Owner/President			. Construction		
			lobbyist spouse or	Amou	nt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	Van		
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 Personal Check	03/3	31/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card	,				
Last Name	First			MI	Contribution ID #
Kelley		James		J	0611
Residential Street Address	City			State	Zip Code
439 Taugwonk Rd		Stonington		СТ	06378-1804
Principal Occupation		Name of Employ	/er		
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	lobbyist, spouse, or Yes	Amou	int 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 fraction up Yes Yes	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes, list Event #	03/3	31/2014	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
O'Donal		Beverly			0469
Residential Street Address	City			State	Zip Code
292 New London Rd		Colchester		СТ	06415-1824
Principal Occupation		Name of Employ			
Owner			ble Oil LLC		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	lobbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent ennu (
government the contract is with:		D 1 1	·		
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X No Cash Personal Check	0.2/2	21/2014	¢100.00		¢100.00
If yes, list Event # Money Order Credit/Debit Card	03/3	31/2014	\$100.00		\$100.00
L est Menne	First		•	MI	Contribution ID #
Last Name O'Donal	FIISU	Cliffon		D	0470
Residential Street Address	City	Clifton		State	Zip Code
292 New London Rd	City	Colchester		CT	06415-1824
Principal Occupation	<u> </u>	Name of Employ	/er	CI	00413-1024
Plumber			re State Piping Co. Inc.		
				Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	Vac	711100	
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 Cash Personal Check	03/3	31/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card	,		+		

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I. MONETARY RECEIPT	'S (Se	ection A-I)	-		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	Ì	,	TYPE OF REPORT		
Somers 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Adorno	First	Michael		S	0599
Residential Street Address	City	Michael		State	Zip Code
30 Kenrose Ter	City	Westbrook		CT	06498-1487
Principal Occupation	I	Name of Employ	/er		00490-1407
Parts Manager			sman Chevrolet		
				Amor	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Van		
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 Personal Check	03/3	31/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Arms		Gary		S	0600
Residential Street Address	City			State	Zip Code
37 Fargo Rd		Waterford		СТ	06385-4011
Principal Occupation	•	Name of Employ	ver	-	
Director of Operations		Gross	sman Chevrolet		
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of	0	dependent child	of a lobbyist?		
government the contract is with:			x _{No}		
Is this contribution associated with a for draining work listed in Section 112 Yes	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes, list Event #	03/3	31/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Bates		Caryn		A	0601
Residential Street Address	City			State	Zip Code
11 Conrad St	<u> </u>	Mystic		СТ	06355-1603
Principal Occupation		Name of Employ			
Waitress			Restaurant		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a dependent child	lobbyist, spouse, or Second Alpha Second Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of					
government the contract is with:	Dete	Received			
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X No Cash Personal Check	03/	31/2014	\$50.00		\$50.00
If yes, list Event # Money Order Credit/Debit Card	0.57	51/2014	\$30.00		\$50.00
Last Name	First			MI	Contribution ID #
Bates	THSt	James		E	0602
Residential Street Address	City	Junes		State	Zip Code
11 Conrad St	City	Mystic		СТ	06355-1603
Principal Occupation		Name of Employ	/er		00333 1003
Financial Advisor			rd Jones		
				Amou	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac		
If yes, indicate which branch or branches of Executive Legislative			× No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?	1				
X No Cash Personal Check	03/3	31/2014	\$50.00		\$50.00
If yes, list Event # Money Order Credit/Debit Card	''				

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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		
Somers 2014			April 10 Filing - Original		
	-				
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Kendle		Marybeth			0580
Residential Street Address	City			State	Zip Code
63 Cobblestone Dr		Groton		СТ	06340-3854
Principal Occupation		Name of Employ	er	•	
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	obbyist, spouse, or Yes	Amou	ant of Contribution
	0	dependent child	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	
fundraising event listed in Section J1?					
X No Cash Personal Check	03/	31/2014	\$50.00		\$50.00
If yes, list Event # Money Order Credit/Debit Card	05/.	51/2014	450.00		450.00
Last Name	First			MI	Contribution ID #
	First	Francia		IVII	0566
Mirecki Residential Street Address	Citu	Francis		Ctoto	
	City			State	Zip Code
9 S Ledge Rock Rd	L	Niantic		СТ	06357-1530
Principal Occupation		Name of Employ			
Physician			Hospital/L&M Physician Assoc		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a dependent child	obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent child o			
government the contract is with:			x _{No}]	
Is this contribution associated with a for draining work listed in Section 112 Yes	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes, list Event #	03/3	31/2014	\$100.00		\$100.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Mirecki		Mary		E	0567
Residential Street Address	City			State	Zip Code
9 S Ledge Rock Rd		Niantic		ст	06357-1530
Principal Occupation		Name of Employ	er		
Musician		Christ	t Lutheran Church		
Is contributor a principal of a state contractor or prospective state contractor?			abbyist spause or	Amou	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	V		
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?	Dute	Received	riggregate controlations		
X No Cash Personal Check	02/	21/2014	¢100.00		¢100.00
If yes, list Event # Money Order Credit/Debit Card	03/.	31/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Wills		James		G	0585
Residential Street Address	City			State	Zip Code
20 High Ridge Dr		Pawcatuck		СТ	06379-1264
Principal Occupation		Name of Employ	rer		
Marketing/Sales Manager		Servi	cemaster Recovery Managem	nent	
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	ant of Contribution
	U	dependent child	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	
fundraising event listed in Section J1?	1				
X No Cash Personal Check	03/	31/2014	\$50.00		\$50.00
If yes, list Event # Money Order Credit/Debit Card		. ,===.	+00.00		

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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		
Somers 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First	liviuuais		MI	Contribution ID #
Block	FIISt	Mark		E	0587
Residential Street Address	City	Mark		State	Zip Code
108 Plain Hill Rd	City	Norwich		CT	06360-1637
Principal Occupation		Name of Employ	er	CI	00500-1057
Attorney			, Janney & Pascal, LLC		
			obbyist, spouse, or	Amor	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	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 Personal Check	03/3	31/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card	,				
Last Name	First			MI	Contribution ID #
Stanley		William		А	0573
Residential Street Address	City			State	Zip Code
37 Westwood Rd		Waterford		СТ	06385-3826
Principal Occupation		Name of Employ	er		•
Vice President of Development		L&M I	Hospital		
Is contributor a principal of a state contractor or prospective state contractor?	-	Is contributor a	obbyist, spouse, or Yes	Amou	ant of Contribution
	0	dependent child	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with a for draining super list d is for time 112 Yes	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes, list Event #	03/3	31/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Steward		Daniel		М	0574
Residential Street Address	City			State	Zip Code
37 Riverside Dr		Waterford		СТ	06385-1413
Principal Occupation		Name of Employ			
First Selectman			of Waterford		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a dependent child	obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent ennu v	·		
government the contract is with:		D 1 1			
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X No Cash Personal Check	0.2/	21/2014	¢50.00		¢50.00
If yes, list Event # Money Order Credit/Debit Card	03/.	31/2014	\$50.00		\$50.00
Leet News	First			NU	Contribution ID #
Last Name Steward	FIISt	Katharina		MI K	0575
Residential Street Address	City	Katherine		⊾ State	Zip Code
37 Riverside Dr	City	Waterford		CT	06385-1413
Principal Occupation		Name of Employ	er	CI	00505-1415
Teacher			rford BoE		
				Amor	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac	7 tillot	an of controlation
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?			<u></u>		
X No Cash Personal Check	03/	31/2014	\$50.00		\$50.00
If yes, list Event # Money Order Credit/Debit Card			400.00		+00100

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I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	Ì		TYPE OF REPORT		
Somers 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	ividuals		•	
Last Name	First			MI	Contribution ID #
Suprin		Kathleen		М	0576
Residential Street Address	City			State	Zip Code
140 Great Neck Rd		Waterford		СТ	06385-3504
Principal Occupation		Name of Employ	er	-	
School Principal		Proje	ct LEARN		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	obbyist, spouse, or Yes	Amou	int of Contribution
	0	dependent child	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 Method of contribution:	Date	Received	Aggregate Contributions	•	
fundraising event listed in Section J1?					
X No Cash Personal Check	03/3	31/2014	\$50.00		\$50.00
If yes, list Event # Money Order Credit/Debit Card	05/5	51/2014	450.00		450.00
T and Name	E		-	NU	Contribution ID #
Last Name	First			MI	Contribution ID #
Pascal		Richard		J	0570
Residential Street Address	City			State	Zip Code
15 Stony Ridge Rd	L	Norwich		СТ	06360-5221
Principal Occupation		Name of Employ	rer		
Attorney		Block	, Janney & Pascal, LLC		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	obbyist, spouse, or Yes	Amou	int of Contribution
	0	dependent child	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			X No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
X No Cash Personal Check	03/3	31/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card	05/5	51/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
	FIISt	D			
Phillips		David		В	0571
Residential Street Address	City			State	Zip Code
255 Wolf Neck Rd	L	Mystic		СТ	06355-3636
Principal Occupation		Name of Employ	rer		
Foreman		Town	of Groton		
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	int of Contribution
	0	dependent child			
If yes, indicate which branch or branches of government the contract is with:			x No		
Is this contribution associated with a for draining super list d is for the 112 Yes	Date	Received	Aggregate Contributions		
X No Cash X Personal Check	03/3	31/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Phillips	1 1100	Darcy			0581
Residential Street Address	City	Darcy		State	
	City	Mushin			Zip Code
255 Wolf Neck Rd	μ.,	Mystic		СТ	06355-3636
Principal Occupation		Name of Employ			
Nuclear Medicine Manager			Hospital		
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	int of Contribution
		dependent child			
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 Personal Check	03/3	31/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card					

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I. MONETARY RECEIPT	'S (Se	ction A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		ŕ	TYPE OF REPORT		
Somers 2014			April 10 Filing - Original		
	T 1	• • • •			
B. Itemized Contributions from	m Indi	ividuals			
Last Name	First			MI	Contribution ID #
Lombardi		David		М	0481
Residential Street Address	City			State	Zip Code
792 Ocean Ave		New London		СТ	06320-3055
Principal Occupation		Name of Employ	er		-
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	int of Contribution
	0	dependent child of	of a lobbyist? Yes		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
government the contract is with a Mathed of contribution.	Date I	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
X No Cash X Personal Check	03/3	31/2014	\$50.00		\$50.00
If yes, list Event # Money Order Credit/Debit Card	03/3	51/2014	\$30.00		\$30.00
· · ·					
Last Name	First			MI	Contribution ID #
Lombardi		Sherry		В	0482
Residential Street Address	City			State	Zip Code
792 Ocean Ave		New London		СТ	06320-3055
Principal Occupation		Name of Employ	er		
Business Manager		Best I	Health Physical Therapy		
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? Yes		
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 I	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
X No Cash X Personal Check	03/3	31/2014	\$50.00		\$50.00
If yes, list Event # Money Order Credit/Debit Card	05/5	,1/2014	430.00		450.00
Last Name	First			MI	Contribution ID #
	FIISt				
Hennessey		John		J	0510
Residential Street Address	City			State	Zip Code
12 Wequetequock Psge	L	Pawcatuck		СТ	06379-2032
Principal Occupation		Name of Employ	er		
Physician		Gales	Ferry Medical Group	-	
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	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 sociated with a Yes Yes	Date I	Received	Aggregate Contributions		
X No Cash X Personal Check	03/3	81/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Hennessey	1 11.51	Robin		M	0543
Residential Street Address	City	Robin		State	Zip Code
	City	Davidation			-
12 Wequetequock Psge	μ	Pawcatuck		СТ	06379-2032
Principal Occupation		Name of Employ			
Social Work			eline Counseling	1	
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?		
government the contract is with:			x _{No}		
Is this contribution associated with a Method of contribution:	Date I	Received	Aggregate Contributions		
	03/3	81/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card	1				

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I. MONETARY RECEIPT	'S (Se	ection A-I)	-		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	Ì	,	TYPE OF REPORT		
Somers 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First	ii viuuais		MI	Contribution ID #
Aiosa	First	Jeffrey		IVII	0546
Residential Street Address	City	Jenney		State	Zip Code
5 Egret Rd	City	Mystic		CT	06355-3295
Principal Occupation	-	Name of Employ	/er		00333 3233
Automotive Executive			age House		
				Amou	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	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 Method of contribution:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?					
X No Cash X Personal Check	03/3	31/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Mills		Erika		G	0550
Residential Street Address	City			State	Zip Code
808 Columbus Ave Apt 17H		New York		NY	10025-5162
Principal Occupation	•	Name of Employ	ver	-	
Business Development Consultant		Expe	ris		
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of	0	dependent child	of a lobbyist?		
government the contract is with:			x _{No}		
Is this contribution associated with a for draining work listed in Section 112 Yes	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes, list Event #	03/3	31/2014	\$100.00		\$100.00
					•
Last Name	First			MI	Contribution ID #
Mills		Steven Doug	llas		0551
Residential Street Address	City			State	Zip Code
808 Columbus Ave Apt 17H	<u> </u>	New York		NY	10025-5162
Principal Occupation		Name of Employ			
Consultant			Advisors, LLC		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a dependent child	lobbyist, spouse, or Second Alababian Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of					
government the contract is with:	Dete	Received		-	
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X No Cash Personal Check	03/	31/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card	0.57	51/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Pinter	THSt	Laszlo		L	0552
Residential Street Address	City	203210		State	Zip Code
40 Hut Hill Rd	City	Bridgewater		CT	06752-1312
Principal Occupation		Name of Employ	/er		00752 1512
Attorney			of Danbury		
			labbrid more an	Amou	unt of Contribution
Yes X N	0	dependent child	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?	1				
X No Cash Personal Check	03/3	31/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card	''			1	

