SEEC FORM 30

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



Electronic Filing

Do Not Mark in This Space For Official Use Only

Page 1 of 37

COVER PAGE

1.NAME OF COMMITTEE							2. TYPE OF COMMITTEE			
Martha Dean For Governor 2014						x	Candidate Committee Exploratory Committee			
3. TREASURER NAME										
First Nathaniel			MI S	Last Schindler			Suffix			
4. TREASURER ADDRESS										
Street Address		City			State	2	Zip Code			
23 Taquoshe Pl		Fairfie	∍ld		СТ		06825			
5. ELECTION DATE	6. OFFICE SOUGHT (Co	omplete or	ıly if Candidate	Committee)		7. DISTR	ICT NUMBER (if applicable			
11/04/2014	Governor									
8. CANDIDATE NAME (Complete only if C	Candidate or Exploratory Co	ommittee	;)							
First			MI	Last			Suffix			
Martha			Α.	Dean						
9. TYPE OF REPORT										
April 10 Filing - Original										
10. PERIOD COVERED										
	Beginning Date		:	Ending Date						
	03/01/2014	thru	1	03/31/2014						
11. CERTIFICATION										
I hereby certify and state, on this Itemized Campaig accurate and complete.					1					
_	Electronic Filing Nathaniel Schindler 04/10/2014 9:									
SIGNATURE	PRINT NAME OF THE	2 SIGNE	.K	DAT	E CERTIFIED					
PENA	LIY FOR FALSE STATEM			E BY FINE NOT TO EXCEED \$ AN ONE YEAR, OR BOTH.	51,000, OR IM	PRISONME	NI			

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

SUMMARY PAGE TOTALS

NAME OF COMMITTEE	TYPE OF REPORT							
Martha Dean For Governor 2014	April 10 Filing - Original							
	COLUMN A	COLUMN B						
	This Period	Aggregate						
		BB -B						
12. Balance on hand from day Committee was formed		\$0.00						
13. Balance on hand at the beginning of Reporting Period	\$0.00							
14. Contributions received from Individuals (Section A and B)	\$7,985.60	\$7,985.60						
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00						
16. Other Monetary Receipts (Section D through I)	\$0.00	\$0.00						
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)	\$7,985.60	\$7,985.60						
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$7,985.60	\$7,985.60						
20. Expenses Paid by Committee (Section N)	\$573.39	\$573.39						
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col	\$7,412.21	\$7,412.21						
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$0.00						
23. In-Kind Contributions Received (Section K)	\$0.00	\$0.00						
24. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00						
25. Receipts of Organization Expenditures (Section M) OPTIONAL	\$0.00	\$0.00						
26. Beginning Loan Balance	\$0.00							
26a. + Loans Received (Section D)	\$0.00	\$0.00						
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00						
26c Payments on Loan(s)	\$0.00	\$0.00						
26d. Total Outstanding Loan Amount	\$0.00							
27. Campaign Expenses Paid By Candidate (Section O)	\$0.00	\$0.00						
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00						
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$2,265.67							
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$2,265.67							

Page 3 of 37

						1 age 3 01 37
I. MONETARY RECEIPT	S (S	ection A-I)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT			
Martha Dean For Governor 2014			April 10	Filing - Original		
A. Total Contributions from Small Contributors-Received this Period	od O	NLY	•	For Nonpartic \$1,025.00	ipating Cand	idates ONLY
B. Itemized Contributions from	n Ind	lividuals				
Last Name	First				MI	Contribution ID #
MacMillian		Bruce			S	0070
Residential Street Address	City				State	Zip Code
8 S Winds Dr		Essex			СТ	06426
Principal Occupation		Name of Employer				
Retired		Retired				
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	Is contributor a lot dependent child of		se, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of government the contract is with:				x No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate	Contributions		
fundraising event listed in Section J1?						
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	03/	10/2014		\$100.00		\$100.00
	Thomas and a state of the state					
Last Name	First				MI	Contribution ID #
MacMillian		Jerri			N	0071
Residential Street Address	City	_			State	Zip Code
8 S Winds Dr		Essex			СТ	06426
Principal Occupation		Name of Employer Retired				
Retired Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a lob		se or	Amou	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of		Yes Yes	Amot	ant of Contribution
If yes, indicate which branch or branches of Executive Legislative				x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received Aggregate Contributions				
fundraising event listed in Section J1?						
If yes, list Event # Cash X Personal Check Money Order Credit/Debit Card	03/	10/2014		\$100.00		\$100.00
Last Name	First				MI	Contribution ID #
MacMillian	1 1150	Jerri			N	0072
Residential Street Address	City				State	Zip Code
8 S Winds Dr		Essex			СТ	06426
Principal Occupation		Name of Employer				
Retired		Retired	I			
Is contributor a principal of a state contractor or prospective state contractor?			obyist, spou a lobbyist?	Vac	Amou	ant of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative				x No		
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate	Contributions		
tundraising event instead in Section 31:						
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	03/	11/2014		\$5.00		\$5.00

