Electronic Filing

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



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Page 1 of 187

| COVER PAGE | | | | | | | | | |
|---|-----------------------------|----------------|------------------|---|-------------|-----------|--------|--|--|
| 1.NAME OF COMMITTEE | | | | | | 2. | TYPE | E OF COMMITTEE | |
| Mckinney For Governor | | | | | | | = | Candidate Committee Exploratory Committee | |
| 3. TREASURER NAME | | | - | - | | | | | |
| First MI Last Thomas M. Flynn | | | | | | | Suffix | | |
| 4. TREASURER ADDRESS | | | • | | | | | <u> </u> | |
| Street Address 87 Coral Rd | | City Fairfi | eld | | State CT | | | ip Code 6824 | |
| 5. ELECTION DATE | 6. OFFICE SOUGHT (Ca | omplete of | nlv if Candidate | Committee) | I | 7 DI | | CT NUMBER (if applicable | |
| 11/04/2014 | Governor | · | | , | | | | | |
| 8. CANDIDATE NAME (Complete only if (| Candidate or Exploratory Co | ommitte | e) | | | - 1 | | | |
| First John | | | МІ Р. | Last McKinney | | | | Suffix | |
| 9. TYPE OF REPORT | | | • | 1 | | | | | |
| April 10 Filing - Original | | | | | | | | | |
| 10. PERIOD COVERED | | | | | | | | | |
| | Beginning Date | | | Ending Date | | | | | |
| | 01/01/2014 | thru | u | 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 | Robert Russo | | | c | 04/10/2014 | 9:32:3 | 5РМ | | |
| SIGNATURE | PRINT NAME OF TH | E SIGNI | ER | Ι | DATE CERTIF | IED | | | |
| | | | | | | | | | |
| PENA | ALTY FOR FALSE STATEM | | | E BY FINE NOT TO EXCEE IAN ONE YEAR, OR BOTH | | R IMPRISO | NMEN | IT | |

SEEC FORM 30 Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2012

| NAME OF COMMITTEE | F COMMITTEE TYPE OF REPORT | | | | | |
|---|----------------------------|--------------|--|--|--|--|
| | April 10 Filing - Original | | | | | |
| Mckinney For Governor | | | | | | |
| | | COLUBBID | | | | |
| | 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 | \$78,224.30 | | | | | |
| 14. Contributions received from Individuals (Section A and B) | \$44,394.11 | \$178,561.11 | | | | |
| 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) | \$44,394.11 | \$178,561.11 | | | | |
| 19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B) | \$122,618.41 | \$178,561.11 | | | | |
| 20. Expenses Paid by Committee (Section N) | \$52,678.21 | \$108,620.91 | | | | |
| 21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col | \$69,940.20 | \$69,940.20 | | | | |
| 22. In-Kind Donations not Considered Contributions Received (Section J3) | \$930.42 | \$2,388.16 | | | | |
| 23. In-Kind Contributions Received (Section K) | \$0.00 | \$0.00 | | | | |
| 24. Refundable Deposit to Telephone Company (Section L) | \$0.00 | \$0.00 | | | | |
| 25. Receipts of Organization Expenditures (Section M) OPTIONAL | \$0.00 | \$0.00 | | | | |
| 26. Beginning Loan Balance | \$0.00 | | | | | |
| 26a. + Loans Received (Section D) | \$0.00 | \$0.00 | | | | |
| 26b. + Interest and Penalties on Loan(s) | \$0.00 | \$0.00 | | | | |
| 26c Payments on Loan(s) | \$0.00 | \$0.00 | | | | |
| 26d. Total Outstanding Loan Amount | \$0.00 | | | | | |
| 27. Campaign Expenses Paid By Candidate (Section O) | \$0.00 | \$0.00 | | | | |
| 28. Expenses Incurred on Committee Credit Card (Section P) | \$0.00 | \$0.00 | | | | |
| 29. Expenses Incurred by Committee During this Period but Not Paid (Section Q) | \$1,443.15 | | | | | |
| 29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q) | \$3,243.15 | | | | | |

SUMMARY PAGE TOTALS

| | | | | | | Page 3 of 187 |
|---|-----------------------|--|----------------|--------------------------------|-------------|---------------------|
| I. MONETARY RECEIPT | E <mark>S (S</mark> i | ection A-I) | | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | TYPE OF REPORT | | | |
| Mckinney For Governor | | | April 10 | Filing - Original | | |
| A. Total Contributions from Small Contributors-Received this Period | od O | NLY | | For Nonpartic \$0.00 | ipating Can | didates ONLY |
| B. Itemized Contributions fro | m Ind | lividuals | | | | |
| Last Name | First | | | | MI | Contribution ID # |
| Widmann | | Connie | | | | 1537 |
| Residential Street Address | City | | | | State | Zip Code |
| 74 Hattertown Rd | | Newtown | | | СТ | 06470 |
| Principal Occupation | - | Name of Employer | r | | | |
| Realtor | | William | n Raveis | Real Estate | | |
| Is contributor a principal of a state contractor or prospective state contractor? | lo | Is contributor a lo dependent child of | P · 1 | se, or Yes | Amo | unt of Contribution |
| If yes, indicate which branch or branches of Executive Legislative | | | | x _{No} | | |
| government the contract is with. | Date | Received | Aggregate | Contributions | | |
| Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution: | | | | | | |
| If yes, list Event # 01122014A No Cash Personal Check No Money Order Credit/Debit Card | 01/ | 05/2014 | \$100.00 | | | \$100.00 |
| | 1 | | | | | 1 |
| Last Name | First | | | | MI | Contribution ID # |
| Sughrue | ~ | William | | | | 1538 |
| Residential Street Address | City | | | | State | Zip Code |
| 31 Ashford Ln | | Newtown | | | СТ | 06470 |
| Principal Occupation | | Name of Employer | ſ | | | |
| Executive | | GE | -1 | | A | ent of Contribution |
| Is contributor a principal of a state contractor or prospective state contractor? | lo | 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: | | | | X No | | |
| Is this contribution associated with a function of the section of | Date | Received | Aggregate | Contributions | | |
| No Cash Personal Check | 01/ | 06/2014 | | \$100.00 | | \$100.00 |
| If yes, list Event # 01122014A Money Order X Credit/Debit Card | | | | | | |
| Last Name | First | | | | MI | Contribution ID # |
| Trudell | | George | | | | 1539 |
| Residential Street Address | City | | | | State | Zip Code |
| 9 Arthurs Ct | | Newtown | | | СТ | 06470 |
| Principal Occupation | | Name of Employer | r | | | |
| Real Estate Developer | | Self | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | ło | Is contributor a lo dependent child of | | Vac | Amo | unt of Contribution |
| If yes, indicate which branch or branches of government the contract is with: | | | | X No | | |
| Is this contribution associated with a Method of contribution: | Date | Received | Aggregate | Contributions | 1 | |
| fundraising event listed in Section J1? Image: Personal Check If yes, list Event # 01122014A No Image: Cash more of the personal Check money Order Personal Check money Order | 01/ | 06/2014 | | \$100.00 | | \$100.00 |