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I. MONETARY RECEIPT	'S (Se	ection A-I)	-		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	Ì	, 	TYPE OF REPORT		
Somers 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First	lividuals		MI	Contribution ID #
Deren	riist	Michael		M	0561
Residential Street Address	City	MICIAEI		State	Zip Code
106 Niles Hill Rd	City	New London		CT	06320-3016
Principal Occupation	<u> </u>	Name of Employ	er		00520-5010
Physician		1.2	employed		
			abbyist shouse or	Amor	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	Vac		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?					
No Cash Personal Check	03/3	31/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Doherty		Karen			0562
Residential Street Address	City			State	Zip Code
5 Village Ct		East Lyme		СТ	06333-1200
Principal Occupation	- T	Name of Employ	er		
Registered Nurse		Self-e	employed		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	int of Contribution
There is the twenty of	0	dependent child of	of a lobbyist?		
government the contract is with:			x _{No}		
Is this contribution associated with a for draining super list d is for time 112 Yes	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes, list Event #	03/3	31/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Sprecace		George		А	0554
Residential Street Address	City			State	Zip Code
669 Pequot Ave	L_	New London		СТ	06320-4230
Principal Occupation		Name of Employ			
Physician/Attorney			y Associates of New London,		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	lobbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent ennu (·		
government the contract is with:					
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X No Cash Personal Check	0.2/5	21/2014	¢100.00		+100.00
If yes, list Event # Money Order Credit/Debit Card	03/3	31/2014	\$100.00		\$100.00
Leet News	First				Contribution ID #
Last Name Andrias	FIISt	Charlos		MI W	Contribution ID # 0557
Residential Street Address	City	Charles		State	Zip Code
3 Black Duck Rd	City	Mystic		CT	06355-3205
Principal Occupation	<u> </u>	Name of Employ	er		00555-5205
Physician			Hospital/L&M Physician Assoc	iates	
			lobbyist, spouse, or	i	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	Vac	- Annou	and 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?			<u></u>		
X No Cash Personal Check	03/3	31/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card			\$100.00		+

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I. MONETARY RECEIPT	'S (Se	ection A-I)	-		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	Ì	,	TYPE OF REPORT		
Somers 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Atkins	Flist	Pamela		R	0558
Residential Street Address	City	Palliela		R State	Zip Code
39 Bayberry Ln	City	Groton		CT	06340-6001
Principal Occupation		Name of Employ	10 r		00340-0001
Insurance Agent			erry Insurance		
		,	, 	Amor	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Var		
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?					
X No Cash Personal Check	03/3	31/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card					-
Last Name	First			MI	Contribution ID #
Atkins		Roderick		А	0559
Residential Street Address	City			State	Zip Code
39 Bayberry Ln		Groton		СТ	06340-6001
Principal Occupation	•	Name of Employ	/er	-	•
Clerk-Accounting		Electr	ric Boat/General Dynamics		
Is contributor a principal of a state contractor or prospective state contractor?			lobbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of	0	dependent child	of a lobbyist?		
government the contract is with:			x _{No}		
Is this contribution associated with a for draining work listed in Section 112 Yes	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?					
If yes, list Event #	03/3	31/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Peterson		Alma		Н	0528
Residential Street Address	City			State	Zip Code
863 Montauk Ave	<u> </u>	New London		СТ	06320-4334
Principal Occupation		Name of Employ			
Retired		Retire			
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a dependent child	lobbyist, spouse, or Second Alpha Second Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of					
government the contract is with:	Dete	Received		4	
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X No Cash Personal Check	03/	31/2014	\$30.00		\$30.00
If yes, list Event # Money Order Credit/Debit Card	0.57	51/2014	\$30.00		\$50.00
Last Name	First			MI	Contribution ID #
Brown	First	David		IVII	0604
Residential Street Address	City	David		State	Zip Code
358 River Rd	City	Pawcatuck		CT	06379-2078
Principal Occupation		Name of Employ	/er		00373 2070
Retired		Retire			
				Amor	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac		
If yes, indicate which branch or branches of Executive Legislative			× No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?	1				
X No Cash Personal Check	03/3	31/2014	\$50.00		\$50.00
If yes, list Event # Money Order Credit/Debit Card	''			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		
Somers 2014			April 10 Filing - Original		
	T 1				
B. Itemized Contributions from	m Ind	ividuals		•	
Last Name	First			MI	Contribution ID #
DiFabio Jr.		Anthony		F	0578
Residential Street Address	City			State	Zip Code
79 Pheasant Run		Avon		СТ	06001-2844
Principal Occupation		Name of Employ	rer		
Real estate title examiner		Self-e	employed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	obbyist, spouse, or	Amou	nt of Contribution
Yes X No	0	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
government the contract is with a Mathed of contribution.	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
No Cash Personal Check	02/3	31/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card	03/3	51/2014	\$100.00		\$100.00
	. F.				0 (1 (m#
Last Name	First			MI	Contribution ID #
Cheeseman		Holly		н	0633
Residential Street Address	City			State	Zip Code
16 Mitchell Dr		Niantic		СТ	06357-2838
Principal Occupation		Name of Employ	rer		
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	obbyist, spouse, or	Amou	nt of Contribution
	0	dependent child	of a lobbyist? Yes		
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?			66 · 6 · · · · · · · · · · ·		
X No Cash X Personal Check	03/2	31/2014	\$70.00		\$50.00
If yes, list Event # Money Order Credit/Debit Card	05/5	51/2014	\$70.00		\$30.00
Last Name	First			MI	Contribution ID #
	FIISt	<u>.</u>		MI	
Bonelli		Giovanni			0603
Residential Street Address	City			State	Zip Code
27 Meech Ave	L	Groton		СТ	06340-5807
Principal Occupation		Name of Employ	rer		
Student		Stude	ent		
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	nt of Contribution
If you indicate which branch as branches of	0	dependent child	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with a restrict the force of the test of test	Date	Received	Aggregate Contributions		
X No Cash Personal Check	03/3	31/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Grimm	1 1100	Gregory			0564
Residential Street Address	City	Gregory		State	
	City	Custon			Zip Code
27 Meech Ave	μ.,	Groton		СТ	06340-5807
Principal Occupation		Name of Employ			
Engineer			ric Boat/General Dynamics	ı — — —	
Is contributor a principal of a state contractor or prospective state contractor?	。		lobbyist, spouse, or Yes	Amou	nt of Contribution
	-	dependent child	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	1	
fundraising event listed in Section J1?	1				
	03/3	31/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card	1 7			1	

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I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	Ì	,	TYPE OF REPORT		
Somers 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	ividuals		•	
Last Name	First			MI	Contribution ID #
Flax		Kathleen		А	0640
Residential Street Address	City			State	Zip Code
632 Noank Rd		Mystic		СТ	06355-2119
Principal Occupation		Name of Employ	/er		-
Teacher		Ledya	ard BoE		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amou	int of Contribution
	0	dependent child	of a lobbyist? Yes		
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	Aggregate controlitons		
X No Cash X Personal Check	0.2/2	1/2014	¢100.00		+100.00
If yes, list Event # Money Order Credit/Debit Card	03/3	31/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Craig		Carol		В	0636
Residential Street Address	City			State	Zip Code
18 Riverbend Dr		Mystic		СТ	06355-3600
Principal Occupation		Name of Employ	/er		
Realtor		Berks	shire Hathaway Home Service	es	
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with: Legislative Legislative Legislative	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Date	Received	Aggregate Controutions		
X No Cash X Personal Check					150.00
If yes, list Event # Money Order Credit/Debit Card	03/3	31/2014	\$100.00		\$50.00
	۱				
Last Name	First			MI	Contribution ID #
Springsteel		Peter		J	0387
Residential Street Address	City			State	Zip Code
105 Starr St		Mystic		СТ	06355-1838
Principal Occupation		Name of Employ	/er		
Architect		Peter	J. Springsteel Architect LLC		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amou	ant of Contribution
	0	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Buie		1661 egate controlations		
X No Cash X Personal Check	0.2/2	21/2014	¢100.00		±100.00
If yes, list Event # Money Order Credit/Debit Card	03/3	31/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Zawoy		Virginia		D	0388
Residential Street Address	City			State	Zip Code
150 Cow Hill Rd		Clinton		СТ	06413-1115
Principal Occupation		Name of Employ	/er		
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or Yes	Amou	int of Contribution
	0	dependent child	of a lobbyist? Yes		
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?	Date		- opropute contributions		
X No Cash X Personal Check	0.2/7	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 (Se	ction A-I)	-		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	Ì	,	TYPE OF REPORT		
Somers 2014			April 10 Filing - Original		
	T 1	• • • •			
B. Itemized Contributions from	m Ind	ividuals		-	
Last Name	First			MI	Contribution ID #
Cote		Marcia		В	0589
Residential Street Address	City			State	Zip Code
78 Colony Rd		Groton		СТ	06340-5412
Principal Occupation		Name of Employ	er		
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or Yes	Amou	int of Contribution
	D	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches of Executive Legislative			X No		
government the contract is with:	Date I	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Butt		- iggregate controlations		
X No Cash Personal Check	02/2	21/2014	¢100.00		±100.00
If yes, list Event # Money Order Credit/Debit Card	03/3	81/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
McAnanly		Glee		А	0616
Residential Street Address	City			State	Zip Code
52 High Ridge Dr		Pawcatuck		СТ	06379-1237
Principal Occupation		Name of Employ	rer		
Owner		Sassr	ne Enterprises, Inc.		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	obbyist, spouse, or	Amou	int of Contribution
Yes Yes You	D	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches of Executive Legislative			X No		
government the contract is with:	Date I	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X No Cash Personal Check					
If yes, list Event # Money Order Credit/Debit Card	03/3	81/2014	\$75.00		\$75.00
	I				
Last Name	First			MI	Contribution ID #
McAnanly		James		F	0617
Residential Street Address	City			State	Zip Code
52 High Ridge Dr		Pawcatuck		СТ	06379-1237
Principal Occupation		Name of Employ	rer	-	
Owner		Sassr	ne Enterprises, Inc.		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	obbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	D	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches of Executive Legislative			X No		
government the contract is with	Date I	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Butt		- iggregate controlations		
X No Cash Personal Check	02/2	21/2014	47E 00		+7F 00
If yes, list Event # Money Order Credit/Debit Card	03/3	81/2014	\$75.00		\$75.00
Last Name	First			MI	Contribution ID #
Daly		Michael		W	0435
Residential Street Address	City			State	Zip Code
8 Winthrop Blvd		Cromwell		СТ	06416-1259
Principal Occupation		Name of Employ	ver		
Fund Administrator		CT Pi	pe Trades Benefit Fund		
Is contributor a principal of a state contractor or prospective state contractor?				Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	D	dependent child	Vac		
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:	Data I	Received	Aggregate Contributions		
Is this contribution associated with a fundraising event listed in Section J1?	Date	NCCCIVOU	Aggregate Contributions		
X No Cash Personal Check	0.0 /-	31/2014	\$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		
Somers 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Bartinik		Marianne		G	0406
Residential Street Address	City			State	Zip Code
134 Anchorage Cir		Groton		СТ	06340-5411
Principal Occupation		Name of Employ	/er	•	
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or Yes	Amou	int of Contribution
	0	dependent child	of a lobbyist? Yes		
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?	Dute		Aggregate controlations		
X No Cash Personal Check	0.2/2	31/2014	¢100.00		±100.00
If yes, list Event # Money Order Credit/Debit Card	03/3	31/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Johnson		Michael		D	0650
Residential Street Address	City			State	Zip Code
193 Buddington Rd		Groton		СТ	06340-3210
Principal Occupation		Name of Employ	/er		
Bartender		Dog \	Watch Cafe		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amou	int of Contribution
Yes Yes You	0	dependent child	of a lobbyist? Yes		
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 Personal Check					
If yes, list Event # Money Order X Credit/Debit Card	03/3	31/2014	\$100.00		\$100.00
	·			r	
Last Name	First			MI	Contribution ID #
Curran		Margaret		М	0450
Residential Street Address	City			State	Zip Code
25 Belmont Cir		Danbury		СТ	06810-6426
Principal Occupation		Name of Employ	/er		
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	of a lobbyist? Yes		
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?	Bute	licectivea	inggregate controlutions		
X No Cash Personal Check	0.2/2	21/2014	¢100.00		±100.00
If yes, list Event # Money Order Credit/Debit Card	03/3	31/2014	\$100.00		\$100.00
				r	
Last Name	First			MI	Contribution ID #
Santacroce		John			0443
Residential Street Address	City			State	Zip Code
80 Baker Ave		Groton		СТ	06340-3921
Principal Occupation		Name of Employ	/er		
Owner		Groto	on Oil Co.		
Is contributor a principal of a state contractor or prospective state contractor?			<u> </u>	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac		
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:	Det	Received		4	
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
No Cash Personal Check					
If yes, list Event # Money Order Credit/Debit Card	03/3	31/2014	\$100.00		\$60.00

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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		
Somers 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Elkins		Karl		w	0591
Residential Street Address	City			State	Zip Code
23 Cove St		Niantic		ст	06357-2656
Principal Occupation		Name of Employ	er		
Self-employed		Diver	sified Windows		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	obbyist, spouse, or	Amou	unt of Contribution
	0	dependent child	obbyist, spouse, or 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 Method of contribution:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?					
	03/3	31/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Austin		Michael		J	0628
Residential Street Address	City			State	Zip Code
85 Church St		New Haven		СТ	06510-3013
Principal Occupation		Name of Employ	rer		4
Sales		First	Trust Advisors		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	obbyist, spouse, or Yes	Amou	ant of Contribution
	0	dependent child	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 Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
X No Cash Personal Check	03/3	31/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Buchanan		Wayne		R	0632
Residential Street Address	City			State	Zip Code
17 Sargent Rd		Old Lyme		СТ	06376
Principal Occupation		Name of Employ	er		4
Project Manager		U.S. (Coast Guard		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	obbyist, spouse, or Yes	Amou	unt of Contribution
	0	dependent child	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 Method of contribution:	Date	Received	Aggregate Contributions		
	03/3	31/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Cinami		Steven		J	0635
Residential Street Address	City			State	Zip Code
62A Buttonball Rd		Old Lyme		СТ	06371-1704
Principal Occupation		Name of Employ	rer	-	•
Consultant		PCMS	, LLC		
Is contributor a principal of a state contractor or prospective state contractor?	-	Is contributor a	obbyist, spouse, or Yes	Amou	unt of Contribution
If yes indicate which branch or branches of	0	dependent child			
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	
	03/3	31/2014	\$50.00		\$50.00
If yes, list Event # 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		
Somers 2014			April 10 Filing - Original		
	T 1				
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Griswold		Timothy		С	0644
Residential Street Address	City			State	Zip Code
13-1 Griswold Pt		Old Lyme		СТ	06371-2636
Principal Occupation		Name of Employ	/er	-	•
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amov	unt of Contribution
	0	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution accounted with a Mathad of contribution	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?			88 · 8 · · · · · · · · · · · ·		
X No Cash Personal Check	03/	31/2014	\$50.00		\$50.00
If yes, list Event # Money Order Credit/Debit Card	0.5/.	51/2014	\$30.00		\$50.00
			•		
Last Name	First			MI	Contribution ID #
Hohlfelder II		Robert		A	0647
Residential Street Address	City			State	Zip Code
74 Crosswinds Dr		Noank		СТ	06340-4870
Principal Occupation		Name of Employ	/er		
General Contractor		Mt. K	ineo Builders		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or Yes	Amou	unt of Contribution
	0	dependent child	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 Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
X No Cash Personal Check	03/	31/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card	05/.	51/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
	FIISt				
Janney		Catherine		М	0649
Residential Street Address	City			State	Zip Code
5300 Talladega Ct Unit E		Frederick		MD	21703-7519
Principal Occupation		Name of Employ	/er		
Director of Regional Development		USO,	Inc.	-	
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of	0	dependent child			
government the contract is with:			x No		
Is this contribution associated with a fundration are used by the section of the	Date	Received	Aggregate Contributions		
	03/3	31/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Kelley		Steven		J	0651
Residential Street Address	City	Steven		State	Zip Code
	City	East Luna a			-
8 Joval St	L	East Lyme		СТ	06333-1319
Principal Occupation		Name of Employ			
Retired		Retire			
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	ant of Contribution
		dependent child			
government the contract is with:			x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions]	
	03/3	31/2014	\$50.00		\$50.00
If yes, list Event # Money Order Credit/Debit Card	'		1	1	