Page 4 of 37

Martinal Dean Fior Governor 2014	I. MONETARY RECEIPTS (Section A-I)									
Lan Nume Belieficher Bel										
Mary Contribution Four	Martha Dean For Governor 2014			April 10 Filing - Original						
Residentified Residentifie	B. Itemized Contributions from Individuals									
Manual 130 Rolling Hill	Last Name	First			MI	Contribution ID #				
130 Rolling Hill Line	Bleidner		John		F	0007				
Name of Equations	Residential Street Address	City			State	Zip Code				
No contribution principal of a state contribution or proception	130 Rolling Hill Ln	<u> </u>	Southington		СТ	06489				
Ex contributir a principal of a state contactor or prospective state contactor of prospective state contactor or prospective										
Yes Subsequent that such or hranches of lessentiary is with it first contribution socialized with a final contribution social with a final contribution approach of scattor of prospective state contribution a final contribution approach with a final with a final contribution and with a final contribution anotation with a final contribution approach with a final contribut										
	Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	o		Vac	Amou	ant of Contribution				
But Contribution Contribution Data Received Received Regregate Contributions Scale Received Scale Scale Scale Received Scale Scale Scale Scale Received Scale Sc	Evacutiva Lagislativa		dependent ennu (
Tyee, late Event # Super	Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
Late Name	lundraising event listed in Section 31:									
Lemos First State Chris S 0005 Residential Street Address Chris Chris S 0005 Residential Street Address Chris Chris Chris Chris Chris Chris Residential Street Address Chris Chris Chris Chris Chris Chris Chris Residential Street Address Chris Chri	X No The case of t	03/	11/2014	\$100.00		\$100.00				
Chris	It yes, list Event#	<u> </u>								
Residential Street Address 650 Longbrook Ave Stratford	Last Name	First			MI	Contribution ID #				
Name of Employer Name of Emp	Lemos		Chris		S					
Name of Employer Supervisor	Residential Street Address	City			State	•				
Supervisor Sup					СТ	06614				
Executive Legislative Legi										
First State Contribution of Executive Legislative				11.14	۸					
Legislative	is contributor a principal of a state contractor or prospective state contractor? Yes X N	o		Vac	Amou	int of Contribution				
This contribution associated with a fundraising event listed in Section J 1? Yes If yes, list Event # Method of contribution: Yes Method of contribution: Cash Money Order Credit/Debit Card Cash Money Order	Evacutiva Lagislativa			x _{No}						
Indivising event listed in Section J1? If yes, list Event # If y	government the contract is with:	Date	Received							
Last Name Lemos Residential Street Address 650 Longbrook Ave The Manager If yes, indicate which branch or branches of fundamising event listed in Section J1? If yes, list Event # Wethold of contribution Residential Street Address So Unday Stratford Stratford CT 06614 Stratford Alinabal Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If yes, list Event # Wethold of contribution If yes, list Event # William Method of Contribution If yes, list Event # William No O18 Residential Street Address 86 Walnut Hill Rd Principal Occupation Residential Street Address 86 Walnut Hill Rd First William Name of Employer State Aggregate Contributions William MI Contribution ID # O018 Residential Street Address 86 Walnut Hill Rd Principal Occupation IBM Scontributor a lobbyist, spouse, or dependent child of a lobbyist. Spous	fundraising event listed in Section J1?			1.00.10.10						
Last Name Lemos First Mil Contribution ID # 0006	No I =	03/	11/2014	\$100.00		\$100.00				
Lemos Residential Street Address 650 Longbrook Ave City Stratford Strate Alinabal Is contributor a principal of a state contractor or prospective state—contractive with Branch or branches of government the contract is with: Legislative Legislative Legislative Residential Street Address Residential S	If yes, list Event #		,	·						
Residential Street Address 650 Longbrook Ave Stratford Stratford Stratford Stratford Stratford Stratford Stratford Stratford Name of Employer Adinabal Is contributor a principal of a state contractor or prospective state contractor? Yes X No Stratford Stratford Stratford Name of Employer Alinabal Stratford	Last Name	First			MI	Contribution ID #				
Stratford Stratford Strat	Lemos		Cheryl			0006				
Principal Occupation IT Manager Is contributor a principal of a state contractor or prospective state contractor?	Residential Street Address	City			State	Zip Code				
If yes, indicate which branch or branches of government the contract is with: Second the contract is with: Executive Legislative Legislative Date Received Aggregate Contributions	650 Longbrook Ave	<u> </u>	Stratford		СТ	06614				
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: Security Legislative Legislati	Principal Occupation		Name of Employ	er						
If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # Legislative Date Received Aggregate Contributions Aggregate Contributions \$100.00\$ \$100.00 \$100										
If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # Method of contribution: Yes	Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o			Amou	ınt of Contribution				
Residential Street Address 86 Walnut Hill Rd Principal Occupation Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Method of contribution: Method of contribution: Date Received Aggregate Contributions Aggregate Contributions	If yes, indicate which branch or branches of			·						
It yes, list Event # Last Name Hillman Residential Street Address 86 Walnut Hill Rd Principal Occupation IBM 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: Last Name First MI Contribution ID # O018	government the contract is with:	Date	Received							
If yes, list Event # \$100.00 \$100.00 Last Name Hillman Residential Street Address 86 Walnut Hill Rd Principal Occupation IBM Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: State State Zip Code	fundraising event listed in Section J1?	Dute	10001100	riggregate contributions						
Last Name Hillman Residential Street Address 86 Walnut Hill Rd Principal Occupation IBM 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: Since State Zip Code	X No I = cash = 1 cash = 1 cash	03/	11/2014	\$100.00		\$100.00				
Hillman Residential Street Address Residential Street Ad	If yes, list Event #									
Residential Street Address 86 Walnut Hill Rd Principal Occupation IBM Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: State Zip Code	Last Name	First			MI	Contribution ID #				
Bethel CT 06801 Principal Occupation IBM Programmer/Analyst Is contributor a principal of a state contractor or prospective state contractor?	Hillman		William			0018				
Principal Occupation IBM Programmer/Analyst 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: The programmer of Employer Programmer/Analyst Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Is contributor a lobbyist? Yes No Programmer/Analyst Amount of Contribution Programmer of Employer Programmer/Analyst Amount of Contribution Programmer/Analyst Amount of Contribution Programmer of Employer Programmer/Analyst Amount of Contribution Programmer of Employer Programmer/Analyst Amount of Contribution Programmer/Analyst Amount of Contribution	Residential Street Address	City			State	Zip Code				
IBM Programmer/Analyst 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: It this contribution exercised with a second of the contract is with: In this contribution exercised with a second of the contract is with: In this contribution exercised with a second of the contribution of the contribution exercised with a second of the contribution exerc	86 Walnut Hill Rd		Bethel		СТ	06801				
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: If yes, indicate which pranches of the contract is with: Executive	Principal Occupation		Name of Employ	er						
If yes, indicate which branch or branches of government the contract is with: Legislative Legislative X No dependent child of a lobbyist? Executive Legislative X No				·						
If yes, indicate which branch or branches of government the contract is with: Legislative Legislative Legislative Legislative Legislative Aggregate Contributions	Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o		Vac	Amou	ant of Contribution				
government the contracts with a Method of contribution. Data Described Aggregate Contributions	Evacutiva Lagislativa			·						
	Is this contribution associated with a Mathed of contribution.	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?	fundraising event listed in Section J1?									
If yes, list Event # Personal Check O3/11/2014 \$55.60 \$55.60	No In	03/	11/2014	\$55.60		\$55.60				

Page 5 of 37

L MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT							
Martha Dean For Governor 2014			April 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Gardner		Luke			0017			
Residential Street Address	City			State	Zip Code			
177 Old Mill Ln		Stamford		СТ	06902			
Principal Occupation		Name of Employ	er	•	•			
Attorney		Self						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?					
government the contract is with:		D : 1						
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions					
X No Cash Personal Check	02/	11/2014	±100.00		±100.00			
If yes, list Event # Money Order X Credit/Debit Card	03/.	11/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Kendall	1 1150	Richard		1411	0027			
Residential Street Address	City	Tuchuru		State	Zip Code			
PO Box 634		Stratford		СТ	06615			
Principal Occupation		Name of Employ	er					
Insurance Adjuster		Self E	mployed					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	unt of Contribution			
)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:			x No					
Is this contribution associated with a fundacione quest listed in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
Tundraising event fisted in Section 31?								
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	03/:	12/2014	\$100.00		\$100.00			
					1			
Last Name	First			MI	Contribution ID #			
Petri		Allen			0019			
Residential Street Address 432 Hamburg Rd	City	Lumo		State CT	Zip Code 06371			
Principal Occupation		Lyme Name of Employ	or	CI	06371			
Electronic Technician			and Whitney					
			obbyist spouse or	Amou	ant of Contribution			
Yes A No)	dependent child of						
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? Yes Cash Personal Check								
X No	03/:	12/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Harrington		Eric			0024			
Residential Street Address	City	C (C 11		State	Zip Code			
700 North St Principal Occupation		Suffield		СТ	06078			
Accountant		Name of Employ	cility Maintenance					
			obbyjet enouge or	Amou	unt of Contribution			
Yes X No)	dependent child of						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Mathed of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? Yes Cash Personal Check								
X No	03/	12/2014	\$100.00		\$100.00			

Page 6 of 37

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	(,	TYPE OF REPORT					
Martha Dean For Governor 2014								
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Griffin		Charles		Т	0003			
Residential Street Address	City			State	Zip Code			
200 Shoddy Mill Rd		Glastonbury		СТ	06033			
Principal Occupation		Name of Employ						
System Engineer		Info b	44 1 4	A	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	0	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
Tundraising event instead in Section 31:								
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	03/	12/2014	\$100.00		\$100.00			
	I				T			
Last Name	First	D :		MI	Contribution ID #			
Saucier Residential Street Address	City	Brian		State	0025 Zip Code			
586 Jerusalem Rd	City	Windham		CT	06280			
Principal Occupation		Name of Employ	er	CI	00200			
IT			Com Security					
Is contributor a principal of a state contractor or prospective state contractor?	_		obbyist, spouse, or	Amou	ant of Contribution			
If yes, indicate which branch or branches of	3	dependent child of	of a lobbyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
Cash Personal Check								
If yes, list Event # \times No \to Money Order \times X \tag{ Credit/Debit Card}	03/	12/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Zurell		Matthew		S	0022			
Residential Street Address	City			State	Zip Code			
299 Brook St		Bristol		СТ	06010			
Principal Occupation		Name of Employ	er	=	•			
Sales Manager		SEW						
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent enna (x No					
government the contract is with: Is this contribution associated with a Method of contribution: Method of contribution:	Doto	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions					
X No Cash Personal Check	03/	12/2014	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card	,	, -	,					
Last Name	First			MI	Contribution ID #			
Harris III		Robert		0	0020			
Residential Street Address	City			State	Zip Code			
5 Maple Pl		Middletown		CT	06457			
Principal Occupation		Name of Employ						
Mechanical Technician			Auto Body Works	A				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of	obbyist, spouse, or	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
Is this contribution associated with a Mathod of contribution.	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	03/	12/2014	\$100.00		\$100.00			