| | | | | | Page 4 of 187 |
|---|-------------|----------------------------------|----------------------------|--------------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions from | m Ind | ividuala | | | |
| | 1 | ividuals | | 1 | 1 |
| Last Name | First | | | MI | Contribution ID # |
| orum | | jeffrey | | | 1540 |
| Residential Street Address | City | | | State | Zip Code |
| 21 Stanwich Ln | | Greenwich | | СТ | 06830 |
| Principal Occupation | | Name of Employ | rer | | |
| advisor | | dread | Inought capital | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | 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 | | |
| fundraising event listed in Section J1? | | | | | |
| No Cash Personal Check | 01/0 | 07/2014 | \$5.00 | | \$5.00 |
| If yes, list Event # Money Order X Credit/Debit Card | | - , - | | | 1 |
| Last Name | First | | | MI | Contribution ID # |
| Kreitler | | Jim | | | 1541 |
| Residential Street Address | City | 5 | | State | Zip Code |
| 230 Henderson Rd | eny | Fairfield | | СТ | 06824 |
| Principal Occupation | L | Name of Employ | 70 F | СГ | 00824 |
| | | | | | |
| Financial Advisor | | | rd Jones | ı . | |
| 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 | | | · — | | |
| government the contract is with: | | | i | | |
| Is this contribution associated with a fundraising event listed in Section J1? | Date | Received | Aggregate Contributions | | |
| Cash Barsonal Chack | | | | | |
| If yes, list Event # | 01/0 | 08/2014 | \$100.00 | | \$100.00 |
| | I | | | | - |
| Last Name | First | | | MI | Contribution ID # |
| Chernow | | Ann | | | 1542 |
| Residential Street Address | City | | | State | Zip Code |
| 2 Gorham Ave | | Westport | | СТ | 06880 |
| Principal Occupation | | Name of Employ | rer | - | • |
| artist | | self | | | |
| 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 | | |
| fundraising event listed in Section J1? | | | | | |
| No Cash Personal Check | 01/0 | 09/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # Money Order X Credit/Debit Card | 01/ | 55,2011 | \$100.00 | | \$100.00 |
| Last Name | First | | | MI | Contribution ID # |
| | FIISt | Minor | | IVII | |
| Burroughs | <i>C</i> '' | Miggs | | 6 1.1 | 1543 |
| Residential Street Address | City | | | State | Zip Code |
| 2 Old Hill Rd | L | Westport | | СТ | 06880 |
| Principal Occupation | | Name of Employ | rer | | |
| graphic artist | | self | | | |
| 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 sociated with a Yes Yes | Date | Received | Aggregate Contributions | | |
| | | | | | |
| | 01/ | 10/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # Money Order X Credit/Debit Card | 1 | | 1 | I | |

| | | | | | Page 5 of 187 |
|--|--------|--------------------|----------------------------|-------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | - | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | , | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions from | n Ind | lividuals | | | |
| Last Name | First | ii viuuais | | MI | Contribution ID # |
| Watson | THSt | William | | IVII | 1544 |
| Residential Street Address | City | William | | State | Zip Code |
| 546 Hoydens Hill Rd | City | Fairfield | | CT | 06824 |
| Principal Occupation | | Name of Employ | er | | 00024 |
| attorney | | | nor, mcquiness,conte | | |
| | | | obbyist spouse or | Amor | 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? | | | | | |
| No Cash Personal Check | 01/3 | 11/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # Money Order X Credit/Debit Card | / | , | + | | |
| Last Name | First | | | MI | Contribution ID # |
| Reilly | | Anne | | | 1545 |
| Residential Street Address | City | - | | State | Zip Code |
| 59 W Hill Dr | - | West Hartfor | ď | СТ | 06119 |
| Principal Occupation | | Name of Employ | er | | |
| Attorney | | Suno | vion Pharmaceuticals | | |
| 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? | | | | | |
| If yes_list Event # | 01/3 | 11/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # Money Order X Credit/Debit Card | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| DiMarco | | Thomas | | м | 1621 |
| Residential Street Address | City | | | State | Zip Code |
| 5 Amy Ln | | Cromwell | | СТ | 06416 |
| Principal Occupation | - | Name of Employ | er | - | |
| Sales Manager | | Integ | ra Life Sciences | | |
| 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 transfer of t | 5 | dependent child 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 | | |
| | | | | | |
| If yes, list Event # | 01/3 | 11/2014 | \$100.00 | | \$100.00 |
| | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| DiMarco | | Carolenna | | В | 1622 |
| Residential Street Address | City | | | State | Zip Code |
| 5 Amy Ln | | Cromwell | | СТ | 06416 |
| Principal Occupation | | Name of Employ | rer | | |
| Property Mgmt | | Worth | nington Properties | | |
| 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 for draining super listed in facting 112 Yes | Date | Received | Aggregate Contributions | | |
| tundraising event listed in Section J1? | | | | | |
| If yes, list Event # | 01/3 | 11/2014 | \$100.00 | | \$100.00 |