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L MONETARY RECEIPT	<u>'S (S</u> (ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT April 10 Filing - Original		
Somers 2014			April 10 Filling - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Lanier		Victoria		к	0653
Residential Street Address	City			State	Zip Code
24-2 Short Hills Rd		Old Lyme		СТ	06371-1584
Principal Occupation		Name of Employ	er		
Attorney		Eicho	lz & Lanier		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amo	ount of Contribution
If yes, indicate which branch or branches of		dependent child o	•		
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	0.2/	21/2014	¢50.00		*F0 00
If yes, list Event # Money Order Credit/Debit Card	03/.	31/2014	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Neilson		Keith		в	0658
Residential Street Address	City			State	Zip Code
5 Village Dr		East Lyme		СТ	06333-1240
Principal Occupation	•	Name of Employ	er		•
Civil Engineer		Docko	o, Inc.		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amo	ount of Contribution
If was indicate which branch or branches of	0	dependent child of	a lobbyist?		
government the contract is with:			X No		
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
Cash X Personal Check					
If yes, list Event # No Money Order Credit/Debit Card	03/3	31/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Seery	1 1150	Kevin		A	0661
Residential Street Address	City			State	Zip Code
25 Quailcrest Rd	5	East Lyme		СТ	06333-1329
Principal Occupation		Name of Employ	er		
State Trooper		State	of Connecticut		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amo	ount of Contribution
	0	dependent child of			
government the contract is with:			x _{No}		
Is this contribution associated with a fundariation over third in Section 112 Yes	Date	Received	Aggregate Contributions		
If yes, list Event # Cash Personal Check Credit/Debit Card	03/3	31/2014	\$50.00		\$50.00
				·	
			Total of 3	Section B	\$55,760.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Section	ons A	+ B) (To	tal on Line 14 of Summary Page)		\$55,760.00

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I.	MONE	TARY	RECE	IPTS (S	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as R	egistered	with Co	ommission	ı)			TYPE OF R	EPORT
Somers 2014							April 10 Filing - Origir	al
C1. Co	ontribut	ions fro	om Other	r Commi	ttees			
Name of Committee					Name of Treasurer			
Address	Is this contribution associated with a Yes No fundraising event listed in Section J1? If yes, list Event #					Amount of Contribution		
City	State	Zip Cod	le	Date R	eceived	Aggregate Con	tributions	
							Total of Section C1	
I. MONE	TARY	RECE	CIPTS (S	Section .	A-I)			
NAME OF COMMITTEE							TYPE OF REPORT	
Somers 2014						April 10) Filing - Original	
C2. Reimbursements,	Paymer	nts, or S	Surplus I	Distribut	ions from other	Committe	es	
Name of Committee					Name of Treasurer			
Address						Date Rece	ived	Amount of Receipt
City	State		Zip Code		Reimbursement Payment for goo	-	nse	
							Total of Section C2	

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I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE				TYPE (OF REPORT					
Somers 2014	April 10 Filing	g - Original								
D. Loans Received this Period										
Name of Lender		Source of Loan: Bank	Candidate	Individual	l Other	Date of Receipt				
Street Address	City	Dank	Candidate	State	Zip Code	Is there a cosigner or Guarantor of this loan? Yes No				
Name of Cosigner/Guarantor (if applicable)						Amount Received				
Street Address	City	City			Zip Code					
				I	Total of Section	D				

	I. MON	NETARY RECEIPTS (S	ection A-I)							
NAME OF COMMITTEE				TYPE OF	REPORT					
Somers 2014				April 10 Filing -	Original					
E. Personal F	E. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)									
Date of Receipt 01/27/2014	Method of Payment Cash	X Personal Check	Credit/Debit Card		Amount \$1,000.00					
				Total of Section E	\$1,000.00					

I. Monetary Receipts (Section A-I)											
NAME OF COMMITTEE	NAME OF COMMITTEE										
Somers 2014	Ap	April 10 Filing - Original									
G. Interest from Deposits in Authorized Accounts											
Name of Institution			Date Received		Amount						
Street Address	City	State		Zip Code							

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	I. MONETARY RECEIPTS (Section A-K)											
NAME OF COM	IMITTEE					TYPE OF REPORT						
Somers 2014			April 10 Filing - Original									
	H. Public Grant Funds Received from the Citizens' Election Fund											
Purpose of Grant:			Grant Cycle:			Date Received	Amount					
	Initial	Grant Adjustment	Primary	General Election	Special Election							
	Supplemental/Post Election Deficit											
			•			Total of Section H						

I. MONETARY RECEIPTS (Section A-K)										
NAME OF COMMITTEE				TYPE OF REPORT						
Somers 2014			April 1	0 Filing - Original						
I. Miscellaneous Monetary Receipts not Considered Contributions										
Name			Date of	Transaction	Amount Received					
Street Address	City	State		Zip Code						
Description	·	-								
				Total of Section I						

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П	II. FUNDRAISING EVENT ACTIVITY (Sections J1 - J3)											
NAME OF COMMITTEE						TYPE OF R	EPORT					
Somers 2014						April 10 Filing - Origina	I					
	J1. Fundraising Event I	nform	ation									
Fundraising Event # Date of Fundraiser 01/27/2014 A	Description Speech Event											
Location: Street Address 224 Gold Star Hwy					City Groton		State CT	Zip Code 06340				
Was this fundraising event hosted at a personal residence? Yes if yes, go to Section J3 In-Kind I X No invitations.								nd				
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	X	Yes No	If yes, to to Section J3 complete required info		ions not Considered Contril	butions and						
Subpart 1: Yes (If yes, enter Total Receipts here.) Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? X No							\$0.00					
Fundraising Event # Date of Fundraiser 01/27/2014 B	Description Breakfast Event							1				
Location: Street Address 61 W Main St					City Mystic		State CT	Zip Code 06355				
Was this fundraising event hosted at a personal resid	lence?	X	Yes No	if yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information for puchases made by host(s) for food, beverage and invitations.								
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	ess entity of up to \$200 or items	X	Yes No	If yes, to to Section J3 complete required info		ions not Considered Contril	butions and					
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with	X	Yes No	(If yes, enter Total Red	ceipts here.)			\$0.00				
Fundraising Event # Date of Fundraiser Letter 02/20/2014 A	Description Dinner Event							1				
Location: Street Address 1 Stacey Rd					City Danbury		State CT	Zip Code 06811				
Was this fundraising event hosted at a personal resid	lence?	X	Yes No			tions not Considered Contri chases 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	X	Yes No	If yes, to to Section J3 complete required info		ions not Considered Contril	butions and					
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with	X	Yes No	(If yes, enter Total Red	ceipts here.)			\$0.00				

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П	. FUNDRAISING EVENT A	CTIVITY	(Sections J1 - J	3)			
NAME OF COMMITTEE					TYPE OF RI	EPORT	
Somers 2014					April 10 Filing - Original		
	J1. Fundraising Event I	nformation		Ι			
Fundraising Event # Date of Fundraiser 03/06/2014 A	Description Meet and Greet Event						
Location: Street Address 46 Main St				City Ivoryton		State CT	Zip Code 06442
					ions not Considered Contrib hases made by host(s) for fo		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 X No	If yes, to to Section J3 complete required info		ons not Considered Contrib	outions and	
Subpart 1: Yes (If yes, enter Total Receipts here.) Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? Xes (If yes, enter Total Receipts here.)							\$0.00
Fundraising Event # Date of Fundraiser 03/13/2014 A	Description Home Fundraiser						
Location: Street Address 336 Great Neck Rd				City Waterford		State CT	Zip Code 06385
Was this fundraising event hosted at a personal resid	lence?	X Yes No	if yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information for puchases made by host(s) for food, beverage and invitations.				
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	ess entity of up to \$200 or items	Yes X No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.				
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with	Yes X No	(If yes, enter Total Rec	eeipts here.)	[\$0.00
Fundraising Event # Date of Fundraiser 03/15/2014 A	Description Meet and Greet Event						
Location: Street Address 93 Plant St				City Groton		State CT	Zip Code 06340
Was this fundraising event hosted at a personal resid	lence?	Yes X No			ions not Considered Contrit hases made by host(s) for fo		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 X 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 X No	(If yes, enter Total Receipts here.)				

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П	. FUNDRAISING EVENT A	CTIV	TTY	(Sections J1 - J	(3)			
NAME OF COMMITTEE						TYPE OF RI	EPORT	
Somers 2014						April 10 Filing - Original		
	J1. Fundraising Event I	nform	ation					
Fundraising Event # Date of Fundraiser 03/16/2014 A	Description Home Fundraiser							
Location: Street Address 72 Mooreland Dr					City Southingt	on	State CT	Zip Code 06489
						tions not Considered Contril chases made by host(s) for f		nd
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	x	Yes No	If yes, to to Section J3 complete required info		ions not Considered Contrib	outions and		
Subpart 1: Yes (If yes, enter Total Receipts here.) Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? X No No							\$0.00	
Fundraising Event # Date of Fundraiser Letter 03/18/2014 A	Description Meet and Greet Event							1
Location: Street Address 54 Greenmanville Ave					^{City} Mystic		State CT	Zip Code 06355
Was this fundraising event hosted at a personal resid	lence?	X	Yes No	if yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information for puchases made by host(s) for food, beverage and invitations.				
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	ess entity of up to \$200 or items	X	Yes No	If yes, to to Section J3 complete required info		ions 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 Re	ceipts here.)			\$0.00
Fundraising Event # Date of Fundraiser 03/20/2014 A	Description Dinner Event							
Location: Street Address 488 Colman St					City New Lond	on	State CT	Zip Code 06320
Was this fundraising event hosted at a personal resid	lence?	X	Yes No			tions not Considered Contril chases 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	X	Yes No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.				
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with	x	Yes No	(If yes, enter Total Receipts here.)				

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П	. FUNDRAISING EVENT A	CTIV	ITY ((Sections J1 - J	(3)			
NAME OF COMMITTEE						TYPE OF RI	EPORT	
Somers 2014						April 10 Filing - Original		
	J1. Fundraising Event I	nform	ation					
Fundraising Event # Date of Fundraiser 03/24/2014 A	Description Meet and Greet Event							
Location: Street Address 7 Edgewater Pl					City Norwalk		State CT	Zip Code 06855
						tions not Considered Contrib chases made by host(s) for fo		nd
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	x	Yes No	If yes, to to Section J3 complete required info		ions not Considered Contrib	outions and		
Subpart 1: Yes (If yes, enter Total Receipts here.) Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? X								\$0.00
Fundraising Event # Date of Fundraiser Letter 03/27/2014 A	Description Home Fundraiser							
Location: Street Address 37 Westwood Dr					City Waterford	I	State CT	Zip Code 06385
Was this fundraising event hosted at a personal resid	lence?	x	Yes No	if yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information for puchases made by host(s) for food, beverage and invitations.				
Did this fundraiser include items donated by a busin- donated by an individual of up to \$100?	ess entity of up to \$200 or items	x	Yes No	If yes, to to Section J3 complete required info		ions 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 Red	ceipts here.)	[\$0.00
Fundraising Event # Date of Fundraiser Letter 03/28/2014 A	Description Reception Event							
Location: Street Address 663 Main St					City Watertow	n	State CT	Zip Code 06795
Was this fundraising event hosted at a personal resid	lence?	X	Yes No			tions not Considered Contrib chases made by host(s) for fo		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 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 Receipts here.)				\$0.00

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II. FUNDRAISING EVENT ACTIVITY (Sections J1 - J3)									
NAME OF COMMITTEE						TYPE OF R	EPORT		
Somers 2014						April 10 Filing - Original	I		
	J1. Fundraising Event I	nform	ation						
Fundraising Event # Date of Fundraiser 03/29/2014 A	Description Meet and Greet Event								
Location: Street Address 4 Pearl St					City Mystic		State CT	Zip Code 06355	
Was this fundraising event hosted at a personal residence?			Yes No	if yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information for puchases made by host(s) for food, beverage and invitations.					
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?			Yes No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.					
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 No	(If yes, enter Total Receipts here.)				\$0.00	
Fundraising Event # Date of Fundraiser Letter 03/30/2014 A	Description Home Fundraiser							1	
Location: Street Address 52 High Ridge Rd					City Pawcatuck	K	State CT	Zip Code 06379	
Was this fundraising event hosted at a personal residence?			Yes No	if yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information for puchases made by host(s) for food, beverage and invitations.					
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?			Yes No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.					
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 No	(If yes, enter Total Receipts here.)				\$0.00	
Fundraising Event # Date of Fundraiser Letter 03/31/2014 A	Description Meet and Greet Event								
Location: Street Address 381-385 Bank St					City New Lond	on	State CT	Zip Code 06320	
Was this fundraising event hosted at a personal residence?		x	Yes No	if yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information for puchases made by host(s) for food, beverage and invitations.					
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?			Yes No	If yes, to to Section J3 complete required info		ions not Considered Contrib	outions 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 No	(If yes, enter Total Receipts here.) \$0.					