Page 7 of 37

L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Martha Dean For Governor 2014			April 10 Filing - Original						
B. Itemized Contributions from	n Ind	lividuals							
Last Name	First			MI	Contribution ID #				
Mirkhani		Peter			0021				
Residential Street Address	City			State	Zip Code				
371 Chestnutland Rd		New Milford		СТ	06776				
Principal Occupation		Name of Employ							
Technical Sales Manager		Akzo							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of Executive Legislative		dependent enna (x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
X No	03/	12/2014	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card									
Last Name	First			MI	Contribution ID #				
Candels		Marc			0023				
Residential Street Address	City			State	Zip Code				
8805 Tamiami Trl N Ste 132		Naples		FL	34108				
Principal Occupation		Name of Employ	er						
Owner/President			els Estimating LLC	•					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent ennu (
government the contract is with: Legislative Legislative	D-4-	D i 4							
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash Personal Check	03/	12/2014	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card	03/	12/2014	Ψ100.00						
Last Name	First			MI	Contribution ID #				
Luzietti		Richard			0026				
Residential Street Address	City			State	Zip Code				
21 Cottage St		Plainville		СТ	06062				
Principal Occupation		Name of Employ	er	-	•				
Outreach Minister to troubled youth		Straig	ht Ahead Ministries						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent child of	or a robbyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
Cash Personal Check	02/	12/2014	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card	03/	12/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Miller		Yvonne			0028				
Residential Street Address	City			State	Zip Code				
57 Wrights Pond Rd		Westbrook		СТ	06498				
Principal Occupation		Name of Employ	er	-	•				
Owner		Jay La	andscaping						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No		Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of			x No						
government the contract is with: Legislative Legislative Legislative Legislative	Dot-	Pagaiyad							
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
X No Cash Personal Check	03/	12/2014	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card	I 55/	,:	¥200.00		, ,				

Page 8 of 37

I. MONETARY RECEIPT	S (S	ection A-I)	TYPE OF REPORT		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					
Martha Dean For Governor 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Roberts		Brier			0029
Residential Street Address	City			State	Zip Code
113 West Rd		Winchester		СТ	06098
Principal Occupation Rural Carrier		Name of Employ USPS			
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent child of	of a lobbyist?		
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Dute	Received	Aggregate Contributions		
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	03/	12/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
McClain		Brian			0030
Residential Street Address	City			State	Zip Code
40 Barn Hill Rd		Monroe		СТ	06468
Principal Occupation		Name of Employ	er		•
Industrial Designer		N/A			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		dependent child t	x No		
Is this contribution associated with a Sociated with a Yes Method of contribution:	Date	Received	Aggregate Contributions		
Indicating event listed in Section 31? X No Cash Personal Check	03/	12/2014	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Erickson		Tahra			0034
Residential Street Address	City			State	Zip Code
26 Stage Harbor Rd	<u> </u>	Marlborough		СТ	06447
Principal Occupation Homemaker		Name of Employ	er emaker		
				Amou	unt of Contribution
Yes 🔼 N	0	dependent child	Vac	7 tinot	in or contribution
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
Tundraising event listed in Section 31?	l				
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	03/	13/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Cewe, Jr.		Daneil			0035
Residential Street Address	City			State	Zip Code
6 Gayfeather Ln		Glastonbury		СТ	06033
Principal Occupation		Name of Employ			
Systems Engineer		Aetna			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?			20 .0		
X No	03/	13/2014	\$100.00		\$100.00

Page 9 of 37

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	- (TYPE OF REPORT					
Martha Dean For Governor 2014			April 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Paterson		Brian			0036			
Residential Street Address	City			State	Zip Code			
9 Hallview Dr		Simsbury		СТ	06070			
Principal Occupation		Name of Employ	er	-	•			
Accountant		Colt's	Manufacturing Company					
Is contributor a principal of a state contractor or prospective state contractor?	n		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent child of	or a robbyrst?					
government the contract is with: Executive Legislative								
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions					
Cash Personal Check								
If yes, list Event # No Money Order X Credit/Debit Card	03/	13/2014	\$100.00		\$100.00			
Last Name	First) of	G (3 (B)			
	FIISt	Laumanaa		MI	Contribution ID #			
Dotter Residential Street Address	City	Lawrence		State	0037 Zip Code			
32 West St	City	Fact Hampto	n	CT	06424			
Principal Occupation	<u> </u>	East Hampto Name of Employ		CI	00424			
Electrical Engineering Services, In			ulting Engineering Services, I	nc				
			obbyist, spouse, or		ant of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes No	о	dependent child of	Vac					
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
X No Cash Personal Check	03/	13/2014	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card								
Last Name	First			MI	Contribution ID #			
Tuller		Jayne			0038			
Residential Street Address	City			State	Zip Code			
248 Farms Village Rd		West Simsbu	ry	СТ	06092			
Principal Occupation	-	Name of Employ	er	-	-			
N/A		N/A						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent child of	or a robbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	03/	13/2014	\$100.00		\$100.00			
Lad Name	E:t			М	Contribution ID #			
Last Name Groth	First	Ed		MI	Contribution ID # 0039			
Residential Street Address	City	Lu		State	Zip Code			
12 Laurel Rdg	City	Beacon Falls		CT	06403			
Principal Occupation	<u> </u>	Name of Employ	er	Ci	00403			
Retired		Retire						
			-11	Amou	unt of Contribution			
	0	dependent child of	-					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a fundraising event listed in Section 112	Date	Received	Aggregate Contributions					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	03/	13/2014	\$100.00		\$100.00			

Page 10 of 37

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Martha Dean For Governor 2014			April 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Acampora		Paul			0032			
Residential Street Address	City			State	Zip Code			
32 Center Rd	L	Woodbridge		СТ	06525			
Principal Occupation		Name of Employ	er					
Computer Architect			New Haven Hospital					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of Executive Legislative			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	03/	13/2014	\$100.00		\$100.00			
If yes, list Event # Money Order Credit/Debit Card								
Last Name	First			MI	Contribution ID #			
Evola		Joseph			0031			
Residential Street Address	City			State	Zip Code			
12 Cinnamon Rdg	Щ,	Old Saybrool		СТ	06475			
Principal Occupation		Name of Employ						
Industrial Safety Specialist		Amge	11 1 ·	۸	ant of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	obbyist, spouse, or	Amou	int of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?			1.00.10.10					
X No Cash Personal Check	03/:	13/2014	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card		,	·					
Last Name	First			MI	Contribution ID #			
Кпарр		William		Т	0033			
Residential Street Address	City			State	Zip Code			
171 Collier Rd		Wethersfield		СТ	06109			
Principal Occupation		Name of Employ	er					
Retired		Retire						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ınt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		acpendent enna c	x No					
government the contract is with: Is this contribution associated with a Method of contribution:	Data	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions					
X No Cash Personal Check	03/:	13/2014	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card	,	-, -						
Last Name	First			MI	Contribution ID #			
Kenny		Robert		А	0004			
Residential Street Address	City			State	Zip Code			
1316 S Grand St		West Suffield	l	СТ	06093			
Principal Occupation		Name of Employ	er					
Retired		Retire						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a le dependent child of	obbyist, spouse, or	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		-	x _{No}					
Is this contribution associated with a Mathod of contribution.	Date	Received	Aggregate Contributions	1				
fundraising event listed in Section J1?			555 Tananaman					
X No Cash X Personal Check	03/	13/2014	\$100.00		\$100.00			
If yes, list Event #	1			I				

I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					
Martha Dean For Governor 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Acampora		Paul			0016
Residential Street Address	City			State	Zip Code
32 Center Rd		Woodbridge		СТ	06525
Principal Occupation Computer Architect		Name of Employ Yale 1	^{er} New Haven Hospital		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			X No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1? Yes Cash Personal Check					
If yes, list Event # Cash Credit/Debit Card	03/	13/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Emond SR.		Stanley		Н	0008
Residential Street Address	City	· · · · · · · · · · · · · · · · · · ·		State	Zip Code
744 Marion Ave .		Plantsville		СТ	06479
Principal Occupation		Name of Employ	er	-	•
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a labbyist? Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:		dependent enna c	x No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1? Yes X Cash Personal Check					
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	03/	13/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Brown		Katheryn		E	0001
Residential Street Address	City			State	Zip Code
403 Bethany Rd		Beacon Falls		СТ	06403
Principal Occupation		Name of Employ	er		
SSR		IBM		1	
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
Tundraising event listed in Section 31?	l				
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	03/	14/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Brown		Les		L	0002
Residential Street Address	City			State	Zip Code
403 Bethany Rd		Beacon Falls		СТ	06403
Principal Occupation		Name of Employ			
Carpenter			laguire		
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		-	x _{No}		
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?			55 0		
If yes, list Event # Cash X Personal Check No Money Order Credit/Debit Card	03/	14/2014	\$100.00		\$100.00