| | | | | | Page 6 of 187 |
|--|--------|------------------|----------------------------|--------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | ` | , | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| | | | | | |
| B. Itemized Contributions from | m Ind | lividuals | | | |
| Last Name | First | | | MI | Contribution ID # |
| santore | | lorraine | | | 1549 |
| Residential Street Address | City | | | State | Zip Code |
| 6 Buck Trl | | Sandy Hook | | СТ | 06482 |
| Principal Occupation | | Name of Employ | rer | | - |
| sales | | pfizer | | | |
| 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 | | |
| Is this contribution associated with a fundraising event listed in Section J1? | | | | | |
| No Cash Personal Check | 01/ | 12/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 01122014A Money Order X Credit/Debit Card | 01/ | 12/2014 | \$100.00 | | \$100.00 |
| Last Name | First | | | MI | Contribution ID # |
| | Filst | Laab | | IVII | |
| Begg | City | Leah | | State. | 1551 Zin Code |
| Residential Street Address | City | | | State | Zip Code |
| 11 Cobblestone Ln | L | Newtown | | СТ | 06470 |
| Principal Occupation | | Name of Employ | rer | | |
| Decorator | | | Employed | - | |
| 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: | | | x _{No} | | |
| Is this contribution associated with a fundraising event listed in Section 112 Yes | Date | Received | Aggregate Contributions | | |
| | | | | | |
| | 01/ | 12/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 01122014A Money Order X Credit/Debit Card | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Varnum | | Jeanne | | | 1552 |
| Residential Street Address | City | | | State | Zip Code |
| 33 Ashford Ln | | Newtown | | СТ | 06470 |
| Principal Occupation | | Name of Employ | rer | | |
| Real Estate Broker | | Self | | | |
| | | | obbyist, spouse, or | Amor | int of Contribution |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | dependent child | Vac | 711100 | an of contribution |
| If yes, indicate which branch or branches of executive 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 | | | +75.00 | | +75.00 |
| If yes, list Event # 01122014A Money Order X Credit/Debit Card | 01/. | 12/2014 | \$75.00 | | \$75.00 |
| | | | | 1 | 1 |
| Last Name | First | | | MI | Contribution ID # |
| Schierloh | | Carey | | | 1523 |
| Residential Street Address | City | | | State | Zip Code |
| 6 Shady Rest Blvd . | | Sandy Hook | | СТ | 06482 |
| Principal Occupation | | Name of Employ | rer | | |
| Marketing Assistant | | Rock | Ridge Country Club | | |
| 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? | | | | | |
| No Cash Personal Check | 01/ | 12/2014 | \$50.00 | | \$50.00 |
| If yes, list Event # 01122014A Money Order Credit/Debit Card | | 2014 | \$30.00 | | Ψ00.00 |

| | | | | | Page 7 of 187 |
|--|--------|------------------------------|----------------------------|---------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | ` | , | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions from | m Ind | lividuale | | | |
| | | liviuuais | | 1.0 | Contribution ID # |
| Last Name Schierloh | First | Educio | | MI C | 1524 |
| Residential Street Address | City | Edwin | | State | - |
| | City | Sandy Hook | | CT | Zip Code 06482 |
| 6 Shady Rest Blvd . Principal Occupation | | Sandy Hook Name of Employ | 704 | CI | 00462 |
| Pluming & Heating | | | ocal 777 | | |
| | | | 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. | Date | Received | Aggregate Contributions | | |
| Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution: | | | | | |
| No Cash Personal Check | 01/3 | 12/2014 | \$50.00 | | \$50.00 |
| If yes, list Event # 01122014A Money Order Credit/Debit Card | | | | | • |
| Last Name | First | | | MI | Contribution ID # |
| Girgasky | | Christine | | | 1526 |
| Residential Street Address | City | | | State | Zip Code |
| 7 Lake Rd | | Newtown | | СТ | 06470 |
| Principal Occupation | | Name of Employ | er | | |
| Litigation Paralegal | | Corid | ien | | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | | obbyist, spouse, or Yes | Amou | ant of Contribution |
| If was indicate which brough or broughes of | 0 | dependent child | of a lobbyist? | | |
| government the contract is with: | | | x _{No} | | |
| Is this contribution associated with a fundmining event listed in Section 112 Yes Method of contribution: | Date | Received | Aggregate Contributions | | |
| | | | | | |
| If yes, list Event # 01122014A | 01/ | 12/2014 | \$100.00 | | \$100.00 |
| | | | ļ | | 1 |
| Last Name | First | | | MI | Contribution ID # |
| Waterbury | | Harrison | | A | 1522 |
| Residential Street Address | City | | | State | Zip Code |
| 11 Chimney Swift Dr | | Sandy Hook | | СТ | 06482 |
| Principal Occupation | | Name of Employ | er | | |
| Retired Is contributor a principal of a state contractor or prospective state contractor? | | N/A | obbyist, spouse, or | A | 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 | | |
| fundraising event listed in Section J1? | Duit | recerved | - iggiogate contributions | | |
| No Cash Personal Check | 01/3 | 12/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 01122014A Money Order Credit/Debit Card | / | , | + | | + |
| Last Name | First | | | MI | Contribution ID # |
| Merola | | Robert | | | 1550 |
| Residential Street Address | City | | | State | Zip Code |
| 22 Ashford Ln | | Newtown | | ст | 06470 |
| Principal Occupation | | Name of Employ | rer | • | |
| RETIRED | | N/A | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | _ | Is contributor a | lobbyist, spouse, or Yes | Amou | ant 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 Nethod of contribution: | Date | Received | Aggregate Contributions | 1 | |
| | | | | | |
| If yes, list Event # 01122014A No Credit/Debit Card | 01/ | 12/2014 | \$100.00 | | \$100.00 |
| | | | | | |