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Total of Section J1	\$0.00

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II. FUNDRAISING EVENT ACTIVITY (Sections J1 - J3)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYP				TYPE OF REPO	TYPE OF REPORT			
				April 10 Filing - Original				
	J3. In-Kind Donations Not Considered Contributions							
Name of the Donor								
Kramer, Brenda & Bill								
Street Address			City			State	Zip Code 06385	
336 Great Neck Rd	1		wat	erford		СТ	00385	
Donation Given by:	Description of Donation Food & drink					Fair Market Value of Donation		
X Individual								
Business Entity	Date Received 03/13/2014	Event # 03132014A		Aggregate value for this event \$250.00			\$250.00	
Sole Proprietorship					<u><u></u></u>		4200000	
Name of the Donor								
Mongillo, Carol & David								
Street Address City				State	Zip Code			
72 Mooreland Dr			Southington			СТ	06489	
Donation Given by:	Given by: Description of Donation					Fair Market Value of		
X Individual	Food & drink					Donation		
Business Entity	Date Received	Event #	Aggregate value		alue for this event			
Sole Proprietorship	03/16/2014	03162014A	03162014A		\$200.00		\$200.00	
Name of the Donor								
Stanly, Bill								
Street Address			City			State	Zip Code	
37 Westwood Dr			Wat	erford		СТ	06385	
Donation Given by:	Description of Donation						arket Value of Donation	
X Individual	Food & drink					1	onation	
Business Entity	Date Received	Event #		Aggregate valu				
Sole Proprietorship	03/27/2014	03272014A			\$200.00		\$200.00	

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II. FUNDRAISING EVENT ACTIVITY (Sections J1 - J3)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPOR					ORT		
Somers 2014			April 10 Filing - Original				
	J3. In-Kind Donations Not Considered Contributions						
Name of the Donor McAnanly, Jim & Glee							
Street Address 52 High Ridge Rd			City Paw	vcatuck		State CT	Zip Code 06379
Donation Given by:	Description of Donation Food & drink		-			Fair	Market Value of Donation
Business Entity Sole Proprietorship	Date Received 03/30/2014	Event # 03302014A		Aggregate valu	e for this event \$200.00		\$200.00
					Total of Section J3		\$850.00

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III. NONMONETARY RECEIPTS (Sections K - M)							
NAME OF COMMITTEE					TYPE OF REP	ORT	
Somers 2014					April 10 Filing - Original		
K. In-Kind Contributions							
Name Somers Heather							
Street Address 67 Ramsdell St				City Groton		State CT	Zip Code 06340
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event#	Yes X No	Description Business	of In-Kind Contribution			•	
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Version of a state contractor or prospective state No government the contract is with: Executive Legislative							
Type of Contributor:	Sole Proprie	etorship	Date Received 01/31/2014		Aggregate contributions \$74.40		\$74.40
Name Somers Heather							
Street Address 67 Ramsdell St				^{City} Groton		State CT	Zip Code 06340
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event#	Yes X No	Description Office su	of In-Kind Contribution	-			
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	contracto		of a state contractor or pros ch branch or branches of tract is with:		ecutive		farket Value of this Contribution
Type of Contributor:			Date Received		Aggregate contributions		\$112.23
x Individual Committee	Sole Proprie	etorship	02/02/2014		\$112.23		¥112.23

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III. NONMONETARY RECEIPTS (Sections K - M)								
NAME OF COMMITTEE					TYPE OF REP	ORT		
Somers 2014					April 10 Filing - Original			
	K. In-Kind C	Contributi	ons					
Name Somers Heather								
Street Address 67 Ramsdell St				City Groton		State CT	Zip Code 06340	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event#	Yes X No	Description Printer to	of In-Kind Contribution			•		
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	contractor		of a state contractor or prosp sh branch or branches of tract is with:	_	The second secon		larket Value of this Contribution	
Type of Contributor:			Date Received		Aggregate contributions		+151.20	
x Individual Committee	Sole Proprie	etorship	02/06/2014		\$154.20		\$154.20	
					Total of Section K		\$340.83	

III. Non Monetary Receipts (Sections K - M)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT			
Somers 2014 A			April 10 Filing - Original				
L. Refundable Deposit to Telephone Company							
Last Name of Individual		First Name		МІ	Date I	Deposit Made	
Residential Street Address	Cit	ty	State	Zip Code		Amount of Deposit	
Name of Telephone company	Name of Telephone company						
Street Address	City	City State		Zip Code			
				Total of S	ection L		

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Ш.	NON	MONETARY	RECEIPTS	(Sections K - M)	
	110111		KECEH IS	(0)	ε.

III. NOIVIONETAKT KECEIFTS (Secuolis K - WI)								
NAME OF COMMITTEE			TYPE OF REPORT					
Somers 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							
Description of Donation	Purpose of Expenditure A B	C D						
			Total of Section M					

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IV. EXPENDITURES (Sections N - S)						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE						
Somers 2014				April 10 Filing ·	ng - Original	
	N. Expenses Paid By Comm	ittee				
Name of Payee Anedot		-	Date of Payr 01/27/20			ment eek # ebit Card
Street Address 5555 Hilton Ave Ste 106		^{City} Baton Rouge			State LA	Zip Code 70808
Purpose of Expend BNK	Description Credit card charge					Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum Event # Expenditure # and complete Itemization in Addendum					\$4.20	
Name of Payee Date of Payment Anedot 01/28/2014				Method of Payment X Check # Debit Card		
Street Address 5555 Hilton Ave Ste 106		^{City} Baton Rouge			State LA	Zip Code 70808
Purpose of Expend BNK	Description Credit card charge					Amount
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	X No (if app	diture # licable)	Event #	ŧ		\$4.20
Name of Payee Anedot			Date of Payr 01/29/20		Method of Pay X Ch	
Street Address 5555 Hilton Ave Ste 106		City Baton Rouge			State LA	Zip Code 70808
Purpose of Expend BNK	Description Credit card charge					Amount
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	X No (if app	diture # licable)	Event #	ŧ		\$29.40

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IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE					OF REPORT		
Somers 2014				April 10 Filing	- Original		
	N. Expenses Paid By Comn	nittee					
Name of Payee Anedot		_	Date of Pay 01/30/20			ment neck # sbit Card	
Street Address 5555 Hilton Ave Ste 106		^{City} Baton Rouge			State LA	Zip Code 70808	
Purpose of Expend BNK	Description Credit card charge					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)						\$12.60	
Name of Payee Date of Payment Jonster.com, LLC 01/31/2014					Method of Payment X Check # Debit Card		
Street Address 21 Fairview Dr		City Farmington			State CT	Zip Code 06032	
Purpose of Expend WEB	Description Website Design and Development					Amount	
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	X No (if an	nditure # plicable)	Event #	¥		\$250.00	
Name of Payee Eric M. Janney			Date of Pay 01/31/20		Method of Pay		
Street Address 975 Stonington Rd		^{City} Pawcatuck			State CT	Zip Code 06379	
Purpose of Expend RCW	Description Labels & envelopes					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 #	4		\$40.91	

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IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE							
Somers 2014				April 10 Filing	- Original		
	N. Expenses Paid By Comm	ittee					
Name of Payee Eric M. Janney			Date of Payr 01/31/20			ment neck # sbit Card	
Street Address 975 Stonington Rd		City Pawcatuck			State CT	Zip Code 06379	
Purpose of Expend RCW	Description Letterhead & envelopes					Amount	
Is this expenditure coordinated with another candidate for Yes Which reimbursement is sought? Yes If yes, assign an Expenditure # and complete Itemization in Addendum				ŧ		\$505.00	
Name of PayeeDate of PaymentHeather Somers01/31/2014				Method of Payment X Check # Debit Card			
Street Address 67 Ramsdell St		City Groton			State CT	Zip Code 06340	
Purpose of Expend RCW	Description Meeting Room for Announcement					Amount	
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	X No (if ap	diture # olicable)	Event # 012720		\$319.05		
Name of Payee Anedot			Date of Payr		Method of Pay		
Street Address 5555 Hilton Ave Ste 106		City Baton Rouge			State LA	Zip Code 70808	
Purpose of Expend BNK	Description Credit card charge					Amount	
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	X No (if ap)	diture # blicable)	Event #	ŧ		\$8.40	

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IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Commission)			TYPE	OF REPORT		
Somers 2014				April 10 Filing	յ - Original		
	N. Expenses Paid By Comm	ittee					
Name of Payee Anedot			Date of Pay 02/03/20			ment neck # ebit Card	
Street Address 5555 Hilton Ave Ste 106		City Baton Rouge			State LA	Zip Code 70808	
Purpose of Expend BNK	Description Credit card charge					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)						\$4.20	
Name of Payee Date of Payment Anedot 02/04/2014				Method of Payment X Check # Debit Card			
Street Address 5555 Hilton Ave Ste 106		City Baton Rouge			State LA	Zip Code 70808	
Purpose of Expend BNK	Description Credit card charge					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 #	¥		\$8.40	
Name of Payee Anedot			Date of Pay. 02/04/20		Method of Pay		
Street Address 5555 Hilton Ave Ste 106		City Baton Rouge			State LA	Zip Code 70808	
Purpose of Expend BNK	Description Credit card charge					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 #	4		\$4.20	

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IV. EXPENDITURES (Sections N - S)						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE						
Somers 2014				April 10 Filing	- Original	
	N. Expenses Paid By Comm	ittee				
Name of Payee Anedot		-	Date of Pay 02/05/20			ment neck # ebit Card
Street Address 5555 Hilton Ave Ste 106		City Baton Rouge			State LA	Zip Code 70808
Purpose of Expend BNK	Description Credit card charge					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)					\$2.25	
Name of PayeeDate of PaymentAnedot02/06/2014				Method of Payment X Check # Debit Card		
Street Address 5555 Hilton Ave Ste 106		City Baton Rouge			State LA	Zip Code 70808
Purpose of Expend BNK	Description Credit card charge					Amount
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	X No (if app	diture # licable)	Event #	¥	\$4.20	
Name of Payee Anedot			Date of Pay. 02/06/20		Method of Pay	
Street Address 5555 Hilton Ave Ste 106		^{City} Baton Rouge			State LA	Zip Code 70808
Purpose of Expend BNK	Description Credit card charge					Amount
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	X No (if app	diture # licable)	Event #	¥		\$4.20

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IV. EXPENDITURES (Sections N - S)								
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Commission	1)			TYPE	OF REPORT		
Somers 2014					April 10 Filing ·	ı - Original		
	N. Expenses Paid By Cor	nmittee						
Name of Payee Anedot	Date of Payment 02/07/2014					Method of Payment X Check # Debit Card		
Street Address 5555 Hilton Ave Ste 106	City Baton Rouge					State LA	Zip Code 70808	
Purpose of Expend BNK	Description Credit card charge						Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No Expenditure # (if applicable) Event # (if applicable)						\$4.20		
Name of Payee Date of Payment Eventbrite 02/07/2014					Method of Payment X Check # Debit Card			
Street Address 651 Brannan St Ste 110		City San	Francisco			State CA	Zip Code 94103	
Purpose of Expend BNK	Description Eventbrite Registration Fee						Amount	
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	X No (Expenditure # if applicable)		Event #	Ŀ		\$3.49	
Name of Payee Eventbrite				Date of Payr 02/07/20			/ment heck # ebit Card	
Street Address 651 Brannan St Ste 110		City San	Francisco			State CA	Zip Code 94103	
Purpose of Expend BNK	Description CC Processing Fee						Amount	
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	X No (Expenditure # if applicable)		Event #	1		\$3.00	

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IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Commission)			TYPE	E OF REPORT		
Somers 2014				April 10 Filing	- Original		
N. Expenses Paid By Committee							
Name of Payee Anedot		-	Date of Payr 02/08/20			ment neck # sbit Card	
Street Address 5555 Hilton Ave Ste 106		^{City} Baton Rouge			State LA	Zip Code 70808	
Purpose of Expend BNK	Description Credit card charge					Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum Expenditure # and complete Itemization in Addendum				ŧ		\$27.74	
Name of Payee Date of Payment Anedot 02/09/2014					Method of Payment X Check # Debit Card		
Street Address 5555 Hilton Ave Ste 106		^{City} Baton Rouge			State LA	Zip Code 70808	
Purpose of Expend BNK	Description Credit card charge					Amount	
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	X No (if app	diture # licable)	Event #	ŧ		\$4.20	
Name of Payee Anedot			Date of Pay 02/09/20		Method of Pay		
Street Address 5555 Hilton Ave Ste 106		City Baton Rouge			State LA	Zip Code 70808	
Purpose of Expend BNK	Description Credit card charge					Amount	
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	X No (if app	diture # licable)	Event #	ŧ		\$8.40	

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IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Commission)			TYPE	E OF REPORT		
Somers 2014				April 10 Filing	- Original		
N. Expenses Paid By Committee							
Name of Payee Date of Payment Anedot 02/10/2014					Method of Payment X Check # Debit Card		
Street Address 5555 Hilton Ave Ste 106		^{City} Baton Rouge			State LA	Zip Code 70808	
Purpose of Expend BNK	Description Credit card charge					Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum Expenditure # and complete Itemization in Addendum				ŧ		\$16.80	
Name of Payee Date of Payment Anedot 02/10/2014					Method of Payment X Check # Debit Card		
Street Address 5555 Hilton Ave Ste 106		^{City} Baton Rouge			State LA	Zip Code 70808	
Purpose of Expend BNK	Description Credit card charge					Amount	
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	X No (if app	diture # licable)	Event #	Ł		\$1.08	
Name of Payee Eventbrite			Date of Pays 02/10/20		Method of Pay X Ch		
Street Address 651 Brannan St Ste 110		^{City} San Francisco			State CA	Zip Code 94103	
Purpose of Expend BNK	Description Eventbrite Registration Fee					Amount	
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	X No (if app	diture # licable)	Event #	£		\$12.71	

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IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Commission)			TYPE	E OF REPORT		
Somers 2014				April 10 Filing	- Original		
N. Expenses Paid By Committee							
Name of Payee Eventbrite			Date of Pay 02/10/20			rment neck # ebit Card	
Street Address 651 Brannan St Ste 110		City San Francisco	D		State CA	Zip Code 94103	
Purpose of Expend BNK	Description CC Processing Fee					Amount	
Is this expenditure coordinated with another candidate for Yes which reimbursement is sought? Expenditure # and complete Itemization in Addendum Expenditure # and complete Itemization in Addendum					\$10.50		
Name of Payee Date of Payment Eventbrite 02/11/2014					Method of Payment X Check # Debit Card		
Street Address 651 Brannan St Ste 110		City San Francisco	D		State CA	Zip Code 94103	
Purpose of Expend BNK	Description Eventbrite Registration Fee					Amount	
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	X No (if a	enditure # pplicable)	Event #	ŧ		\$6.98	
Name of Payee Eventbrite			Date of Pay 02/11/20		Method of Pay		
Street Address 651 Brannan St Ste 110		City San Francisco	0		State CA	Zip Code 94103	
Purpose of Expend BNK	Description CC Processing Fee					Amount	
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	X No (if a	enditure # pplicable)	Event #	ŧ		\$6.00	