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT					
Martha Dean For Governor 2014			April 10 Filing - Original					
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Ciccaglione		Laureen			0041			
Residential Street Address	City			State	Zip Code			
21 Portage Xing		Farmington		СТ	06032			
Principal Occupation		Name of Employ	er	-	•			
Accountant		Self E	mployed					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a lobbyist?					
government the contract is with: Executive Legislative								
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash Personal Check	02/	14/2014	±100.00		±100.00			
If yes, list Event # Money Order X Credit/Debit Card	03/.	14/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Lee	1 1150	David		1111	0044			
Residential Street Address	City	David		State	Zip Code			
30 Longate Rd		Clinton		СТ	06413			
Principal Occupation		Name of Employ	er		,			
Retail Firearms		Self E	imployed					
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?					
If yes, indicate which branch or branches of government the contract is with:			x No					
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions					
iundraising event listed in Section J1?								
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	03/:	14/2014	\$100.00		\$100.00			
				l	1			
Last Name	First	_		MI	Contribution ID #			
Pelkey	o:	James		G: :	0040			
Residential Street Address 35 Summer Stret	City	Portland		State CT	Zip Code 06480			
Principal Occupation	<u> </u>	Name of Employ	or .	CI	06480			
Mental Health Assistant			of Connecticut					
			obbyist snouse or	Amou	ant of Contribution			
Yes A No	0	dependent child of						
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? Yes Cash Personal Check								
X No	03/	14/2014	\$100.00		\$100.00			
I you, list Event " Event book Card				<u> </u>				
Last Name	First			MI	Contribution ID #			
Hall		Jeffrey			0042			
Residential Street Address	City			State	Zip Code			
7 Reynolds Hill Rd	<u> </u>	Mystic		СТ	06355			
Principal Occupation		Name of Employ						
Engineer Le contributor a principal of a state contractor or prospective state contractor?			nd/Ortronics	Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of	obbyist, spouse, or	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
Is this contribution associated with a Mathod of contribution.	Date	Received	Aggregate Contributions	1				
fundraising event listed in Section J1?			30 -0					
X No	03/	14/2014	\$100.00		\$100.00			
If yes, list Event #	1		İ	I				

Page 13 of 37

I. MONETARY RECEIPT	'S (S	action A D			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	13 (31	X11011 A-1)	TYPE OF REPORT		
Martha Dean For Governor 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals		,	1
Last Name	First			MI	Contribution ID #
Bieidner		Claudette			0043
Residential Street Address	City			State	Zip Code
9 Union Sq	L	Southbury		СТ	06488
Principal Occupation		Name of Employ	er		
N/A		N/A			
Is contributor a principal of a state contractor or prospective state contractor? Yes X N.	0	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent cinia c			
government the contract is with:			x _{No}		
Is this contribution associated with a fundraicing event listed in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
Tundralising event fisted in Section 31:					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card Cash Cash	03/	14/2014	\$100.00		\$100.00
				l	
Last Name	First			MI	Contribution ID #
Silvester, Jr.		William		R	0045
Residential Street Address	City			State	Zip Code
314 Marlborough Rd	Ш,	Glastonbury		СТ	06033
Principal Occupation		Name of Employ	er		
Contractor		Violet	te Silvester & Sons Inc.		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent child of	of a foodyist?		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a fundraising event listed in Section 112	Date	Received	Aggregate Contributions		
Tulidasing event instead in Section 71:					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	03/	14/2014	\$100.00		\$100.00
				<u> </u>	
Last Name	First			MI	Contribution ID #
Hambly		James			0047
Residential Street Address	City			State	Zip Code
54 Kidds Way	L.,	Stonington		СТ	06378
Principal Occupation		Name of Employ	er		
Plant Operator		DNC			
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o		obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent child of	a loodyist:		
government the contract is with:			x _{No}		
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
tundraising event instead in Section 71:					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	03/	15/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Bartholomew		Steve			0046
Residential Street Address	City			State	Zip Code
15 Canaan Way		Simsbury		СТ	06070
Principal Occupation		Name of Employ	er		
Engineer		EBA&	D		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of	-	dependent child of	a loodyist?		
government the contract is with:			x _{No}		
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
tundraising event instead in Section 71:					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	03/	15/2014	\$100.00		\$100.00

I. MONETARY RECEIPT	S (S	ection A-I)	1				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Martha Dean For Governor 2014			TYPE OF REPORT April 10 Filing - Original				
Martna Dean For Governor 2014			April 10 Tilling - Original				
B. Itemized Contributions from	m Ind	lividuals					
Last Name	First			MI	Contribution ID #		
Hicks		Mark			0048		
Residential Street Address	City			State	Zip Code		
620 W Woods Rd		Hamden Name of Employ	ON .	СТ	06518		
Principal Occupation Electrical Test Technician			d Illuminating				
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution		
If yes, indicate which branch or branches of Executive Legislative		dependent ennu e	x _{No}				
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions				
fundraising event listed in Section J1?							
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	03/	16/2014	\$100.00		\$100.00		
Last Name	First			MI	Contribution ID #		
Makosky		Peter			0049		
Residential Street Address	City			State	Zip Code		
9 Jerimoth Dr		Branford		СТ	06405		
Principal Occupation		Name of Employ	er				
IT/Env Compliance			Haven Terminal, Inc.				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a li dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}				
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions				
fundraising event listed in Section J1? X No	03/	17/2014	\$100.00		\$100.00		
	L .			! !			
Last Name	First	Frank		MI L	Contribution ID # 0051		
Falango Residential Street Address	City	FIGUR		State	Zip Code		
131 N Main St Unit 6	City	Branford		CT	06405-3031		
Principal Occupation		Name of Employ	er	<u> </u>			
Retired		Retire	ed				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution		
If yes, indicate which branch or branches of		dependent enna e	x No				
government the contract is with: Is this contribution associated with a fundaming overnt listed in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions				
Tundraising event listed in Section 31?							
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	03/	17/2014	\$100.00		\$100.00		
Last Name	First			MI	Contribution ID #		
Vegliante		Christopher			0053		
Residential Street Address	City			State	Zip Code		
69 Laurel Ridge Trl		Killingworth		СТ	06419		
Principal Occupation		Name of Employ					
Builder			mployed				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	ls contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution		
If yes, indicate which branch or branches of government the contract is with:			x _{No}				
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1			
fundraising event listed in Section J1? Yes Cash Personal Check							
If yes, list Event # Cash Personal Check X No	03/	17/2014	\$100.00		\$100.00		

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT							
Martha Dean For Governor 2014			April 10 Filing - Original							
B. Itemized Contributions from	n Ind	ividuals								
Last Name	First			MI	Contribution ID #					
Vegliante		Kimberly			0054					
Residential Street Address	City			State	Zip Code					
69 Laurel Ridge Trl	L ,	Killingworth		СТ	06419					
Principal Occupation Insurance		Name of Employ	^{er} llagher							
			obbyist, spouse, or	Amou	unt of Contribution					
Is contributor a principal of a state contractor or prospective state contractor? Yes No		dependent child o	Vac	111100	and of Commodition					
If yes, indicate which branch or branches of government the contract is with:			x _{No}							
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions							
Cash Personal Check										
If yes, list Event # Money Order X Credit/Debit Card	03/1	17/2014	\$100.00		\$100.00					
Last Name	First			MI	Contribution ID #					
Perry		Karen			0052					
Residential Street Address	City			State	Zip Code					
33 Overlook Farms Rd		Killingworth		СТ	06419					
Principal Occupation		Name of Employe	er							
Attorney		N/A		•						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	,	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		dependent ennu e	x _{No}							
Is this contribution associated with a Gordan Line Line Line Line Line Line Line Lin	Date	Received	Aggregate Contributions							
rundraising event listed in Section J1?										
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	03/1	17/2014	\$100.00		\$100.00					
Last Name	First			MI	Contribution ID #					
Pepper		John			0050					
Residential Street Address	City			State	Zip Code					
224 Beacon Hill Dr		Cheshire		СТ	06410					
Principal Occupation		Name of Employe	er							
Biomedical Engineer		TriNet								
Is contributor a principal of a state contractor or prospective state contractor? Yes X No		Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	Amou	int of Contribution					
If yes, indicate which branch or branches of government the contract is with:			x _{No}							
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions							
Tunidiasing event listed in Section 31:										
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	03/1	17/2014	\$100.00		\$100.00					
Last Name	First			MI	Contribution ID #					
Lopinto		Scott			0055					
Residential Street Address	City			State	Zip Code					
2 Bailey Dr		North Branfo	rd	СТ	06471					
Principal Occupation		Name of Employe	er							
Carpenter		Self	-11	A	out of Contailoution					
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}							
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions							
fundraising event fisted in Section 31?										
If yes list Event # Cash Personal Check	03/1	18/2014	\$100.00		\$100.00					