| | | | | | Page 8 of 187 |
|--|--------|------------------|----------------------------|-------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | ` | , | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| | - | | | | |
| B. Itemized Contributions from | m Ind | lividuals | | | |
| Last Name | First | | | MI | Contribution ID # |
| Mulholland | | Robert | | А | 1528 |
| Residential Street Address | City | | | State | Zip Code |
| 21 Russett Rd | | Sandy Hook | | СТ | 06482 |
| Principal Occupation | | Name of Employ | /er | | - |
| Retired | | N/A | | | |
| 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 | • | |
| Is this contribution associated with a fundraising event listed in Section J1? | | | | | |
| No Cash Personal Check | 01/ | 12/2014 | \$25.00 | | \$25.00 |
| If yes, list Event # 01122014A Money Order Credit/Debit Card | 01/ | 12/2014 | \$25.00 | | \$23.00 |
| Last Name | First | | | MI | Contribution ID # |
| | rirst | Todd | | 1911 | |
| Peterson | ~ | Todd | | ~ | 1546 |
| Residential Street Address | City | | | State | Zip Code |
| 40 Scofield Hill Rd | | Washington | | СТ | 06794 |
| Principal Occupation | | Name of Employ | /er | | |
| temporary paralegal | | State | of CT -Judicial | | |
| 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 for the UP Yes | Date | Received | Aggregate Contributions | 1 | |
| fundraising event listed in Section J1? | | | | | |
| | 01/3 | 12/2014 | \$10.00 | | \$10.00 |
| If yes, list Event # Money Order X Credit/Debit Card | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Roche | | Laura | | | 1547 |
| Residential Street Address | City | | | State | Zip Code |
| 41 Cobblers Mill Rd | | Sandy Hook | | ст | 06482 |
| Principal Occupation | | Name of Employ | /er | | 00.02 |
| RETIRED | | N/A | | | |
| | | | 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 Executive Legislative | | | x No | | |
| government the contract is with: | D. | 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 # 01122014A No Money Order X Credit/Debit Card | 01/3 | 12/2014 | \$100.00 | | \$100.00 |
| | | | 1 | 1 | |
| Last Name | First | | | MI | Contribution ID # |
| Roche | | Ken | | | 1548 |
| Residential Street Address | City | | | State | Zip Code |
| 41 Cobblers Mill Rd | | Sandy Hook | | СТ | 06482 |
| Principal Occupation | | Name of Employ | rer | | - |
| RETIRED | | N/A | | | |
| 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? | | |
| If yes, indicate which branch or branches of Executive Legislative | | | × No | | |
| government the contract is with: | Date | Received | Aggregate Contributions | 1 | |
| Is this contribution associated with a fundraising event listed in Section J1? | June | | - oprogate contributions | | |
| No Cash Personal Check | 01/ | 12/2014 | ¢100.00 | | ¢100.00 |
| If yes, list Event # 01122014A Money Order X Credit/Debit Card | 01/. | 12/2014 | \$100.00 | | \$100.00 |

| | | | | | Page 9 of 187 |
|--|--------|--------------------|--|-------|---------------------|
| I, MONETARY RECEIPT | `S (Se | ection A-I) | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | , | , | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions from | m Ind | lividuale | | | |
| Last Name | First | liviuuais | | MI | Contribution ID # |
| Smith | Flist | James | | J | 1510 |
| Residential Street Address | City | James | | State | Zip Code |
| 2 Little Brook Ln | City | Newtown | | CT | 06470 |
| Principal Occupation | | Name of Employ | /er | | 00470 |
| Retired | | N/A | | | |
| | | | lobbyist, spouse, or | Amou | unt 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} | | |
| | Date | Received | Aggregate Contributions | 1 | |
| Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution: | | | | | |
| No Cash X Personal Check | 01/3 | 12/2014 | \$50.00 | | \$50.00 |
| If yes, list Event # 01122014A | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Smith | | Marie | | D | 1511 |
| Residential Street Address | City | | | State | Zip Code |
| 2 Little Brook Ln | | Newtown | | СТ | 06470 |
| Principal Occupation | | Name of Employ | ver | - | • |
| Retired | | N/A | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | lobbyist, spouse, or Yes | Amou | ant 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 fundmining event listed in Section 112 Yes Method of contribution: | Date | Received | Aggregate Contributions | | |
| | | | | | |
| If yes, list Event # 01122014A | 01/3 | 12/2014 | \$50.00 | | \$50.00 |
| | I | | | I | |
| Last Name | First | | | MI | Contribution ID # |
| Brimmer | | Barbara | | A | 1514 |
| Residential Street Address | City | | | State | Zip Code |
| 8 Hattertown Rd | | Newtown | | СТ | 06470 |
| Principal Occupation | | Name of Employ | /er | | |
| Nurse | | N/A | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | dependent child of | lobbyist, spouse, or of a lobbyist? Yes | Amou | ant of Contribution |
| If yes, indicate which branch or branches of Executive Legislative | | * | x No | | |
| government the contract is with: | Date | Received | Aggregate Contributions | | |
| Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution: | Date | Received | Aggregate Contributions | | |
| No Cash X Personal Check | 01/ | 12/2014 | \$75.00 | | \$75.00 |
| If yes, list Event # 01122014A | 01/ | | <i><i></i></i> | | ¢, 5100 |
| Last Name | First | | | MI | Contribution ID # |
| Brimmer | | William | | A | 1515 |
| Residential Street Address | City | | | State | Zip Code |
| 8 Hattertown Rd | | Newtown | | ст | 06470 |
| Principal Occupation | | Name of Employ | ver | • | |
| Consultant | | | rtown Consultants LLC | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | lobbyist, spouse, or | Amou | ant of Contribution |
| | 0 | dependent child of | of a foodylst? | | |
| If yes, indicate which branch or branches of government the contract is with: | | | X No | | |
| Is this contribution associated with a X Yao Method of contribution: | Date | Received | Aggregate Contributions | 1 | |
| fundraising event listed in Section J1? | 1 | | | | |
| If yes, list Event # 01122014A No Credit/Debit Card | 01/ | 12/2014 | \$75.00 | | \$75.00 |
| | 1 | | 1 | 1 | |