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IV. EXPENDITURES (Sections N - S)								
NAME OF COMMITTEE (Prov	ide Complete Name as Registered with Commission)			TYPE	E OF REPORT			
Somers 2014				April 10 Filing	- Original			
	N. Expenses Paid By Committee							
Name of Payee Date of Payment Anedot 02/11/2014					Method of Payment X Check # Debit Card			
Street Address 5555 Hilton Ave Ste 106		^{City} Baton Rouge			State LA	Zip Code 70808		
Purpose of Expend BNK	Description Credit card charge					Amount		
Is this expenditure coordinated with another candidate for Yes which reimbursement is sought? Expenditure # and complete Itemization in Addendum Event # (if applicable)				ŧ	\$4.20			
Name of Payee Date of Payment Anedot 02/11/2014					Method of Payment X Check # Debit Card			
Street Address 5555 Hilton Ave Ste 106		^{City} Baton Rouge			State LA	Zip Code 70808		
Purpose of Expend BNK	Description Credit card charge					Amount		
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	X No (if app	diture # licable)	Event #	Ł		\$4.20		
Name of Payee Eventbrite			Date of Pays 02/12/20		Method of Pay X Ch			
Street Address 651 Brannan St Ste 110		City San Francisco			State CA	Zip Code 94103		
Purpose of Expend BNK	Description Eventbrite Registration Fee					Amount		
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	X No (if app	diture # licable)	Event #	ŧ		\$6.98		

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IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Commission)			TYPE	OF REPORT		
Somers 2014				April 10 Filing	- Original		
	N. Expenses Paid By Comn	nittee					
Name of Payee Eventbrite			Date of Pay 02/12/20			ment neck # ebit Card	
Street Address 651 Brannan St Ste 110		City San Francisco	0		State CA	Zip Code 94103	
Purpose of Expend BNK	Description CC Processing Fee					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)				\$6.00			
Name of Payee Date of Payment Anedot 02/13/2014					Method of Payment X Check # Debit Card		
Street Address 5555 Hilton Ave Ste 106		^{City} Baton Rouge			State LA	Zip Code 70808	
Purpose of Expend BNK	Description Credit card charge					Amount	
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	X No (if an	nditure # plicable)	Event #	¥		\$4.20	
Name of Payee Anedot			Date of Pay. 02/13/20		Method of Pay		
Street Address 5555 Hilton Ave Ste 106		^{City} Baton Rouge			State LA	Zip Code 70808	
Purpose of Expend BNK	Description Credit card charge					Amount	
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	X No (if an	nditure # plicable)	Event #	¥		\$8.40	

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IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Commission)			TYPE	OF REPORT		
Somers 2014				April 10 Filing	ı - Original		
	N. Expenses Paid By Comn	nittee					
Name of Payee Eventbrite		_	Date of Pay: 02/13/20			ment neck # sbit Card	
Street Address 651 Brannan St Ste 110		City San Francisco	0		State CA	Zip Code 94103	
Purpose of Expend BNK	Description Eventbrite Registration Fee					Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? Expenditure # and complete Itemization in Addendum Expenditure # and complete Itemization in Addendum				\$13.96			
Name of Payee Date of Payment Eventbrite 02/13/2014					Method of Payment X Check # Debit Card		
Street Address 651 Brannan St Ste 110		City San Francisco	0		State CA	Zip Code 94103	
Purpose of Expend BNK	Description CC Processing Fee					Amount	
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	X No (if an	nditure # plicable)	Event #	¥		\$12.00	
Name of Payee Eventbrite			Date of Pay. 02/14/20		Method of Pay		
Street Address 651 Brannan St Ste 110		City San Francisco	D		State CA	Zip Code 94103	
Purpose of Expend BNK	Description Eventbrite Registration Fee					Amount	
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	X No (if an	nditure # plicable)	Event #	¥		\$2.24	

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IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Commission)			TYPE	OF REPORT		
Somers 2014				April 10 Filing	- Original		
	N. Expenses Paid By Comm	nittee					
Name of Payee Eventbrite			Date of Pay 02/14/20			rment neck # ebit Card	
Street Address 651 Brannan St Ste 110		City San Francisco	0		State CA	Zip Code 94103	
Purpose of Expend BNK	Description CC Processing Fee					Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? Expenditure # and complete Itemization in Addendum Expenditure # and complete Itemization in Addendum				\$1.50			
Name of Payee Date of Payment Anedot 02/14/2014					Method of Payment X Check # Debit Card		
Street Address 5555 Hilton Ave Ste 106		^{City} Baton Rouge			State LA	Zip Code 70808	
Purpose of Expend BNK	Description Credit card charge					Amount	
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	X No (if a	nditure # plicable)	Event #	¥		\$4.20	
Name of Payee Anedot			Date of Pay. 02/15/20		Method of Pay		
Street Address 5555 Hilton Ave Ste 106		^{City} Baton Rouge			State LA	Zip Code 70808	
Purpose of Expend BNK	Description Credit card charge					Amount	
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	X No (if a	nditure # plicable)	Event #	¥		\$9.67	

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IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Commission)			TYPE	OF REPORT		
Somers 2014				April 10 Filing	- Original		
	N. Expenses Paid By Com	nittee					
Name of Payee Eventbrite			Date of Pay 02/15/20			rment neck # ebit Card	
Street Address 651 Brannan St Ste 110		City San Francisc	0		State CA	Zip Code 94103	
Purpose of Expend BNK	Description Eventbrite Registration Fee					Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum Expenditure # and complete Itemization in Addendum				¥		\$2.24	
Name of Payee Date of Payment Eventbrite 02/15/2014					Method of Payment X Check # Debit Card		
Street Address 651 Brannan St Ste 110		City San Francisc	0		State CA	Zip Code 94103	
Purpose of Expend BNK	Description CC Processing Fee					Amount	
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	X No (if a	nditure # plicable)	Event #	¥		\$1.50	
Name of Payee Eventbrite			Date of Pay. 02/16/20		Method of Pay X Cl		
Street Address 651 Brannan St Ste 110		^{City} San Francisc	0		State CA	Zip Code 94103	
Purpose of Expend BNK	Description Eventbrite Registration Fee					Amount	
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	X No (if a	nditure # plicable)	Event #	¥		\$6.98	

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IV. EXPENDITURES (Sections N - S)								
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Commission)			TYPE	OF REPORT			
Somers 2014				April 10 Filing	- Original			
	N. Expenses Paid By Com	nittee						
Name of Payee Eventbrite			Date of Pay: 02/16/20			rment heck # ebit Card		
Street Address 651 Brannan St Ste 110		City San Francisc	0		State CA	Zip Code 94103		
Purpose of Expend BNK	Description CC Processing Fee					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)					\$6.00			
Name of Payee Date of Payment Anedot 02/16/2014					Method of Payment X Check # Debit Card			
Street Address 5555 Hilton Ave Ste 106		City Baton Rouge	2		State LA	Zip Code 70808		
Purpose of Expend BNK	Description Credit card charge					Amount		
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	X No (if a	enditure # pplicable)	Event #	¥		\$10.95		
Name of Payee Anedot			Date of Pay. 02/17/20			/ment heck # ebit Card		
Street Address 5555 Hilton Ave Ste 106		City Baton Rouge			State LA	Zip Code 70808		
Purpose of Expend BNK	Description Credit card charge					Amount		
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	X No (if a	enditure # pplicable)	Event #	¥		\$2.54		

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IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Commission)			TYPE	OF REPORT		
Somers 2014				April 10 Filing	ı - Original		
	N. Expenses Paid By Com	mittee					
Name of Payee Eventbrite					Method of Payment X Check # Debit Card		
Street Address 651 Brannan St Ste 110	City San Francisco				State CA	Zip Code 94103	
Purpose of Expend BNK	Description Eventbrite Registration Fee					Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes If yes, assign an Expenditure # and complete Itemization in Addendum Expenditure # and complete Itemization in Addendum				ŧ		\$18.18	
Name of Payee Date of Payment Eventbrite 02/17/2014					Method of Payment X Check # Debit Card		
Street Address 651 Brannan St Ste 110		City San Francisc	0		State CA	Zip Code 94103	
Purpose of Expend BNK	Description CC Processing Fee					Amount	
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	X No (if	penditure # applicable)	Event #	ŧ		\$10.50	
Name of Payee Eventbrite			Date of Pay 02/18/20			yment heck # ebit Card	
Street Address 651 Brannan St Ste 110		City San Francisc	0		State CA	Zip Code 94103	
Purpose of Expend BNK	Description Eventbrite Registration Fee					Amount	
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	X No (if	penditure # applicable)	Event #	ŧ		\$43.08	

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IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Commission)			TYPE	E OF REPORT		
Somers 2014				April 10 Filing	- Original		
N. Expenses Paid By Committee							
Name of Payee Eventbrite		_	Date of Pay 02/18/20			ment neck # sbit Card	
Street Address 651 Brannan St Ste 110		City San Francisco	D		State CA	Zip Code 94103	
Purpose of Expend BNK	Description CC Processing Fee					Amount	
Is this expenditure coordinated with another candidate for Yes Which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum				ŧ	\$19.50		
Name of Payee Date of Payment Anedot 02/18/2014					Method of Payment X Check # Debit Card		
Street Address 5555 Hilton Ave Ste 106		^{City} Baton Rouge			State LA	Zip Code 70808	
Purpose of Expend BNK	Description Credit card charge					Amount	
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	X No (if an	nditure # plicable)	Event #	ŧ		\$4.20	
Name of Payee Anedot			Date of Pay 02/19/20		Method of Pay		
Street Address 5555 Hilton Ave Ste 106		City Baton Rouge			State LA	Zip Code 70808	
Purpose of Expend BNK	Description Credit card charge					Amount	
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	X No (if an	nditure # plicable)	Event #	<i>±</i>		\$8.40	

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IV. EXPENDITURES (Sections N - S)								
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Commission)			TYPE	PE OF REPORT			
Somers 2014				April 10 Filing	- Original			
	N. Expenses Paid By Com	nittee						
Name of Payee Date of Payme Eventbrite 02/19/201						rment neck # ebit Card		
Street Address 651 Brannan St Ste 110					State CA	Zip Code 94103		
Purpose of Expend BNK	Description Eventbrite Registration Fee					Amount		
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum Expenditure # and complete Itemization in Addendum					\$27.66			
Name of Payee Date of Payment Eventbrite 02/19/2014					Method of Payment X Check # Debit Card			
Street Address 651 Brannan St Ste 110		City San Francisco	D		State CA	Zip Code 94103		
Purpose of Expend BNK	Description CC Processing Fee					Amount		
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	X No (if a	enditure # pplicable)	Event #	¥		\$19.50		
Name of Payee Eventbrite			Date of Pay 02/20/20		Method of Pay			
Street Address 651 Brannan St Ste 110		City San Francisco	0		State CA	Zip Code 94103		
Purpose of Expend BNK	Description Eventbrite Registration Fee					Amount		
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	X No (if a	enditure # pplicable)	Event #	¥		\$30.89		

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IV. EXPENDITURES (Sections N - S)								
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Commission)			TYPE	PE OF REPORT			
Somers 2014				April 10 Filing	- Original			
	N. Expenses Paid By Comm	ittee						
Name of Payee Eventbrite						ment neck # sbit Card		
Street Address 651 Brannan St Ste 110					State CA	Zip Code 94103		
Purpose of Expend BNK	CC Processing Fee							
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum Expenditure # and complete Itemization in Addendum						\$21.00		
Name of Payee Date of Payment Anedot 02/20/2014					Method of Payment X Check # Debit Card			
Street Address 5555 Hilton Ave Ste 106		City Baton Rouge			State LA	Zip Code 70808		
Purpose of Expend BNK	Description Credit card charge					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 #	ŧ		\$19.05		
Name of Payee Anedot			Date of Payr 02/22/20		Method of Pay			
Street Address 5555 Hilton Ave Ste 106		City Baton Rouge			State LA	Zip Code 70808		
Purpose of Expend BNK	Description Credit card charge					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 #	<i>±</i>		\$2.25		

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IV. EXPENDITURES (Sections N - S)								
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Commission)			TYPE	E OF REPORT			
Somers 2014				April 10 Filing	- Original			
	N. Expenses Paid By Comm	ittee						
Name of Payee Anedot		-	Date of Pay 02/23/20			rment neck # ebit Card		
Street Address 5555 Hilton Ave Ste 106					State LA	Zip Code 70808		
Purpose of Expend BNK	Credit card charge							
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum Expenditure # and complete Itemization in Addendum						\$8.40		
Name of Payee Date of Payment Advanced Improvements 02/23/2014					Method of Payment X Check # Debit Card			
Street Address 61 W Main St		City Mystic			State CT	Zip Code 06355		
Purpose of Expend PRNT	Description Color printing					Amount		
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	X No (if ap	diture # blicable)	Event #	¥		\$23.93		
Name of Payee Advanced Improvements			Date of Pay 02/23/20		Method of Pay X Cl			
Street Address 61 W Main St		City Mystic			State CT	Zip Code 06355		
Purpose of Expend POST	Description Postage for mailings					Amount		
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	X No (if ap)	diture # blicable)	Event #	¥		\$24.48		

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IV. EXPENDITURES (Sections N - S)								
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Commission)			TYPE	E OF REPORT			
Somers 2014				April 10 Filing	- Original			
	N. Expenses Paid By Comm	ittee						
Name of Payee Advanced Improvements			Date of Pay: 02/24/20			ment neck # sbit Card		
Street Address 61 W Main St	City Mystic				State CT	Zip Code 06355		
Purpose of Expend POST	Postage vacht club mailers							
Is this expenditure coordinated with another candidate for which reimbursement is sought? Expenditure # and complete Itemization in Addendum Expenditure # and complete Itemization in Addendum					\$73.32			
Name of PayeeDate of PaymentAnedot02/24/2014					Method of Payment X Check # Debit Card			
Street Address 5555 Hilton Ave Ste 106		City Baton Rouge			State LA	Zip Code 70808		
Purpose of Expend BNK	Description Credit card charge					Amount		
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	X No (if app	diture # licable)	Event #	¥		\$6.45		
Name of Payee Anedot			Date of Pay. 02/25/20		Method of Pay X Ch De			
Street Address 5555 Hilton Ave Ste 106		City Baton Rouge			State LA	Zip Code 70808		
Purpose of Expend BNK	Description Credit card charge					Amount		
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	X No (if app	diture # licable)	Event #	¥		\$8.40		