Page 16 of 37

L MONETARY RECEIPT	'S (Se	ection A-D				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	- (TYPE OF REPORT			
Martha Dean For Governor 2014			April 10 Filing - Original			
B. Itemized Contributions from	m Ind	lividuals				
Last Name	First			MI	Contribution ID #	
Cerdeira		Paul		J	0069	
Residential Street Address	City			State	Zip Code	
50 Wolf Pit Rd		Farmington		СТ	06032	
Principal Occupation		Name of Employ	er			
Insurance Agent			nsurance Agency	•		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution	
If yes, indicate which branch or branches of Executive Legislative		dependent enna (x _{No}			
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/	18/2014	\$100.00		\$100.00	
If yes, list Event #						
Last Name	First			MI	Contribution ID #	
Mizak		Linda			0067	
Residential Street Address	City			State	Zip Code	
196 Soundview Ave		Shelton		СТ	06484	
Principal Occupation		Name of Employ	er			
Registered Nurse			lew Health Services	•		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution	
If yes, indicate which branch or branches of		dependent ennu (
government the contract is with: Legislative Legislative	D-4-	D i 4				
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions			
X No Cash Personal Check	03/	19/2014	\$50.00		\$50.00	
If yes, list Event # Money Order X Credit/Debit Card	03/	13/2014	\$50.00		450.00	
Last Name	First			MI	Contribution ID #	
Mizak		Linda			0068	
Residential Street Address	City			State	Zip Code	
196 Soundview Ave		Shelton		СТ	06484	
Principal Occupation	-	Name of Employ	er			
Registered Nurse		Yale N	New Health Services			
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	nt of Contribution	
If yes, indicate which branch or branches of		dependent child of	a loodyist:			
government the contract is with: Executive Legislative			X No			
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions			
Cash Personal Check	03/	19/2014	\$50.00		\$50.00	
If yes, list Event # Money Order X Credit/Debit Card	03/	19/2014	\$30.00		\$50.00	
Last Name	First			MI	Contribution ID #	
Newmyer		Dan			0056	
Residential Street Address	City			State	Zip Code	
32 Centre St		Mansfield Ce	nter	СТ	06250	
Principal Occupation		Name of Employ	er	•	•	
Contractor		Self E	mployed			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution	
If yes, indicate which branch or branches of Executive Legislative		,	x No			
Is this contribution associated with a Mathed of contribution.	Data	Received	Aggregate Contributions			
fundraising event listed in Section J1?	Date	received	regregate Contributions			
X No Cash Personal Check	03/	19/2014	\$100.00		\$100.00	
If yes, list Event # Money Order X Credit/Debit Card	1 '	*		1	•	

I. MONETARY RECEIPT	S (Se	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT April 10 Filing - Original		
Martha Dean For Governor 2014			April 10 Tilling - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Karpiej		Heather			0057
Residential Street Address	City			State	Zip Code
74 Magnolia Ct .	L	Torrington Name of Employ		СТ	06790
Principal Occupation Underwriter		Cigna			
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent child of	x No		
government the contract is with: In this containation associated with a Mathed of containation.	Date	Received	Aggregate Contributions	-	
fundraising event listed in Section J1?	Date	received	riggiogate Contributions		
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	03/:	19/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Harvey	1 1150	Steven		1411	0058
Residential Street Address	City			State	Zip Code
343 Cherry Brook Rd		Canton		СТ	06019
Principal Occupation		Name of Employ	er	•	•
Director of Business Development		Donca	asters		
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative	,	dependent child of	if a lobbyist?		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?					
If yes, list Event # Cash Credit/Debit Card	03/:	19/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Latincsics		Peter			0059
Residential Street Address	City			State	Zip Code
97 Trask Rd		Willington		СТ	06279
Principal Occupation		Name of Employ	er		
Manager			levator		
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	Is contributor a le dependent child of	obbyist, spouse, or	Amou	ant of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No		
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
Cash Personal Check	03/:	20/2014	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	03/	20,2011	\$100.00		———
Last Name	First			MI	Contribution ID #
Saars		Michael			0060
Residential Street Address	City			State	Zip Code
57 Sea Hill Rd		North Branfo		СТ	06471
Principal Occupation		Name of Employ			
Security Is contributor a principal of a state contractor or prospective state contractor?		Foxwords Is contributor a l	abbrief energe or	Amou	unt of Contribution
Yes X No)	dependent child of	Vac		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
tundraising event listed in Section 31?					
If yes list Event # Cash Credit/Debit Card	03/2	21/2014	\$100.00		\$100.00

Page 18 of 37

I. MONETARY RECEIPT	S (Se	ection A-D				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	(,	TYPE OF REPORT			
Martha Dean For Governor 2014			April 10 Filing - Original			
B. Itemized Contributions from	m Ind	lividuals				
Last Name	First			MI	Contribution ID #	
Dotta		Maureen		Α	0014	
Residential Street Address	City			State	Zip Code	
1316 S Grand St		West Suffield		СТ	06093	
Principal Occupation		Name of Employ				
Publications Engineer			n Power Inc.	A	unt of Contribution	
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	0	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution	
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}			
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions			
Tundraising event instead in Section 31:						
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	03/	22/2014	\$100.00		\$100.00	
					1	
Last Name	First			MI	Contribution ID #	
Dotta	a:	Emil		a	0015	
Residential Street Address	City	West Cuffield		State	Zip Code	
1316 S Grand St Principal Occupation		West Suffield Name of Employ		СТ	06093	
Farrier			lacksmith III			
			obbyist, spouse, or	Amou	unt of Contribution	
Yes X N	0	dependent child of	Vac			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No			
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions			
Tunidraising event instead in Section 71:						
If yes, list Event # Cash Credit/Debit Card	03/	22/2014	\$100.00		\$100.00	
Last Name	First			MI	Contribution ID #	
Trotta	City	Frank		Ct-t-	0013	
Residential Street Address 4 Shelter Dr	City	Cos Cob		State CT	Zip Code 06827	
Principal Occupation	<u> </u>	Name of Employ	er	CI	00027	
Attorney		L.E. Lehrman & Co. LLC				
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution	
Yes 🔼 N	0	dependent child of	of a lobbyist?			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}			
Is this contribution associated with a Society 112 Yes Method of contribution:	Date	Received	Aggregate Contributions			
Tundraising event risted in Section 31?						
If yes, list Event # Cash Credit/Debit Card	03/	22/2014	\$100.00		\$100.00	
Last Name	First			MI	Contribution ID #	
Piening	1 1130	Susan		1411	0011	
Residential Street Address	City			State	Zip Code	
4 Shelter Dr		Cos Cob		СТ	06802	
Principal Occupation		Name of Employ	er		1	
Homemaker		None				
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution	
If yes, indicate which branch or branches of		dependent ennu (x No			
government the contract is with: Executive Legislative	Б.	D i 4				
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions			
X No Cash X Personal Check	03/	22/2014	\$100.00		\$100.00	
If yes, list Event # Money Order Credit/Debit Card	03/	/	φ100.00		¥100.00	