| | | | | | Page 10 of 187 |
|--|----------|-------------------------------------|----------------------------|-------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | - | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions from | m Ind | lividuals | | | |
| Last Name | First | | | MI | Contribution ID # |
| Jacobs | THSt | Mary Ann | | | 1509 |
| Residential Street Address | City | | | State | Zip Code |
| 65 Mohawk Trl | City | Sandy Hook | | CT | 06482 |
| Principal Occupation | ! | Name of Employ | rer | 0. | 00.02 |
| Library Clerk | | | y Hook Elementary School | | |
| | | | obbvist, spouse, or | Amou | int 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 function of the functio | Date | Received | Aggregate Contributions | | |
| | | | | | |
| No Cash Personal Check | 01/ | 12/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 01122014A Money Order Credit/Debit Card | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| O'Connor | | Barbara | | А | 1520 |
| Residential Street Address | City | | | State | Zip Code |
| 36 Little Brook Ln | | Newtown | | СТ | 06470 |
| Principal Occupation | • | Name of Employ | er | | |
| Customer Service | | Plant | ers Choice Nursery | | |
| 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 | | | |
| If yes, indicate which branch or branches of government the contract is with: | | | x _{No} | | |
| Is this contribution associated with a fundamental section 112 Yes Method of contribution: | Date | Received | Aggregate Contributions | | |
| | | | | | |
| If yes, list Event # 01122014A | 01/ | 12/2014 | \$100.00 | | \$50.00 |
| | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Sharpe | | Jane | | S | 1517 |
| Residential Street Address | City | | | State | Zip Code |
| 62 Underhill Rd | <u> </u> | Sandy Hook | | СТ | 06482 |
| Principal Occupation | | Name of Employ | rer | | |
| Custom Home Designers | | Self | | | |
| 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 | | | |
| government the contract is with: | Dete | Received | | | |
| fundraising event listed in Section J1? | Date | Received | Aggregate Contributions | | |
| No Cash Personal Check | 01/ | 12/2014 | \$75.00 | | \$75.00 |
| If yes, list Event # 01122014A Money Order Credit/Debit Card | 01/ | 12/2014 | \$75.00 | | \$75.00 |
| Last Name | First | | | MI | Contribution ID # |
| Sharpe | THSt | Donald | | W | 1518 |
| Residential Street Address | City | Donald | | State | Zip Code |
| 62 Underhill Rd | eny | Sandy Hook | | СТ | 06482 |
| Principal Occupation | | Name of Employ | rer | 0. | 00.02 |
| Custom Home Designers | | Self | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | obbyist, spouse, or | Amou | int of Contribution |
| Yes X N | 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? | | | | | |
| No Cash X Personal Check | 01/ | 12/2014 | \$75.00 | | \$75.00 |
| If yes, list Event # 01122014A Money Order Credit/Debit Card | 1 | | · · | 1 | |

| | | | | | Page 11 of 187 |
|--|----------|----------------------------------|--|----------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | , | , | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions from | m Ind | lividuale | | | |
| Last Name | First | | | MI | Contribution ID # |
| Carroll | Flist | Philip | | IVII | 1508 |
| Residential Street Address | City | Philip | | State | Zip Code |
| 1 Fieldstone Dr | City | Newtown | | CT | 06470 |
| Principal Occupation | - | Name of Employ | /er | | 00470 |
| License Agent | | | State of CT | | |
| | | | lobbyist 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: | Date | Received | Aggregate Contributions | | |
| Is this contribution associated with a fundraising event listed in Section J1? | | | | | |
| No Cash Personal Check | 01/ | 12/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 01122014A Money Order Credit/Debit Card | , | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Motyka | | Walter | | s | 1516 |
| Residential Street Address | City | | | State | Zip Code |
| 5 Kent Rd | | Newtown | | СТ | 06470 |
| Principal Occupation | | Name of Employ | /er | | • |
| Consultant | | Motyl | ka Assoc. | | |
| 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 fundamental section 112 Yes Method of contribution: | Date | Received | Aggregate Contributions | | |
| | | | | | |
| If yes, list Event # 01122014A | 01/ | 12/2014 | \$50.00 | | \$50.00 |
| | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Motyka | | Sandra | | R | 1519 |
| Residential Street Address | City | | | State | Zip Code |
| 5 Kent Rd | <u> </u> | Newtown | | СТ | 06470 |
| Principal Occupation | | Name of Employ | | | |
| Writer | | | aunton Press | | |
| 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 | ant of Contribution |
| If yes, indicate which branch or branches of Executive Legislative | | | X No | | |
| government the contract is with: | Dete | Received | | | |
| Is this contribution associated with a fundraising event listed in Section J1? Yes | Date | Received | Aggregate Contributions | | |
| No Cash Personal Check | 01/ | 12/2014 | \$50.00 | | \$50.00 |
| If yes, list Event # 01122014A Money Order Credit/Debit Card | 01/ | 12/2014 | \$30.00 | | \$30.00 |
| Last Name | First | | | MI | Contribution ID # |
| Woycik | THSt | Richard | | D | 1504 |
| Residential Street Address | City | Richard | | State | Zip Code |
| 36 Grand Pl | eny | Newtown | | СТ | 06470 |
| Principal Occupation | | Name of Employ | /er | <u> </u> | |
| Retired | | N/A | | | |
| | | | lobbyist, spouse, or | Amou | int 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 functional field of the second se | Date | Received | Aggregate Contributions | 1 | |
| | | | | | |
| | 01/ | 12/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 01122014A Money Order Credit/Debit Card | 1 | | 1 | 1 | |