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IV. EXPENDITURES (Sections N - S)									
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Commission)			TYPE	OF REPORT				
Somers 2014				April 10 Filing	- Original				
	N. Expenses Paid By Com	nittee							
Name of Payee Advanced Improvements			Date of Payr 02/25/20			rment neck # ebit Card			
Street Address 61 W Main St	City Mystic				State CT	Zip Code 06355			
Purpose of Expend PRNT	Color printing								
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum						\$15.95			
Name of Payee Date of Payment Advanced Improvements 02/26/2014					Method of Payment X Check # Debit Card				
Street Address 61 W Main St		City Mystic			State CT	Zip Code 06355			
Purpose of Expend POST	Description Postage for mailers					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 #	ŧ		\$52.80			
Name of Payee Anedot			Date of Pay 02/27/20		Method of Pay				
Street Address 5555 Hilton Ave Ste 106		City Baton Rouge			State LA	Zip Code 70808			
Purpose of Expend BNK	Description Credit card charge					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 #	ŧ		\$12.60			

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IV. EXPENDITURES (Sections N - S)								
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Commission)			TYPE	E OF REPORT			
Somers 2014				April 10 Filing	- Original			
	N. Expenses Paid By Comr	nittee						
Name of Payee Copy Cats			Date of Pay 02/27/20			ment neck # ebit Card		
Street Address 458 Williams St	City New London				State CT	Zip Code 06320		
Purpose of Expend PRNT	Stamp "For Deposit Only"							
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum						\$19.95		
Name of Payee Date of Payment Copy Cats 02/27/2014					Method of Payment X Check # Debit Card			
Street Address 458 Williams St		City New London			State CT	Zip Code 06320		
Purpose of Expend PRNT	Description 2x2 Circle Labels					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 #	¥		\$322.56		
Name of Payee Copy Cats			Date of Pay 02/27/20		Method of Pay			
Street Address 458 Williams St		City New London			State CT	Zip Code 06320		
Purpose of Expend PRNT	Description Citizens Election Form copies					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 #	¥		\$67.09		

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IV. EXPENDITURES (Sections N - S)								
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Commission)			TYPE	E OF REPORT			
Somers 2014				April 10 Filing	- Original			
	N. Expenses Paid By Comm	ittee						
Name of Payee Chelsea Groton Bank			Date of Pay: 02/28/20			ment neck # sbit Card		
Street Address 904 Poquonnock Rd					State CT	Zip Code 06340		
Purpose of Expend BNK	Bank Service Charge							
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum Expenditure # and complete Itemization in Addendum						\$16.50		
Name of Payee Date of Payment Anedot 03/02/2014					Method of Payment X Check # Debit Card			
Street Address 5555 Hilton Ave Ste 106		City Baton Rouge			State LA	Zip Code 70808		
Purpose of Expend BNK	Description Credit card charge					Amount		
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	X No (if ap	diture # licable)	Event #	¥		\$8.40		
Name of Payee Anedot			Date of Pay. 03/03/20		Method of Pay X Ch De			
Street Address 5555 Hilton Ave Ste 106		City Baton Rouge			State LA	Zip Code 70808		
Purpose of Expend BNK	Description Credit card charge					Amount		
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	X No (if ap	diture # dicable)	Event #	¥		\$8.40		

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IV. EXPENDITURES (Sections N - S)								
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Commission)			TYPE	E OF REPORT			
Somers 2014				April 10 Filing	- Original			
	N. Expenses Paid By Com	mittee						
Name of Payee Anedot	Date of Payment 03/04/2014					rment neck # ebit Card		
Street Address 5555 Hilton Ave Ste 106	City Baton Rouge				State LA	Zip Code 70808		
Purpose of Expend BNK	Credit card charge							
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum Event #				¥		\$4.20		
Name of Payee Date of Payment Copy Cats 03/05/2014					Method of Payment X Check # Debit Card			
Street Address 458 Williams St		City New London			State CT	Zip Code 06320		
Purpose of Expend PRNT	Description Letterhead					Amount		
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	X No (if	penditure # applicable)	Event #	¥		\$246.98		
Name of Payee Copy Cats			Date of Pay. 03/05/20			rment neck # ebit Card		
Street Address 458 Williams St		City New London			State CT	Zip Code 06320		
Purpose of Expend PRNT	Description #10 Envelopes					Amount		
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	X No (if	penditure # applicable)	Event #	ŧ		\$256.78		

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IV. EXPENDITURES (Sections N - S)								
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Commission)			TYPE	YPE OF REPORT			
Somers 2014				April 10 Filing	- Original			
	N. Expenses Paid By Comm	ittee						
Name of Payee Anedot			Date of Payr 03/07/20			rment neck # ebit Card		
Street Address 5555 Hilton Ave Ste 106	e 106 City Baton Rouge				State LA	Zip Code 70808		
Purpose of Expend BNK	Credit card charge							
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum						\$6.45		
Name of Payee Date of Payment Anedot 03/07/2014					Method of Payment X Check # Debit Card			
Street Address 5555 Hilton Ave Ste 106		City Baton Rouge			State LA	Zip Code 70808		
Purpose of Expend BNK	Description Credit card charge					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 #	ŧ		\$4.20		
Name of Payee Anedot			Date of Pay 03/09/20			rment neck # ebit Card		
Street Address 5555 Hilton Ave Ste 106		City Baton Rouge			State LA	Zip Code 70808		
Purpose of Expend BNK	Description Credit card charge					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 #	ŧ		\$8.40		

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IV. EXPENDITURES (Sections N - S)								
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Commission)			TYPE	YPE OF REPORT			
Somers 2014				April 10 Filing	- Original			
	N. Expenses Paid By Comn	nittee						
Name of Payee Anedot			Date of Pays 03/10/20			rment neck # ebit Card		
Street Address City 5555 Hilton Ave Ste 106 Baton Rouge					State LA	Zip Code 70808		
Purpose of Expend BNK	Credit card charge							
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum Expenditure # and complete Itemization in Addendum						\$4.20		
Name of Payee Date of Payment Anedot 03/13/2014					Method of Payment X Check # Debit Card			
Street Address 5555 Hilton Ave Ste 106		City Baton Rouge			State LA	Zip Code 70808		
Purpose of Expend BNK	Description Credit card charge					Amount		
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	X No (if an	nditure # plicable)	Event #	Ł		\$14.85		
Name of Payee Eric M. Janney			Date of Payr 03/13/20		Method of Pay X Ch De			
Street Address 975 Stonington Rd		City Pawcatuck			State CT	Zip Code 06379		
Purpose of Expend RCW	Description Postage - 3 rolls @ \$49 ea.					Amount		
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	X No (if an	nditure # plicable)	Event #	ŧ		\$147.00		

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IV. EXPENDITURES (Sections N - S)								
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Commiss	sion)			TYPE	PE OF REPORT		
Somers 2014					April 10 Filing	- Original		
	N. Expenses Paid By C	Commi	ttee					
Name of Payee Kay E.P. Janney				Date of Pay 03/13/20			ment neck # sbit Card	
Street Address 97 Three Acre Rd	City Groton					State CT	Zip Code 06340	
Purpose of Expend RCW	f Expend Description Postage - 3 rolls @ \$49 ea.						Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum Expenditure # and complete Itemization in Addendum					¥		\$147.00	
Name of PayeeDate of PaymentHeath W. Fahle03/13/2014					Method of Payment X Check # Debit Card			
Street Address 90 Hog Hill Rd			^{City} East Hampton	n		State CT	Zip Code 06424	
Purpose of Expend RCW	Description Mailers for Boughton Birthday Event						Amount	
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	No	Expend (if appl		Event # 022020		\$1,309.58		
Name of Payee Heath W. Fahle				Date of Pay 03/13/20		Method of Pay X Cl		
Street Address 90 Hog Hill Rd			City East Hampton	n		State CT	Zip Code 06424	
Purpose of Expend RCW	Description Room & Catering for Boughton Birthday Ever	nt					Amount	
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	No	Expend (if appl		Event # 022020			\$2,823.59	

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IV. EXPENDITURES (Sections N - S)								
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Commission)			TYPE	YPE OF REPORT			
Somers 2014				April 10 Filing	- Original			
	N. Expenses Paid By Comm	ittee						
Name of Payee Christopher Calkins		-	Date of Payr 03/13/20			rment neck # ebit Card		
Street Address 67 Ramsdell St					State CT	Zip Code 06340		
Purpose of Expend RCW	Envelopes							
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum Expenditure # and complete Itemization in Addendum						\$10.15		
Name of Payee Date of Payment Constantine G. Antipas 03/13/2014					Method of Payment X Check # Debit Card			
Street Address 164 Payer Ln		^{City} Mystic			State CT	Zip Code 06355		
Purpose of Expend RCW	Description Postage					Amount		
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	X No (if app	diture # licable)	Event #	ŧ		\$23.12		
Name of Payee Copy Cats			Date of Payr 03/13/20		Method of Pay			
Street Address 458 Williams St		City New London			State CT	Zip Code 06320		
Purpose of Expend PRNT	Description Citizens Election Form					Amount		
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	X No (if app	diture # licable)	Event #	ŧ		\$67.09		

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IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TY				TYPE	TYPE OF REPORT		
Somers 2014 Ar				April 10 Filing	April 10 Filing - Original		
N. Expenses Paid By Committee							
Name of Payee Copy Cats	Date of Pa 03/13/2				Method of Payment X Check # Debit Card		
Street Address 458 Williams St	ns St City New London				State CT	Zip Code 06320	
Purpose of Expend PRNT	Description Business Cards				Amount		
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum			Event #	¥	\$72.17		
			Date of Pay 03/13/20		Method of Payment X Check # Debit Card		
Street Address City 61 W Main St Mystic				State CT	Zip Code 06355		
Purpose of Expend RCW	Description Bagels, plates & napkins for business roundtable					Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum					\$37.01		
			Date of Pay 03/15/20		Method of Payment X Check # Debit Card		
Street Address City 5555 Hilton Ave Ste 106 Baton Rouge				State LA	Zip Code 70808		
Purpose of Expend BNK	Description Credit card charge					Amount	
		nditure # plicable)	Event #	¥		\$8.40	

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IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE					OF REPORT		
Somers 2014 Apr				April 10 Filing	April 10 Filing - Original		
N. Expenses Paid By Committee							
Name of Payee Anedot	Date of Pa 03/16/2				Method of Payment X Check # Debit Card		
Street Address City 5555 Hilton Ave Ste 106 Baton Rouge					State LA	Zip Code 70808	
Purpose of Expend BNK	Description Credit card charge				Amount		
which reimbursement is sought?	s expenditure coordinated with another candidate for h reimbursement is sought? S, assign an Expenditure # and complete Itemization in Addendum Event (if applicable)		ŧ	\$4.89			
Name of Payee Date of Payme Anedot 03/17/201-					Method of Payment X Check # Debit Card		
Street Address City 5555 Hilton Ave Ste 106 Baton Rouge		e		State LA	Zip Code 70808		
Purpose of Expend BNK	Description Credit card charge					Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum			Event #	ŧ	\$4.20		
			Date of Pays 03/17/20		Method of Payment X Check # Debit Card		
Street Address City 5555 Hilton Ave Ste 106 Baton Rouge		3		State LA	Zip Code 70808		
Purpose of Expend BNK	Description Credit card charge					Amount	
		diture # blicable)	Event #	ŧ		\$2.25	

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IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE					OF REPORT		
Somers 2014 April				April 10 Filing	pril 10 Filing - Original		
N. Expenses Paid By Committee							
Name of Payee Anedot	Date of Pa 03/18/2				Method of Payment X Check # Debit Card		
Street Address City 5555 Hilton Ave Ste 106 Baton Rouge					State LA	Zip Code 70808	
Purpose of Expend BNK	Description Credit card charge				Amount		
which reimbursement is sought?	this expenditure coordinated with another candidate for Yes ich reimbursement is sought? Expenditure # and complete Itemization in Addendum Expenditure # and complete Itemization in Addendum			ŧ	\$8.40		
Name of PayeeDate of PaymentAnedot03/19/2014					Method of Payment X Check # Debit Card		
Street Address City 5555 Hilton Ave Ste 106 Baton Rouge		City Baton Rouge	je		State LA	Zip Code 70808	
Purpose of Expend BNK	Description Credit card charge				Amount		
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum			Event #	ŧ	\$4.20		
			Date of Payr 03/19/20		Method of Payment X Check # Debit Card		
Street Address City 5555 Hilton Ave Ste 106 Baton Rouge		3		State LA	Zip Code 70808		
Purpose of Expend BNK	Description Credit card charge					Amount	
		diture # blicable)	Event #	ŧ		\$1.27	

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	IV. EXPENDITURES (Sections N - S)						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE						TYPE OF REPORT	
Somers 2014				April 10 Filing	- Original		
	N. Expenses Paid By Comm	ittee					
Name of Payee Anedot			Date of Payr 03/20/20			ment neck # sbit Card	
Street Address 5555 Hilton Ave Ste 106		City Baton Rouge			State LA	Zip Code 70808	
Purpose of Expend BNK	Description Credit card charge					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)				ŧ		\$1.27	
Name of Payee Date of Payment Anedot 03/20/2014				Method of Payment X Check # Debit Card			
Street Address 5555 Hilton Ave Ste 106		City Baton Rouge			State LA	Zip Code 70808	
Purpose of Expend BNK	Description Credit card charge					Amount	
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	X No (if ap)	diture # olicable)	Event #	ŧ		\$19.05	
Name of Payee Anedot			Date of Payr 03/21/20		Method of Pay		
Street Address 5555 Hilton Ave Ste 106		City Baton Rouge			State LA	Zip Code 70808	
Purpose of Expend BNK	Description Credit card charge					Amount	
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	X No (if ap)	diture # blicable)	Event #	ŧ		\$12.60	