Page 19 of 37

L MONETARY RECEIPT	S (Se	ection A-D			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	- (TYPE OF REPORT		
Martha Dean For Governor 2014			April 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Harding		Nicholas		J	0012
Residential Street Address	City			State	Zip Code
130 Turnberry Ln		Windsor		СТ	06095
Principal Occupation		Name of Employ	er	-	•
Attorney		Reid a	and Riege P.C.		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of		dependent child of	or a roodyrst?		
government the contract is with:		D : 1			
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/	22/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card	03/.	22/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Roberts	1 1150	Brier			0062
Residential Street Address	City	5.10.		State	Zip Code
113 West Rd	ĺ	Winchester		СТ	06098
Principal Occupation		Name of Employ	er	!	
Rural Carrier		USPS			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
initialising event instead in Section 71:					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	03/2	25/2014	\$100.00		\$100.00
				l	Laurin
Last Name	First	Dah		MI	Contribution ID # 0061
Ferguson Residential Street Address	City	Bob		State	Zip Code
10 Hickory Ln	City	Weston		CT	06883
Principal Occupation		Name of Employ	er	C.	1 00003
None			ployed		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution
)	dependent child of	·		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
Tundraising event listed in Section 31?					
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	03/2	25/2014	\$100.00		\$100.00
Last Name	First	Matthani		MI	Contribution ID #
Mihaly Residential Street Address	City	Matthew		G State	O010 Zip Code
111 Booth Hill Rd	City	Trumbull		CT	06611
Principal Occupation		Name of Employ	er	<u> </u>	1 00011
Finance/Accounting		AIG			
			obbyist, spouse, or	Amou	unt of Contribution
Yes X No)	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	03/2	26/2014	\$100.00		\$100.00

Page 20 of 37

L MONETARY RECEIPT	'S (Sc	ection A-D			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	- (TYPE OF REPORT		
Martha Dean For Governor 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Krol		Peter		S	0009
Residential Street Address	City			State	Zip Code
153 Chestnut HI		Stafford Spri	ngs	СТ	06076
Principal Occupation		Name of Employ	er	-	•
Technician		Walgr	eens Company		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of		dependent child of	x No		
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X No Cash X Personal Check	03/	27/2014	\$100.00		\$100.00
If yes, list Event #			Ţ		
Last Name	First			MI	Contribution ID #
Granoth		Stephen			0063
Residential Street Address	City			State	Zip Code
40 E Morris Ln		Morris		СТ	06763
Principal Occupation		Name of Employ	er		
NRA pistol instructor, F.F.L. gunsm			mployed	-	
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of		dependent child of			
government the contract is with:			x _{No}		
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
Cash Personal Check	02/	20/2014	#100.00		±100.00
If yes, list Event # Money Order X Credit/Debit Card	03/.	28/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Stoup, Sr.	1 1100	Carleton			0064
Residential Street Address	City			State	Zip Code
39 Buckboard Rd		Durham		СТ	06422
Principal Occupation	•	Name of Employ	er		
N/A		N/A			
Is contributor a principal of a state contractor or prospective state contractor? Yes No	2		obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of	5	dependent child of	or a roodyrst?		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash Personal Check	02.0	20/204.4	+400.00		+100.00
If yes, list Event # Money Order X Credit/Debit Card	03/.	29/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Hillis		Barbara			0065
Residential Street Address	City			State	Zip Code
117 Ashlar Vlg		Wallingford		СТ	06492
Principal Occupation		Name of Employ	er		•
N/A		N/A			
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of		dependent ennu (x No		
government the contract is with: Legislative Legislative Legislative Legislative	Det	Dagaiya4			
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions		
X No Cash Personal Check	03/	30/2014	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	Ι ΄΄΄	,	¥200.00	I	, ,

Page 21 of 37

								1 age 21 01 37		
		TARY RECEI		ection A-I)						
NAME OF COMMITTEE (Provide Complete Name as F	Registere	d with Commission	1)			F REPORT				
Martha Dean For Governor 2014					April 10 Filing	- Original				
B. I	temized	l Contributions f	rom Inc	lividuals						
Last Name			First				MI	Contribution ID #		
Martin				Scott			w	0066		
Residential Street Address			City				State	Zip Code		
121 Hickory Cir				Middletown			СТ	06457		
Principal Occupation				Name of Employ	er		-			
Chemist				Bristo	l-Myers Squibb					
Is contributor a principal of a state contractor or prospective state contractor?	?	Yes x	No		obbyist, spouse, or	Yes	Am	ount of Contribution		
If yes, indicate which branch or branches of			1.0	dependent child of	of a lobbyist?					
government the contract is with:	Ш	Legislative				x No				
Is this contribution associated with a Hethod of fundraising event listed in Section 112	contributio	on:	Date	Received	Aggregate Contrib	utions				
rundraising event listed in Section 31:		Personal Check								
If yes, list Event # X No Cash Mone	y Order	X Credit/Debit Card	03/	30/2014	\$	100.00		\$100.00		
							•			
Total of Section B \$6,960.60										
TOTAL OF ALL CONTRIBUTIONS FROM IND	IVIDUA	ALS (Se	ections A	. + B) (To	tal on Line 14 of S	ummary Page)		\$7,985.60		
I. N	MONE	TARY RECEI	PTS (S	ection A-I)						
NAME OF COMMITTEE (Provide Complete Name as Ro	egistered	with Commission)				TYPI	E OF REP	ORT		
Martha Dean For Governor 2014						April 10 Filin	g - Original			
C1. Co	ntribut	ions from Other	Commi	ttees						
Name of Committee				Name of Treasure	er					
Address										
				ibution associated w g event listed in Sec		Yes	No A	Amount of Contribution		
		ľ	unuraisin	-						
		<u> </u>	1	If yes, list Event	1					
City	State	Zip Code	Date R	eceived	Aggregate Contr	ioutions				
		<u> </u>								
					,	Total of Secti	ion C1			

	I. MONETA	ARY RECE	EIPTS (S	ection A	A-I)					
NAME OF COMMITTEE						Т	YPE OF REPOR	tT		
Martha Dean For Governor	2014					April 10 Fil	ing - Original			
	C2. Reimbursements, Payments, or Surplus Distributions from other Committees									
Name of Committee					Name of Treasurer					
Address						Date Received	l	Amount of Receipt		
City		State	Zip Code		Reimbursement for s					
						To	tal of Section C2	2		
I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE						ТҮРЕ	TYPE OF REPORT			
Martha Dean For Governor	2014					April 10 Filing	April 10 Filing - Original			
	D. Loa	ns Received	this Peri	od						
Name of Lender				Source of		To divides	1 Other	Date of Receipt		
Street Address			City	Bank	: Candidate	Individua State	1 Other Zip Code	Is there a cosigner or Guarantor of this loan? Yes No		
Name of Cosigner/Guarantor (if application)	ble)		<u> </u>			ı		Amount Received		
Street Address			City			State	Zip Code			
						!	Total of Section	n D		
								•		
	I. MON	ETARY R	ECEIPT	'S (Sect	ion A-I)					
NAME OF COMMITTEE							TYPE OF REPO	ORT		
Martha Dean For Governo	r 2014					Apri	l 10 Filing - Origina			
E. Personal l	Funds of the Candidate Ro	eceived this	Period (C	Candidat	e Committees ON	LY)				
Date of Receipt	Method of Payment Cash	Per	sonal Check		Credit/Debit Card			Amount		
						Total of	Section E			

I. M	one	tary Receipts (Section A-I)					
NAME OF COMMITTEE					TYPE OF REPOR	Т	
Martha Dean For Governor 2014				April 10 Filing - Original			
G. Interest from	om I	Deposits in Authorized Accounts					
Name of Institution				Date Recei	ved	Amount	
Street Address	Ci	ity	State		Zip Code		
	<u> </u>				Total of Section G		
I. MONE	ТА	RY RECEIPTS (Section A-K)					
NAME OF COMMITTEE					TYPE OF REPORT	,	
Martha Dean For Governor 2014				Ap	April 10 Filing - Original		
H. Public Grant Fun	ıds F	Received from the Citizens' Election I	und				
Purpose of Grant:	rant C	ycle:			Date Received	Amount	
Initial Grant Adjustment		Primary General Election S	Special	Election			
Supplemental/Post Election Deficit							
					Total of Section H		
I. MC	NE	TARY RECEIPTS (Section A-K))				
NAME OF COMMITTEE					TYPE OF REPOR	Т	
Martha Dean For Governor 2014				Арі	ril 10 Filing - Original		
I. Miscellaneous N	Mone	etary Receipts not Considered Contr	ibuti	ons			
Name				Dat	e of Transaction	Amount Received	
Street Address		City		State	Zip Code		
Description			•				
					Total of Section	ı	