| | | | | | Page 12 of 187 |
|---|---|------------------|-----------------------------|-------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | ` | , | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| | T 1 | | | | |
| B. Itemized Contributions from | m Ind | lividuals | | | |
| Last Name | First | | | MI | Contribution ID # |
| Brymer | | Barbara | | J | 1521 |
| Residential Street Address | City | | | State | Zip Code |
| 43 Poverty Hollow Rd | | Newtown | | СТ | 06470 |
| Principal Occupation | | Name of Employ | er | | - |
| Retired | | N/A | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | 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} | | |
| | Date | Received | Aggregate Contributions | | |
| Is this contribution associated with a fundraising event listed in Section J1? | | | | | |
| No Cash Personal Check | 01/ | 12/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 01122014A Money Order Credit/Debit Card | 01/ | 12/2014 | \$100.00 | | \$100.00 |
| Last Name | First | | | MI | Contribution ID # |
| | 1 11 50 | Arian | | IVII | |
| Kearney | City | Azian | | State | 1512 Zin Code |
| Residential Street Address | City | | | State | Zip Code |
| 9 Daniels Hill Rd | L | Newtown | | СТ | 06470 |
| Principal Occupation | | Name of Employ | | | |
| СРА | | | vaty, Nanavaty & Davenport, | | |
| 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: | | | x _{No} | | |
| Is this contribution associated with a fundraising event listed in Section 112 Yes | Date | Received | Aggregate Contributions | | |
| | | | | | |
| | 01/ | 12/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 01122014A Money Order Credit/Debit Card | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Freedman | | David | | z | 1513 |
| Residential Street Address | City | | | State | Zip Code |
| 4 Laurel Rd | , in the second s | Newtown | | СТ | 06470 |
| Principal Occupation | | Name of Employ | er | 0. | |
| Non Profit Management | | Self | | | |
| | | | obbyist, spouse, or | Amou | int of Contribution |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | dependent child | Vac | Allot | 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 fundraising event listed in Section J1? Yes | Date | Received | Aggregate Contributions | | |
| | | | | | |
| If yes, list Event # 01122014A No Cash Personal Check Money Order Credit/Debit Card | 01/3 | 12/2014 | \$50.00 | | \$50.00 |
| | | | 1 | I | |
| Last Name | First | | | MI | Contribution ID # |
| Homberg | L | Peter | | D | 1505 |
| Residential Street Address | City | | | State | Zip Code |
| 334 Wellsville Ave . | | New Milford | | СТ | 06776 |
| Principal Occupation | | Name of Employ | er | | |
| Engineer | | Harpe | er Control Solutions | | |
| | | | obbyist, spouse, or | Amou | int of Contribution |
| Yes X N | 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 | | |
| Is this contribution associated with a fundraising event listed in Section J1? | Date | | Approprie Contributions | | |
| No Cash Personal Check | 01/ | 12/2014 | ±100.00 | | ¢100.00 |
| If yes, list Event # 01122014A No Money Order Credit/Debit Card | | 12/2014 | \$100.00 | | \$100.00 |

| | | | | | Page 13 of 187 |
|--|------------|--|--------------------------------|-------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | • | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions from | m Ind | lividuals | | | |
| Last Name | First | liviuuais | | MI | Contribution ID # |
| Borst | FIISt | Barbara | | C | 1506 |
| Residential Street Address | City | DalDala | | State | Zip Code |
| 10 Beecheood Dr | City | Sandy Hook | | CT | 06482 |
| Principal Occupation | | Name of Employ | er | CI | 00402 |
| Homemaker | | N/A | | | |
| | | | 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 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 # 01122014A | 01/ | 12/2014 | \$100.00 | | \$100.00 |
| | I | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Kelleher | | Thomas | | D | 1507 |
| Residential Street Address | City | | | State | Zip Code |
| 1 Owl Ridge Ln | L | Sandy Hook | | СТ | 06482 |
| Principal Occupation | | Name of Employ | | | |
| Finance | | GE Ca | 1 | i . | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | Is contributor a l dependent child of | obbyist, spouse, or Sector Yes | Amou | int of Contribution |
| If yes, indicate which branch or branches of Executive Legislative | | F | 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 | 01/ | 12/2014 | ¢100.00 | | ¢100.00 |
| If yes, list Event # 01122014A Money Order Credit/Debit Card | 01/ | 12/2014 | \$100.00 | | \$100.00 |
| Last Name | First | | | MI | Contribution ID # |
| Hovey | 1 1100 | Debra Lee | | | 1532 |
| Residential Street Address | City | 20010 200 | | State | Zip Code |
| 296 Fan Hill Rd | | Monroe | | СТ | 06468 |
| Principal Occupation | | Name of Employ | er | | |
| State Rep | | State | of CT | | |
| 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 | | |
| | | | | | |
| If yes, list Event # 01122014A | 01/ | 12/2014 | \$100.00 | | \$100.00 |
| | | | | I | • |
| Last Name | First | | | MI | Contribution ID # |
| Balsano | | Paul | | J | 1533 |
| Residential Street Address | City | | | State | Zip Code |
| 296 Fan Hill Rd | | Monroe | | СТ | 06468 |
| Principal Occupation | | Name of Employ | | | |
| Firefighter | | | of Bridgeport | | |
| 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 | | Sependent ennu (| X No | | |
| government the contract is with: | . . | Dessing 1 | | | |
| Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution: | Date | Received | Aggregate Contributions | | |
| No Cash Personal Check | 01/ | 12/2014 | 47E 00 | | ¢25.00 |
| If yes, list Event # 01122014A Money Order Credit/Debit Card | | 12/2014 | \$25.00 | | \$25.00 |