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	IV. EXPENDITURES (Sections N - S)						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE						YPE OF REPORT	
Somers 2014				April 10 Filing	iling - Original		
	N. Expenses Paid By Comm	ittee					
Name of Payee Anedot			Date of Payr 03/21/20			rment neck # ebit Card	
Street Address 5555 Hilton Ave Ste 106		City Baton Rouge			State LA	Zip Code 70808	
Purpose of Expend BNK	Description Credit card charge					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 #	ŧ		\$4.20	
Name of Payee Date of Payment Beth-Ann M. Robinson 03/21/2014				Method of Payment X Check # Debit Card			
Street Address 25 Lemont Rd		City Groton			State CT	Zip Code 06340	
Purpose of Expend RCW	Description Hall Rental for Meet & Greet					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 # 031820			\$50.00	
Name of Payee Copy Cats			Date of Pays 03/21/20		Method of Pay		
Street Address 458 Williams St		City New London			State CT	Zip Code 06320	
Purpose of Expend PRNT	Description 5,000 Rack cards					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 #	<i>±</i>		\$512.37	

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IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE						YPE OF REPORT	
Somers 2014				April 10 Filing	- Original		
	N. Expenses Paid By Comm	ittee					
Name of Payee Copy Cats			Date of Payr 03/21/20			rment neck # ebit Card	
Street Address 458 Williams St		City New London			State CT	Zip Code 06320	
Purpose of Expend PRNT	Description Layout & typesetting	-				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)				ŧ		\$239.29	
Name of Payee Date of Payment Copy Cats 03/21/2014				Method of Payment X Check # Debit Card			
Street Address 458 Williams St		City New London			State CT	Zip Code 06320	
Purpose of Expend PRNT	Description 250 Rack cards					Amount	
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	X No (if app	diture # vlicable)	Event #	4		\$78.21	
Name of Payee Copy Cats			Date of Payr 03/21/20			vment neck # ebit Card	
Street Address 458 Williams St		City New London			State CT	Zip Code 06320	
Purpose of Expend PRNT	Description Layout & typesetting					Amount	
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	X No (if app	diture # licable)	Event #	ŧ		\$279.17	

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IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYP						YPE OF REPORT	
Somers 2014				April 10 Filing	- Original		
	N. Expenses Paid By Com	mittee					
Name of Payee Copy Cats			Date of Pays 03/21/20			yment heck # ebit Card	
Street Address 458 Williams St		City New London			State CT	Zip Code 06320	
Purpose of Expend PRNT	Description Post cards					Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum					\$244.33		
Name of Payee Date of Payment Anedot 03/23/2014				Method of Payment X Check # Debit Card			
Street Address 5555 Hilton Ave Ste 106		City Baton Rouge	2		State LA	Zip Code 70808	
Purpose of Expend BNK	Description Credit card charge					Amount	
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	X No (if	penditure # applicable)	Event #	ŧ		\$12.60	
Name of Payee Anedot			Date of Payr 03/24/20			yment heck # ebit Card	
Street Address 5555 Hilton Ave Ste 106		City Baton Rouge	2		State LA	Zip Code 70808	
Purpose of Expend BNK	Description Credit card charge					Amount	
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	X No (if	penditure # applicable)	Event #	ŧ		\$19.05	

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IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE						PE OF REPORT	
Somers 2014				April 10 Filing ·	- Original		
	N. Expenses Paid By Comm	ittee					
Name of Payee Anedot		-	Date of Payr 03/25/20			ment eeck # ebit Card	
Street Address 5555 Hilton Ave Ste 106		^{City} Baton Rouge			State LA	Zip Code 70808	
Purpose of Expend BNK	Description Credit card charge					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)				ŧ		\$8.40	
Name of Payee Date of Payment Anedot 03/26/2014				Method of Payment X Check # Debit Card			
Street Address 5555 Hilton Ave Ste 106		^{City} Baton Rouge			State LA	Zip Code 70808	
Purpose of Expend BNK	Description Credit card charge					Amount	
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	X No (if app	diture # licable)	Event #	ŧ		\$4.20	
Name of Payee Anedot			Date of Pay 03/27/20		Method of Pay X Ch		
Street Address 5555 Hilton Ave Ste 106		City Baton Rouge			State LA	Zip Code 70808	
Purpose of Expend BNK	Description Credit card charge					Amount	
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	X No (if app	diture # licable)	Event #	ŧ		\$10.65	

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IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE						PE OF REPORT	
Somers 2014				April 10 Filing	- Original		
	N. Expenses Paid By Comm	ittee					
Name of Payee Anedot		-	Date of Payr 03/28/20			ment neck # sbit Card	
Street Address 5555 Hilton Ave Ste 106		^{City} Baton Rouge			State LA	Zip Code 70808	
Purpose of Expend BNK	Description Credit card charge					Amount	
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	X No (if app	diture # licable)	Event #	ŧ		\$2.25	
Name of Payee Date of Payment Anedot 03/28/2014				Method of Payment X Check # Debit Card			
Street Address 5555 Hilton Ave Ste 106		^{City} Baton Rouge			State LA	Zip Code 70808	
Purpose of Expend BNK	Description Credit card charge					Amount	
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	X No (if app	diture # licable)	Event #	ŧ		\$2.25	
Name of Payee Anedot			Date of Pay 03/29/20		Method of Pay		
Street Address 5555 Hilton Ave Ste 106		City Baton Rouge			State LA	Zip Code 70808	
Purpose of Expend BNK	Description Credit card charge					Amount	
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	X No (if app	diture # licable)	Event #	<i>±</i>		\$6.45	

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IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYP						YPE OF REPORT	
Somers 2014				April 10 Filing	- Original		
	N. Expenses Paid By Comm	ittee					
Name of Payee Harp & Hound		-	Date of Pay 03/29/20			ment neck # sbit Card	
Street Address 4 Pearl St		City Mystic			State CT	Zip Code 06355	
Purpose of Expend FOOD	Description Food for Meet & Greet					Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum 03292014A				\$101.00			
Name of Payee Date of Payment Anedot 03/30/2014				Method of Payment X Check # Debit Card			
Street Address 5555 Hilton Ave Ste 106		City Baton Rouge			State LA	Zip Code 70808	
Purpose of Expend BNK	Description Credit card charge					Amount	
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	X No (if app	diture # licable)	Event #	¥		\$16.80	
Name of Payee Anedot			Date of Pay. 03/31/20		Method of Pay X Ch De		
Street Address 5555 Hilton Ave Ste 106		City Baton Rouge			State LA	Zip Code 70808	
Purpose of Expend BNK	Description Credit card charge					Amount	
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	x No (if app	diture # licable)	Event #	¥		\$30.67	

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IV. EXPENDITURES (Sections N - S)						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE					OF REPORT	
Somers 2014				April 10 Filing	- Original	
	N. Expenses Paid By Com	mittee				
Name of Payee James L. Streeter			Date of Pay 03/31/20			rment neck # ebit Card
Street Address 64 Pleasant St		City Groton			State CT	Zip Code 06340
Purpose of Expend RCW	Description Cheese, crackers & veggies - meet & greet		-			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? Event # (if applicable) If yes, assign an Expenditure # and complete Itemization in Addendum 03152014A				\$74.81		
Name of Payee Date of Payment Burger, Robert 03/31/2014				Method of Payment X Check # Debit Card		
Street Address 15 Heritage Dr		City Danbury			State CT	Zip Code 06811
Purpose of Expend REF	Description Refund of Excess Contribution					Amount
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	X No (if	penditure # applicable)	Event #	¥		\$100.00
Name of Payee Heather Somers			Date of Pay 03/31/20		Method of Pay	
Street Address 67 Ramsdell St		City Groton			State CT	Zip Code 06340
Purpose of Expend RCW	Description Postage - 2 rolls @ \$34 ea.					Amount
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	X No (if	penditure # applicable)	Event #	4		\$68.00

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	IV. EXPENDITURES (Sections N - S)						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE						TYPE OF REPORT	
Somers 2014				April 10 Filing	- Original		
	N. Expenses Paid By Com	nittee					
Name of Payee Heather Somers		_	Date of Payr 03/31/20			rment heck # ebit Card	
Street Address 67 Ramsdell St		City Groton			State CT	Zip Code 06340	
Purpose of Expend RCW	Description Postage - 100@\$0.49					Amount	
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	X No (if a	nditure # plicable)	Event #	ŧ		\$49.00	
Name of Payee Date of Payment Heather Somers 03/31/2014				Method of Payment X Check # Debit Card Debit Card			
Street Address 67 Ramsdell St		^{City} Groton			State CT	Zip Code 06340	
Purpose of Expend RCW	Description Postage - 140@\$0.05					Amount	
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	X No (if a	nditure # plicable)	Event #	ŧ		\$7.00	
Name of Payee Heather Somers			Date of Payr 03/31/20		Method of Pay		
Street Address 67 Ramsdell St		City Groton			State CT	Zip Code 06340	
Purpose of Expend RCW	Description Postage - 2 rolls @ \$49 ea.					Amount	
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	X No (if a	nditure # plicable)	Event #	ŧ		\$98.00	

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IV. EXPENDITURES (Sections N - S)						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE					E OF REPORT	
Somers 2014				April 10 Filing	- Original	
	N. Expenses Paid By Comm	iittee				
Name of Payee Heather Somers		_	Date of Pay 03/31/20			rment neck # ebit Card
Street Address 67 Ramsdell St		City Groton			State CT	Zip Code 06340
Purpose of Expend RCW	Description 10 books @ \$9.80					Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? Event # (if applicable) Event # (if applicable)					\$98.00	
Name of Payee Date of Payment Heather Somers 03/31/2014			Method of Payment X Check # Debit Card			
Street Address 67 Ramsdell St		City Groton			State CT	Zip Code 06340
Purpose of Expend RCW	Description Postage - 2 rolls @ \$49 ea.					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 Heather Somers			Date of Pay 03/31/20		Method of Pay	
Street Address 67 Ramsdell St		City Groton			State CT	Zip Code 06340
Purpose of Expend RCW	Description Envelopes, copies & name badges					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 #	4		\$33.78

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	IV. EXPENDITURES (Sections N - S)					
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Commission)			TYPE	OF REPORT	
Somers 2014 April 10 Filing -				- Original		
	N. Expenses Paid By Commi	ttee				
Name of Payee Gaspar's			Date of Pay 03/31/20			ayment Check # Debit Card
Street Address 381-385 Bank St		City New London			State CT	Zip Code 06320
Purpose of Expend FOOD	Description Food for Meet & Greet					Amount
Is this expenditure coordinated with a which reimbursement is sought?	nother candidate for Yes Expend x No (if appl		Event #	¥		
which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum 03312014A					\$264.07	
	Total of				f Section N	\$10,069.36

	IV.	EXPENDITURES (Sections N - S)				
NAME OF COMMITTE	E (Provide Complete Name as Re	egistered with Commission)				TYPI	E OF REPORT
Somers 2014						April 10 Filing -	· Original
	O. Expe	nses Paid By Candidate				L	
Name of Payee (Name of vendor	who candidate paid directly)				Paymer		Is Reimbursement Claimed?
Hilton Garden Inn					3/2014		X Yes No
Street Address 224 Gold Star Hwy		City Groton	State CT		Zip Code 06340		Amount
Purpose of Expenditure (by code)	Description Conference room rental for anr			Event #			
INAUG	Conference room rental for and	iouncement.					\$319.05
				1			
Name of Payee (Name of vendor U.S. Postal Service	who candidate paid directly)			Date of Payment 02/22/2014			Is Reimbursement Claimed?
Street Address 100 Plaza Ct		City Groton	State CT		Zip Code 06340	,	Amount
Purpose of Expenditure (by code)	Description			Event #			
POST	Postage						\$68.00
Name of Payee (Name of vendor U.S. Postal Service	who candidate paid directly)				Paymer		Is Reimbursement Claimed?
Street Address 100 Plaza Ct		City Groton	State	Zip Code 06340		2	Amount
Purpose of Expenditure	Description		СТ	Event #			
(by code) POST	Postage						\$56.00
Name of Payee (Name of vendor U.S. Postal Service	who candidate paid directly)				Paymer 5/2014		Is Reimbursement Claimed?
Street Address 132 Old Norwich Rd		City Quaker Hill	State CT		Zip Code 06375	2	Amount
Purpose of Expenditure (by code)	Description			Event #			
POST	Postage						\$98.00

	IV	. EXPENDITURES (Se	ctions N - S)				
NAME OF COMMITT	TEE (Provide Complete Name as R	Registered with Commission)			TYP	E OF REPOR	T
Somers 2014					April 10 Filing	- Original	
	O. Exp	enses Paid By Candidate			1		
Name of Payee (Name of vend	or who candidate paid directly)			Date of Payn	ent	Is Reimburseme	nt Claimed?
Stop & Shop				03/15/20	14	X Y	es No
Street Address 220 Route 12		City Groton	State CT		Zip Code 06340		Amount
Purpose of Expenditure (by code)	Description Postage	•		Event #			
POST							\$98.00
Name of Payee (Name of vend U.S. Postal Service		Date of Payn 03/17/20		Is Reimburseme			
Street Address 100 Plaza Ct		City Groton	State	Zip Co 0634			Amount
Purpose of Expenditure (by code) POST	Description Postage		·	Event #		-	\$98.00
Name of Payee (Name of vend Staples	or who candidate paid directly)			Date of Payn 03/21/20		Is Reimburseme	
Street Address 292 US Route 1		City New London	State CT	Zip Co 0632			Amount
Purpose of Expenditure (by code)	Description Envelopes, copies & name bac	laes		Event #			
OFFICE							\$33.78
	1			1	Total	of Section O	\$770.83

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	IV. EXPENDITURES (Sections N - S)										
NAME OF COMMITTEE (F	Provide Complete Name as Registered with Co	ommission)		TYPE OF I	TYPE OF REPORT						
Somers 2014				April 10 Filing - Origin	al						
P. Expenses Incurred on Committee Credit Card											
Name of Issuing Institution			Type of Credit Card: Visa I Other	Master Card Discove	er	American Express					
Name of Vendor				Date of Tran	isaction						
Street Address		С	lity		State	Zip Code					
Purpose of Expenditure (by code)	Description					Amount					
Is this expenditure coordinated w which reimbursement is sought? If yes, assign an Expenditure # ar		Yes No	Expenditure # (if applicable)	Event #							
				Total of Section I	2						