	II. FUNDRAISING EVENT ACTIVITY (Sections J1 - J3)											
NAME OF COMMITTEE						TYPE OF 1	REP	ORT				
Martha Dean For Governor 201	4					April 10 Filing - Origin	nal					
	J1. Fund	raising Event Infor	mation									
Fundraising Event # Date of Fundraiser Letter	Description											
Location: Street Address					City			State	Zip Code			
Was this fundraising event hosted at a persona	l residence?		Yes No		required information for p	nations not Considered Con- uchases made by host(s) fo			and			
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 If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information. No												
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? Yes (If yes, enter Total Receipts here.) No												
					Т	otal of Section J1						
	II. FUNDRAISI	NG EVENT ACT	IVITY	(Section	ns J1 - J3)							
NAME OF COMMITTEE (Provide	Complete Name as Reg	istered with Commission	on)			TYPE OF REF	PORT	Γ				
Martha Dean For Governor 2014	ļ				A	pril 10 Filing - Original						
	J3. In-Kind Donat	ions Not Considered	d Contri	ibutions								
Name of the Donor												
Street Address				City				State	Zip Code			
Donation Given by:	Description of Donation			•					rket Value of			
Individual		<u></u>						D	onation			
Business Entity	Date Received	Event #			Aggregate value	e for this event						
Sole Proprietorship												
						Total of Section J3						

III. NONMON	ЕТА	RY RE	CEIPTS (Section	ıs K - M)				
NAME OF COMMITTEE					TYI	PE OF REI	PORT	
Martha Dean For Governor 2014					April 10 Filing -	Original		
K. In-Kin	d Co	ontributi	ons					
Name								
Street Address				City			State	Zip Code
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event# No		Description	of In-Kind Contribution					
of a lobbyist?	ractor? If yes,	indicate whi	l of a state contractor or prosp ch branch or branches of ntract is with:		utive	Yes No Legislative	1	arket Value of this Contribution
Type of Contributor: Date Received Aggregate contributions								
Individual Committee Sole Pr	oprieto	rship						
					Total of S	Section K		
III. Non Mon	etar	v Recei	pts (Sections K - N	M)				
NAME OF COMMITTEE (Provide Complete Name as Registered	with (Commissi	ion)		TYPE	OF REPO	ORT	
Martha Dean For Governor 2014					April 10 Filing -	Original		
L. Refundable Deposit t	o Te	lephone	Company					
Last Name of Individual		First Nam	ne		MI	Date Dep	oosit Made	
Residential Street Address	C	ity		State	Zip Code			nount of Deposit
Name of Telephone company					,			
Street Address	City	,		State	Zip Code			
					Total of Se	ection L		

Page 26 of 37

III. NONMONETARY	RECEIPTS (S	ections K - M)							
NAME OF COMMITTEE TYPE OF REPORT									
Martha Dean For Governor 2014		April 10 Filing - Original							
M. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee - OPTIONAL See Public Act 11-48									
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY) Name of Treasurer									
Street Address			Date Notice Received	Fair Market Value of Donation					
City	State	Zip Code	Aggregate Donations						
Description of Donation	Purpose of Expenditur A B	e C D							
			Total of Section M						

	IV. EXPENDITURES (Sections N - S)					
NAME OF COMMITTEE (Prov	ride Complete Name as Registered with Commission)			TYPE	OF REPORT		
Martha Dean For Governor 20	014		4	April 10 Filing	- Original		
	N. Expenses Paid By Com	nittee					
Name of Payee Democracy Engine, LLC			Date of Payn 03/19/20		1 =	rment neck # sbit Card	
Street Address 850 Quincy St NW # 402		City Washington	•		State DC	Zip Code 20011	
Purpose of Expend Misc *	Description Fundraising					Amount	
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	Event #			\$147.51			
Name of Payee Nationbuilder			Date of Payn 03/25/20		1 🚍	ment neck # ebit Card	
Street Address 448 S Hill St # 200		City Los Angeles			State CA	Zip Code 90013	
Purpose of Expend A-WEB	Description					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#			\$29.00	
Name of Payee Democracy Engine, LLC	Date of Payn 03/26/20		_	ment neck # ebit Card			
Street Address 850 Quincy St NW # 402		City Washington			State DC	Zip Code 20011	
Purpose of Expend Misc *	Description Fundraising				Amount		
Is this expenditure coordinated with a which reimbursement is sought?		enditure # pplicable)	Event #			\$58.13	

	IV. EXPENDITURE	ES (Se	ections N - S)				
NAME OF COMMITTEE (Prov	ride Complete Name as Registered with Commiss	sion)			TYPE	OF REPOR	Г
Martha Dean For Governor 20	014				April 10 Filing	- Original	
	N. Expenses Paid By C	Commit	ttee				
Name of Payee DropBox Inc.				Date of Payr 03/29/20			ayment Check # Debit Card
Street Address Dept LA 24086			City Pasadena			State CA	Zip Code 91185-4086
Purpose of Expend OFFICE	Description File Sharing						Amount
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	x _{No}	Expend (if appli		Event #	ŧ		\$75.00
Name of Payee Bruce MacMillian				Date of Payr 03/29/20			ayment Check# <u>992</u> Debit Card
Street Address 8 S Winds Dr			City Essex			State CT	Zip Code 06426
Purpose of Expend RCW	Description						Amount
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	x _{No}	Expend (if appli		Event #	ŧ		\$236.12
Name of Payee Penny's Restaurant				Date of Payr 03/29/20		_	ayment Check # Debit Card
Street Address 2200 Black Rock Tpke			City Fairfield			State CT	Zip Code 06825
Purpose of Expend FOOD	Description						Amount
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	x _{No}	Expend (if appli		Event #	ŧ		\$27.63
					Total o	f Section N	\$573.39

Total of Section P

	IV.	. EXPENDI	TURES (Section	ons l	N - S)							
NAME OF COMMITTEE	E (Provide Complete Name as Ro	egistered with (Commission)					TY	PE OI	F REPORT		
								April 10 Filing	g - Orig	ginal		
	O. Expe	enses Paid By	Candidate					1				
Name of Payee (Name of vendor v	who candidate paid directly)					1	Date of Payn	ent	Is Re	eimbursement (No
Street Address		City			Sta	ate	Zip Co	de		A	mount	
Purpose of Expenditure (by code)	Description				•	Е	Event #					
1						•		Tota	l of Se	ection O		
	IV. EXP	ENDITURE	ES (Sections N -	- S)								
NAME OF COMMITTEE	E (Provide Complete Name as R	egistered with	Commission)					TYPE	E OF I	REPORT		
Martha Dean For Gove	ernor 2014							April 10 Filing -	Origin	al		
	P. Expense	s Incurred on	1 Committee Cre	edit (Card							
Name of Issuing Institution					Type of Cree Visa Othe		rd: Master	Card	Discov	er	American Expres	ss
Name of Vendor										Date of Tra	nsaction	
Street Address				City						State	Zip Code	1
Purpose of Expenditure (by code)	Description										Amount	
Is this expenditure coordinate which reimbursement is soug		ndum	Yes No		penditure #		Eve	nt#				
		ndum	No	(11	аррисаоте)							