| | | | | | Page 14 of 187 |
|--|--------|-------------------------------------|----------------------------|----------|---------------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | ` | , | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions from | m Ind | ividuale | | | |
| | | liviuuais | | 1.9 | C (T C D) |
| Last Name | First | laha | | MI | Contribution ID # 1529 |
| Sredzinski Residential Street Address | City | John | | State | |
| 210D Windgate Cir | City | Monroe | | CT | Zip Code 06468 |
| Principal Occupation | | Name of Employ | 704 | CI | 00408 |
| Dispatch Supervisor | | | of Stratford | | |
| | | | lobbyist, spouse, or | Amou | 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 | | |
| fundraising event listed in Section J1? | | | | | |
| No Cash Personal Check | 01/ | 12/2014 | \$25.00 | | \$25.00 |
| If yes, list Event # 01122014A | 01/ | | 420.000 | | 420100 |
| Last Name | First | | | MI | Contribution ID # |
| Bloom | | Dennis | | w | 1527 |
| Residential Street Address | City | | | State | Zip Code |
| 25 Philo Curtis Rd | | Sandy Hook | | СТ | 06482 |
| Principal Occupation | | Name of Employ | er | _ | |
| Maitence | | Urger | nt Care of CT | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | _ | 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 fundamental formation of the second seco | Date | Received | Aggregate Contributions | | |
| | | | | | |
| | 01/ | 12/2014 | \$50.00 | | \$50.00 |
| If yes, list Event # 01122014A Money Order Credit/Debit Card | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Bloom | | Barbara | | | 1553 |
| Residential Street Address | City | | | State | Zip Code |
| 25 Philo Curtis Rd | | Sandy Hook | | СТ | 06482 |
| Principal Occupation | | Name of Employ | rer | | |
| PCA | | Danb | ury Nurses Registry | _ | |
| 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 fundamining quart listed in Section 112 Yes | Date | Received | Aggregate Contributions | | |
| | | | | | |
| If yes, list Event # 01122014A | 01/3 | 12/2014 | \$25.00 | | \$25.00 |
| | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Spragg | | Benjamin | | В | 1525 |
| Residential Street Address | City | | | State | Zip Code |
| 12 Arlyn Ridge Rd | Ι | Newtown | | СТ | 06470 |
| Principal Occupation | | Name of Employ | er | | |
| Retired | | N/A | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | Is contributor a dependent child of | 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 I | Dessional | i | | |
| Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution: | Date | Received | Aggregate Contributions | | |
| No Cash Personal Check | 01/ | 12/2014 | +2E 00 | | ¢25.00 |
| If yes, list Event # 01122014A No Money Order Credit/Debit Card | | 12/2014 | \$25.00 | | \$25.00 |

| | | | | | Page 15 of 187 |
|--|--------|-------------------------------------|----------------------------|---|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | Ì | , | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions fro | m Ind | lividuale | | | |
| Last Name | First | liviuuais | | MI | Contribution ID # |
| DiCandido | FIISt | Matthew | | IVII | 1530 |
| Residential Street Address | City | Matthew | | State | Zip Code |
| 10 Pleasant View Rd | City | New Milford | | CT | 06776 |
| Principal Occupation | | Name of Employ | er | | 00770 |
| Student | | N/A | | | |
| | | | obbyist, spouse, or | Amor | unt of Contribution |
| Is contributor a principal of a state contractor or prospective state contractor? | o | 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 | | | | | |
| No Cash Personal Check | 01/ | 12/2014 | \$25.00 | | \$25.00 |
| If yes, list Event # 01122014A | | | | | 1 |
| Last Name | First | | | MI | Contribution ID # |
| Serra | | Bridget | | D | 1531 |
| Residential Street Address | City | - | | State | Zip Code |
| 157 Shelter Rock Rd # 39 | | Danbury | | СТ | 06810 |
| Principal Occupation | | Name of Employ | er | | • |
| Contract Manager | | Pitne | y Bowes | | |
| 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? | | |
| If yes, indicate which branch or branches of government the contract is with: | | | x _{No} | | |
| Is this contribution associated with a fundamining quant listed in Section 112 Yes Method of contribution: | Date | Received | Aggregate Contributions | | |
| | | | | | |
| If yes, list Event # 01122014A | 01/ | 12/2014 | \$25.00 | | \$25.00 |
| | I | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Bernardi | | James | | | 1534 |
| Residential Street Address | City | | | State | Zip Code |
| 73 Hatertown | | Newtown | | СТ | 06470 |
| Principal Occupation | | Name of Employ | | | |
| Attorney | | | of CT | | |
| 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 enna | x No | | |
| government the contract is with: | L D J | Received | | | |
| Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution: | Date | Received | Aggregate Contributions | | |
| No Cash X Personal Check | 01/ | 12/2014 | ¢100.00 | | ¢100.00 |
| If yes, list Event # 01122014A Money Order Credit/Debit Card | 01/ | 12/2014 | \$100.00 | | \$100.00 |
| Last Name | First | | | MI | Contribution ID # |
| Guidera | THSt | George | | C | 1535 |
| Residential Street Address | City | George | | State | Zip Code |
| 24 Equestrian Rdg | City | Newtown | | CT | 06470 |
| Principal Occupation | | Name of Employ | er | <u>, , , , , , , , , , , , , , , , , , , </u> | |
| Attorney | | Self | | | |
| | | | 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: | Date | Received | Aggregate Contributions | 1 | |
| fundraising event listed in Section J1? | 1 | | | | |
| No X Cash Personal Check | 01/ | 12/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 01122014A Money Order Credit/Debit Card | 1 ' | | | | |