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IV. EXPENDITURES (Sections N - S)								
NAME OF COMMITTE	EE (Provide Complete Name as Registered with Commission	n)			TYPE O	F REPORT		
Somers 2014					April 10 Filing - Ori	ginal		
	Q. Expenses Incurred By Committee but No	ot Paid	During this Period	l				
Name of Creditor Joseph Bell						Date Incurre 03/20/2		
Street Address		City				State	Zip Code	
106 Whitehall Ave	Alternative Mystic						06355	
Purpose of Expenditure (by code)	Description Communications consulting	Amount Incurred (Estimate or Actual)						
CNSLT								
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes Expenditure # (if applicable) Event #						•		
If yes, assign an Expenditure # a	and completes Itemization in Addendum Q						\$400.00	
Name of Creditor Connecticut Republican	Party					Date Incurred 03/27/2014		
Street Address		City				State	Zip Code	
31 Pratt St		Hartfo	rd			СТ	06103	
Purpose of Expenditure (by code)	Description						unt Incurred ate or Actual)	
Misc *	Convention room rental							
				1				
Is this expenditure coordinated reimbursement is sought?	with another candidate for which X Yes No		Expenditure # (if applicable)	Event #				
If yes, assign an Expenditure # a	and completes Itemization in Addendum Q		1				\$250.00	

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	IV. EXPENDITURES (Sections N - S)											
NAME OF COMMITTE	E (Provide Complete Name as Registered with Commission	ı)		TYPE O	F REPORT							
Somers 2014			April	l 10 Filing - Orio	ginal							
	Q. Expenses Incurred By Committee but No	t Paid During this Period										
Name of Creditor Main Street Grill					Date Incurre 03/28/2							
Street Address		State	Zip Code									
663 Main St	663 Main St Watertown											
Purpose of Expenditure (by code)	Description					int Incurred						
	Delegate Reception				(Estimation)	ate or Actual)						
FOOD												
Is this expenditure coordinated reimbursement is sought?	with another candidate for which Yes	Expenditure # (if applicable)	Event #									
If yes, assign an Expenditure # a	and completes Itemization in Addendum Q		032820144	Ą		\$120.00						
			Total of	Section Q		\$770.00						

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	IV. EXPENDITURES (Sections N - S)								
NAME OF COMMITTEE (Provide (Complete N	ame as Registered with Comr	nission)			TYPE OF REI	PORT		
Somers 2014						April 10 Filing - Original			
R.	Itemizatio	on of Reimbursements to	Committee Wo	rkers and (Consul	ltants			
Last Name of Worker/Consultant Janney		First Eric		MI		e of Payment /28/2014		rf Payment heck # 91 Debit Card	
Secondary Payee Staples					1		. —		
Street Address			City				State	Zip Code	
292 US Route 1	292 US Route 1 New London					СТ	06320		
Purpose of Expenditure (by code) OFFICE	by code) Mailing labels							Amount	
Is this expenditure coordinated with another cand which reimbursement is sought? If yes, assign an Expenditure # and completes	-	Expenditure # (if applicable) Event #		Event #		\$40.91			
Last Name of Worker/Consultant		First		MI		e of Payment	Method of Payment		
Preka		David			01/	/28/2014		Debit Card	
Secondary Payee Big Y			_					_	
Street Address			City				State	Zip Code	
79 Stonington Rd			Mystic				ст	06355	
Purpose of Expenditure (by code) FOOD	Descriptio Bagels	^{on} & plates for Business Roundt	able					Amount	
Is this expenditure coordinated with another cand which reimbursement is sought?	idate for	Yes X No	Expend (if appl			Event # 01272014B		\$37.01	
If yes, assign an Expenditure # and completes	Itemization in	Addendum R						407.01	

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	IV. EXPENDITURES (Sections N - S)								
NAME OF COMMITTEE (Provide (Complete N	ame as Registered with Comr	nission)			TYPE OF REI	PORT		
Somers 2014						April 10 Filing - Original			
R.	Itemizatio	on of Reimbursements to	Committee Wo	orkers and (Consul	tants			
Last Name of Worker/Consultant Janney		First Eric		MI		e of Payment /30/2014		rf Payment heck # 94 Debit Card	
Secondary Payee U.S. Postal Service					•				
Street Address 0				City				Zip Code	
100 Plaza Ct	100 Plaza Ct Groton					ст	06340		
Purpose of Expenditure (by code) POST	Description Postage							Amount	
Is this expenditure coordinated with another candidate for Yes which reimbursement is sought? X No If yes, assign an Expenditure # and completes Itemization in Addendum R			Expenc (if appl		E-cont #			\$147.00	
Last Name of Worker/Consultant Calkins		First Christopher		MI	Date of Payment 01/31/2014		Method of Payment X Check # 95 Debit Card		
Secondary Payee Walgreen's									
Street Address			City				State	Zip Code	
441 Long Hil Rd			Groton				ст	06340	
Purpose of Expenditure (by code) OFFICE	Description Station		-					Amount	
Is this expenditure coordinated with another cand which reimbursement is sought?	idate for	Yes X No	Expend (if appl			Event #		¢10.15	
If yes, assign an Expenditure # and completes	Itemization in	Addendum R						\$10.15	

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	IV. EXPENDITURES (Sections N - S)								
NAME OF COMMITTEE (Provide (Complete N	lame as Registered with Comr	nission)			TYPE OF REI	PORT		
Somers 2014						April 10 Filing - Original			
R.	Itemizatio	on of Reimbursements to	Committee Wo	orkers and (Consul	tants			
Last Name of Worker/Consultant		First Constantine		MI G		e of Payment 31/2014	Method of Payment X Check # 101 Debit Card		
Secondary Payee U.S. Postal Service									
Street Address 100 Plaza Ct			City Groton			State CT	Zip Code 06340		
Purpose of Expenditure (by code) POST	Description Postage							Amount	
Is this expenditure coordinated with another candidate for Yes which reimbursement is sought? X No If yes, assign an Expenditure # and completes Itemization in Addendum R			-	enditure # Event #		Event #		\$1.44	
Last Name of Worker/Consultant		First Heath		MI		e of Payment	Method of Payment X Check # 96 Debit Card		
Secondary Payee Spectrum Marketing Companies		•	_		•				
Street Address			City				State	Zip Code	
95 Eddy Rd Ste 101			Manchester				NH	03102	
Purpose of Expenditure (by code) FNDR *	Descripti Fundra	on iser invitations						Amount	
Is this expenditure coordinated with another cand which reimbursement is sought? If yes, assign an Expenditure # and completes		X Yes No	Expend (if appl		1	Event # 02202014A		\$1,309.58	
in yes, assign an Experioriture # and completes	nennzation m					1			

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IV. EXPENDITURES (Sections N - S)								
NAME OF COMMITTEE (Provide C	Complete N	ame as Registered with Comr	nission)			TYPE OF REI	PORT	
Somers 2014						April 10 Filing - Original		
R. 1	Itemizatio	on of Reimbursements to (Committee Wo	rkers and (Consul	tants		
Last Name of Worker/Consultant Antipas		First Constantine		MI G		e of Payment 108/2014	Method of Payment X Check # 101 Debit Card	
Secondary Payee U.S. Postal Service								
Street Address 100 Plaza Ct			City Groton			State CT	Zip Code 06340	
Purpose of Expenditure Description (by code) Postage POST							Amount	
Is this expenditure coordinated with another candidate for Yes which reimbursement is sought? X No If yes, assign an Expenditure # and completes Itemization in Addendum R			-	Expenditure # Event #		Event #		\$0.96
Last Name of Worker/Consultant Janney		First Eric		MI	Date of Payment 02/13/2014		Method of Payment X Check # 92 Debit Card	
Secondary Payee Sign Logic of CT		•			•		-	
Street Address			City				State	Zip Code
2 Kirtland St			Deep River				ст	06417
Purpose of Expenditure (by code) PRNT	Description Station		- -					Amount
Is this expenditure coordinated with another cand which reimbursement is sought?	idate for	Yes X No	Expenditure # (if applicable)			Event #		
If yes, assign an Expenditure # and completes	Itemization in	Addendum R						\$505.00

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		IV. EXPENDITURES	(Sections N -	S)				
NAME OF COMMITTEE (Provide C	Complete N	Jame as Registered with Comr	nission)			TYPE OF REI	PORT	
Somers 2014						April 10 Filing - Original		
R. 1	Itemizatio	on of Reimbursements to (Committee Wo	orkers and (Consul	tants		
Last Name of Worker/Consultant		First Constantine		MI G		of Payment 14/2014	Method of Payment X Check # 101 Debit Card	
Secondary Payee U.S. Postal Service								
Street Address 100 Plaza Ct			City Groton			State CT	Zip Code 06340	
Purpose of Expenditure (by code) POST	Descripti Postage							
Is this expenditure coordinated with another candidate for Yes which reimbursement is sought? X No If yes, assign an Expenditure # and completes Itemization in Addendum R			-	penditure # Event #		Event #		\$2.40
Last Name of Worker/Consultant		First Heath		MI		of Payment 20/2014	Method of Payment X Check # 97 Debit Card	
Secondary Payee The Amber Room Colonnade		•	_		•			
Street Address			City				State	Zip Code
1 Stacey Rd			Danbury				СТ	06811
Purpose of Expenditure (by code) FNDR *	Descripti Fundra	^{on} iser room fee						Amount
Is this expenditure coordinated with another cand which reimbursement is sought?		X Yes No	Expend (if appl		2	Event # 02202014A		\$2,823.59
If yes, assign an Expenditure # and completes	Itemization in	Addendum R			-			+=,- 20 .00

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IV. EXPENDITURES (Sections N - S)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REP					PORT			
Somers 2014 A				April 10 Filing - Original				
R. Itemization of Reimbursements to Committee Workers and Consultants								
Last Name of Worker/Consultant Janney		First Kay		MI	Date of Payment 03/03/2014		Method of Payment X Check # 100 Debit Card	
Secondary Payee U.S. Postal Service								
Street Address			City				State	Zip Code
100 Plaza Ct Groton				СТ	06340			
Purpose of Expenditure (by code) POST	ode) Postage						Amount	
Is this expenditure coordinated with another candidate for Yes Expenditure # (if applicable) Event # If yes, assign an Expenditure # and completes Itemization in Addendum R					Event #		\$147.00	
Last Name of Worker/Consultant		First		MI	Date of Payment			f Payment
Antipas		Constantine G			03/	/07/2014		heck # 101 Debit Card
Secondary Payee U.S. Postal Service								
Street Address			City			State	Zip Code	
100 Plaza Ct			Groton			ст	06340	
Purpose of Expenditure (by code) POST	re Description Postage						Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes Expenditure # (if applicable) Event #				Event #				
If yes, assign an Expenditure # and completes Itemization in Addendum R							\$6.72	

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IV. EXPENDITURES (Sections N - S)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REP						PORT		
Somers 2014 April 10 Filing - Original								
R. Itemization of Reimbursements to Committee Workers and Consultants								
Last Name of Worker/Consultant Antipas		First Constantine		MI G	Date of Payment 03/11/2014		Method of Payment X Check # 101 Debit Card	
Secondary Payee U.S. Postal Service								
Street Address City					State	Zip Code		
100 Plaza Ct Groton			Groton				СТ	06340
Purpose of Expenditure Description (by code) Postage POST Postage						Amount		
Is this expenditure coordinated with another candidate for Yes which reimbursement is sought? X No If yes, assign an Expenditure # and completes Itemization in Addendum R				Expenditure # (if applicable) Event #				\$8.64
Last Name of Worker/Consultant	First			MI	Date of Payment		Method of Payment	
Antipas		Constantine		G	03/	03/13/2014		neck # 101 Debit Card
Secondary Payee U.S. Postal Service								
Street Address			City			State	Zip Code	
100 Plaza Ct			Groton			СТ	06340	
Purpose of Expenditure (by code) POST	enditure Description Postage						Amount	
Is this expenditure coordinated with another candidate for Yes Expenditure # which reimbursement is sought? It is sought? Event #								
If yes, assign an Expenditure # and completes Itemization in Addendum R						\$2.96		

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IV. EXPENDITURES (Sections N - S)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT				
Somers 2014				April 10 Filing - Original				
R. Itemization of Reimbursements to Committee Workers and Consultants								
Last Name of Worker/Consultant Method of Payment					f Payment			
Last Name of Worker/Consultant		First MI Dat			Date	e of Payment		heck # 102
Streeter		James			03,	/15/2014		Debit Card
Secondary Payee Par 4 Restaurant and Sports Bar	Secondary Payee							
Street Address			City				State	Zip Code
93 Plant St			Groton					
				СТ	06340			
Purpose of Expenditure Description (by code) Food for meet & greet FOOD Food for meet & greet						Amount		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes			liture #		Fourt #	İ.		
when remousement is sought.		x _{No}	(if applicable) Event #				¢74 91	
If yes, assign an Expenditure # and completes Itemization in Addendum R 03152014A \$74.81						\$74.01		
Last Name of Worker/Consultant First				MI	Date	e of Payment	Method o	f Payment
Robinson						/18/2014	X Check # 103	
							Debit Card	
Secondary Payee Frohsinn Hall (German Club)								
Street Address			City				State	Zip Code
54 Greenmanville Ave			Mystic			ст	06355	
Purpose of Expenditure Description Amount					Amount			
(by code) FNDR *	Hall rer	ntal for meet & greet						
Is this expenditure coordinated with another candidate for Yes Expenditure #				Event #				
X No			(II applicable)			03182014A		\$50.00
If yes, assign an Expenditure # and completes I	temization in	Addendum R						,
						Total of Section R		\$5,168.17

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IV. EXPENDITURES (Sectuibs N - S)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT							
Somers 2014	April 10	Filing - Original					
S. Surplus Distribution of Equipment and Furniture							
Name of Recipient							
Street Address	City	State	Zip Code	Original Purchase Amount of Item			
Description of Item							
			Total of Section S				

Section N. ADDENDUM						
NAME OF COMMITTEE		TYPE OF REPORT				
Somers 2014	April 10 Filing - Original					
N. Expenses Paid By Committee - Addendum						
Expenditure #		Amount of Expenditure				
1		\$1,309.58				
Name of Candidate Mark Boughton		Office Sought Governor				
Expenditure #		Amount of Expenditure				
2		\$2,823.59				

Office Sought Governor

Name of Candidate

Mark Boughton

Section Q. ADDENDUM							
NAME OF COMMITTEE		TYPE OF REPORT					
Somers 2014	April 10 Filing - Original						
Q. Expenses Incurred by Committee but Not Paid During this Period - Addendum							
Expenditure #		Amount of Expenditure					
1		\$250.00					

Section R. ADDENDUM						
NAME OF COMMITTEE	TYPE OF REPORT					
Somers 2014	April 10 Filing - Original					
R. Itemization of Reimbursements to Committee Workers and Consultants - Addendum						
Expenditure #	Amount of Expenditure					
1	\$1,309.58					
Name of Candidate Mark Boughton	Office Sought Governor					
Expenditure # 2		Amount of Expenditure \$2,823.59				
Name of Candidate		Office Sought				

Governor

Mark Boughton