	IV. EXPENDITURES (Sec	tions 1	N - S)					
NAME OF COMMITTE	EE (Provide Complete Name as Registered with Commissio	n)			TYPE O	F REPORT		
Martha Dean For Gov	ernor 2014				April 10 Filing - Ori	ginal		
	Q. Expenses Incurred By Committee but No	t Paid	During this Period	l				
Name of Creditor Nathan Schindler						Date Incurre		
Street Address		City				State	Zip Code	
23 Taquoshe Pl		Fairfie	eld			СТ	06825	
Purpose of Expenditure (by code)	Description						unt Incurred ate or Actual)	
OFFICE								
Is this expenditure coordinated reimbursement is sought?	with another candidate for which Yes X No		Expenditure # (if applicable)	Event #				
If yes, assign an Expenditure # :	and completes Itemization in Addendum Q						\$178.17	
Name of Creditor Jerri MacMillian						Date Incurre		
Street Address		City				State	Zip Code	
8 S Winds Dr		Essex	(СТ	06426	
Purpose of Expenditure (by code)	Description Hall Rental						unt Incurred ate or Actual)	
Misc *								
Is this expenditure coordinated reimbursement is sought?	with another candidate for which Yes No		Expenditure # (if applicable)	Event #				
If yes, assign an Expenditure #	and completes Itemization in Addendum Q						\$600.00	

	IV. EXPENDITURES (Sec	tions	N - S)				
NAME OF COMMITTE	EE (Provide Complete Name as Registered with Commission	n)			TYPE O	F REPORT	
Martha Dean For Gov	ginal						
	Q. Expenses Incurred By Committee but No	ot Paid	During this Period				
Name of Creditor Martha Dean		_				Date Incurre	
Street Address		City				State	Zip Code
144 Reverknolls		Avon				СТ	06001
Purpose of Expenditure (by code)	Description	<u>. </u>					unt Incurred ate or Actual)
TRVL							
Is this expenditure coordinated reimbursement is sought?	with another candidate for which Yes X No		Expenditure # (if applicable)	Event #			
If yes, assign an Expenditure # a	and completes Itemization in Addendum Q						\$500.00
Name of Creditor Nathan Schindler						Date Incurre	
Street Address		City				State	Zip Code
23 Taquoshe Pl		Fairfi	eld			СТ	06825
Purpose of Expenditure (by code)	Description						unt Incurred ate or Actual)
CNSLT							
Is this expenditure coordinated reimbursement is sought?	with another candidate for which Yes X No		Expenditure # (if applicable)	Event #			
If yes, assign an Expenditure # a	and completes Itemization in Addendum Q						\$687.50

IV. EXPENDITURES (Se	ctions N - S)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission	on)	TYPE O	F REPORT	
Martha Dean For Governor 2014		April 10 Filing - Ori	ginal	
Q. Expenses Incurred By Committee but N	ot Paid During this Period			
Name of Creditor Anna Kicska			Date Incurre	
Street Address 23 Taquoshe Pl	City Fairfield		State	Zip Code 06825
Purpose of Expenditure (by code) CNSLT Description				unt Incurred ate or Actual)
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes X No If yes, assign an Expenditure # and completes Itemization in Addendum Q	Expenditure # (if applicable)	Event #		\$300.00
		Total of Section Q		\$2,265.67

		IV. EXPENDITURES	(Sections N -	S)					
NAME OF COMMITTEE (Provide O	Complete N	lame as Registered with Comm	mission)			TYPE OF RE	EPORT		
Martha Dean For Governor 2014						April 10 Filing - Original			
R.	Itemizatio	on of Reimbursements to C	Committee Wo	rkers and C	Consul	tants			
Last Name of Worker/Consultant MacMillian		First Bruce		MI		of Payment	CI	of Payment heck # Debit Card	
Secondary Payee		Į.			!				
Street Address			City				State	Zip Code	
Purpose of Expenditure (by code) TRVL	Description Mileage							Amount	
Is this expenditure coordinated with another cand which reimbursement is sought? If yes, assign an Expenditure # and completes		Yes X No Addendum R	Expend (if appl			Event#		\$42.56	
Last Name of Worker/Consultant MacMillian		First Bruce		MI		e of Payment //10/2014	CI	of Payment heck # Debit Card	
Secondary Payee									
Street Address			City				State	Zip Code	
Purpose of Expenditure (by code) TRVL	Description Parking							Amount	
Is this expenditure coordinated with another cand which reimbursement is sought?	idate for	Yes X No	Expend (if appl			Event #	41.00		
If yes, assign an Expenditure # and completes	Itemization in	Addendum R					\$1.00		

		IV. EXPENDITURES	(Sections N -	S)					
NAME OF COMMITTEE (Provide (Complete N	Name as Registered with Comr	nission)			TYPE OF RE	PORT		
Martha Dean For Governor 2014						April 10 Filing - Original			
R.	Itemizatio	on of Reimbursements to	Committee Wo	orkers and (Consul	tants			
Last Name of Worker/Consultant		First		MI	Date	e of Payment	l —	of Payment	
MacMillian		Bruce			03/	13/2014		neck # Debit Card	
Secondary Payee				ļ.	<u> </u>		<u>, </u>	2001 Card	
			1				i		
Street Address			City				State	Zip Code	
Purpose of Expenditure (by code) TRVL	Descripti Mileage						Amount		
Is this expenditure coordinated with another cand which reimbursement is sought? If yes, assign an Expenditure # and completes		Yes X No Addendum R	Expend (if appl			Event#		\$39.20	
						<u> </u>			
Last Name of Worker/Consultant		First		MI	Date	e of Payment	l	f Payment	
MacMillian		Bruce			03/	14/2014		heck # Debit Card	
Secondary Payee		•		ļ.					
			i				<u> </u>	<u> </u>	
Street Address			City				State	Zip Code	
Purpose of Expenditure	Descripti	on						Amount	
(by code) TRVL	Mileage	2							
Is this expenditure coordinated with another cand which reimbursement is sought?	lidate for	Yes X No	Expend (if appl			Event #			
If yes, assign an Expenditure # and completes	Itemization in							\$43.68	

		IV. EXPENDITURES	(Sections N -	· S)						
NAME OF COMMITTEE (Provide (Complete N	Name as Registered with Com	mission)			TYPE OF RE	PORT			
Martha Dean For Governor 2014						April 10 Filing - Original				
R.	Itemizatio	on of Reimbursements to	Committee Wo	orkers and (Consul	tants				
Last Name of Worker/Consultant		First		MI	Date	e of Payment	Method o	f Payment		
MacMillian		Bruce			03/	18/2014		neck # Debit Card		
Secondary Payee	Secondary Payee							2000 Card		
Street Address			City				State	Zip Code		
Purpose of Expenditure (by code) TRVL	Descripti Mileage						Amount			
Is this expenditure coordinated with another cand which reimbursement is sought?		Yes X No	Expend (if appl	diture # licable)		Event #		\$65.52		
If yes, assign an Expenditure # and completes	Itemization in	Addendum R						· 		
Last Name of Worker/Consultant		First		MI	Date	e of Payment	Method o	of Payment		
MacMillian		Bruce			03/	18/2014		heck #		
Secondary Payee				<u> </u>	<u> </u>		<u> </u>	Debit Card		
Street Address			City				State	Zip Code		
Purpose of Expenditure (by code)	Descripti							Amount		
TRVL	Parking	9					1			
Is this expenditure coordinated with another cand which reimbursement is sought?	lidate for	Yes X No.	Expend (if appl	diture # licable)		Event #				
If yes, assign an Expenditure # and completes	Itemization in							\$10.00		

IV. EXPENDITURES (Sections N - S)											
NAME OF COMMITTEE (Provide Complete N	ame as Registere	d with Comn	mission)				TYPE OF REF	PORT			
Martha Dean For Governor 2014						April 10	Filing - Original				
R. Itemizatio	on of Reimburs	ements to (Committee Wo	rkers and (Consu	ltants					
Last Name of Worker/Consultant MacMillian	First Bruce			MI	1	e of Paym		I —	of Payment Check # Debit Card		
Secondary Payee					!				Door care		
Street Address			City					State	Zip Code		
Purpose of Expenditure Description (by code) Parking TRVL									Amount		
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and completes Itemization in	x	Yes	Expend (if appl			Ever	nt #	\$34			
						Total o	f Section R	\$236.12			
	IV. EXPE	NDITURE	ES (Sectuibs)	N - S)							
NAME OF COMMITTEE (Provide Complete N	ame as Registered	d with Comn	nission)				TYPE OF REP	ORT			
Martha Dean For Governor 2014						April 10 I	Filing - Original				
S. S	Surplus Distrib	ution of Eq	uipment and F	urniture							
Name of Recipient											
Street Address City State Zip Code									Original Purchase Amount of Item		
Description of Item											
							Total of Sec	tion 6			