| | | | | | Page 16 of 187 |
|--|-------------|--------------------|----------------------------|--------------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | ` | , | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions from | m Ind | ividuale | | | |
| Last Name | First | lividuals | | MI | Contribution ID # |
| Guidera | FIISt | Suzanne | | IVII | 1536 |
| Residential Street Address | City | Suzanne | | State | Zip Code |
| 24 Bradley Ln | City | Sandy Hook | | CT | 06482 |
| Principal Occupation | | Name of Employ | er | | 00402 |
| Attorney | | Self | | | |
| | | | 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 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 | 01/ | 12/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 01122014A Money Order Credit/Debit Card | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Eick | | Robert | | | 1556 |
| Residential Street Address | City | | | State | Zip Code |
| 269 West Ln | | Ridgefield | | СТ | 06877 |
| Principal Occupation | | Name of Employ | er | - | |
| Principal | | CRT C | Capital | | |
| 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 test of te | 0 | dependent child of | of a lobbyist? | | |
| 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 # | 01/3 | 13/2014 | \$100.00 | | \$100.00 |
| | I | | | 1 | 1 |
| Last Name | First | | | MI | Contribution ID # |
| bennett | <i>a</i> :- | brian | | C 1.1 | 1554 |
| Residential Street Address | City | Neutrus | | State | Zip Code |
| 25 Hundred Acres Rd | | Newtown | | СТ | 06470 |
| Principal Occupation RETIRED | | Name of Employ | ei | | |
| | | N/A | 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 | ant of Contribution |
| If yes, indicate which branch or branches of sovernment the contract is with: | | | x _{No} | | |
| | Date | Received | Aggregate Contributions | | |
| fundraising event listed in Section J1? | | | | | |
| No Cash Personal Check | 01/3 | 13/2014 | \$50.00 | | \$50.00 |
| If yes, list Event # 01122014A Money Order X Credit/Debit Card | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Widmann | | James | | | 1558 |
| Residential Street Address | City | | | State | Zip Code |
| 74 Hattertown Rd | | Newtown | | СТ | 06470 |
| Principal Occupation | | Name of Employ | er | | |
| Wood worker | | Self | | | |
| 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 | | 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 # <u>01122014A</u> No Cash Personal Check Money Order X Credit/Debit Card | 01/3 | 13/2014 | \$100.00 | | \$100.00 |

| | | | | | Page 17 of 187 |
|--|-------------|--|---|---------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | , | , | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| D. Itemized Contributions from | m Ind | ividuala | | | |
| B. Itemized Contributions from | | lividuals | | 1 | |
| Last Name | First | | | MI | Contribution ID # |
| Cieplinski | | Frank | | | 1557 |
| Residential Street Address | City | | | State | Zip Code |
| 1189 Merritt St | | Fairfield | | СТ | 06825 |
| Principal Occupation | | Name of Employ | er | | |
| Director of Finance | | Perki | nElmer | - | |
| 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 Method of contribution: | Date | Received | Aggregate Contributions | | |
| fundraising event listed in Section J1? | | | | | |
| If yes, list Event # | 01/3 | 13/2014 | \$100.00 | | \$100.00 |
| | | | | 1 | |
| Last Name | First | | | MI | Contribution ID # |
| Adair | | Patricia | | | 1555 |
| Residential Street Address | City | | | State | Zip Code |
| 85 Fable Farm Rd . | | New Canaan | | СТ | 06840 |
| Principal Occupation | | Name of Employ | er | | |
| Interior Designer | | self e | mplayed | _ | |
| 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 test o | 0 | dependent child of | of a lobbyist? | | |
| government the contract is with: | | | x No | | |
| Is this contribution associated with a for device work listed in Section 112 Yes | Date | Received | Aggregate Contributions | | |
| | | | | | |
| If yes, list Event # <u>01182014A</u> No Cash Personal Check Money Order X Credit/Debit Card | 01/3 | 13/2014 | \$50.00 | | \$50.00 |
| Last Name | First | | | MI | Contribution ID # |
| Merola | 1 1150 | Theresa | | | 1559 |
| Residential Street Address | City | meresa | | State | Zip Code |
| | City | Neuteure | | | 06470 |
| 22 Ashford Ln | <u> </u> | Newtown | | СТ | 06470 |
| Principal Occupation | | Name of Employ | er | | |
| RETIRED | | N/A | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | 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 coveryment the contract is with: | | 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 | 01/ | 14/2014 | ¢100.00 | | ±100.00 |
| If yes, list Event # 01122014A Money Order X Credit/Debit Card | 01/. | 14/2014 | \$100.00 | | \$100.00 |
| | E' (| | | MI | |
| Last Name | First | Cara | | NII | Contribution ID # |
| Lockery Residential Street Address | <i>C</i> 14 | Gena | | <u></u> | 1561 |
| | City | N | | State | Zip Code |
| 520 Chapel St | L | New Haven | | СТ | 06511 |
| Principal Occupation | | Name of Employ | | | |
| Real Estate Broker | | | and Realtors, LLC | | ant of Court 1 at |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | Is contributor a l dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | int of Contribution |
| If yes, indicate which branch or branches of Executive Legislative | | | X No | | |
| government the contract is with: | | | | | |
| Is this contribution associated with a fundraising event listed in Section J1? | Date | Received | Aggregate Contributions | | |
| Cash Personal Check | | | | | |
| If yes, list Event # | 01/3 | 15/2014 | \$100.00 | | \$100.00 |

| | | | | | Page 18 of 187 |
|---|-------------|----------------------------------|---|-------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | - | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions from | n Ind | lividuals | | | |
| Last Name | First | liviuuais | | МІ | Contribution ID # |
| | THSt | Sandra | | IVII | 1560 |
| Santy Residential Street Address | City | Sanura | | State | |
| | City | N | | State | Zip Code |
| 420 Yale Ave | <u> </u> | New Haven | | СТ | 06515 |
| Principal Occupation | | Name of Employ | | | |
| non profit administration Is contributor a principal of a state contractor or prospective state contractor? | | CONSU | | A | nt of Contribution |
| Is contributor a principal of a state contractor or prospective state contractor? | D | dependent child | bobbyist, spouse, or Second a lobbyist? Yes | Allou | int of Contribution |
| If yes, indicate which branch or branches of Executive Legislative | | | x _{No} | | |
| government the contract is with: | | D 1 | î | | |
| Is this contribution associated with a fundraising event listed in Section J1? | Date | Received | Aggregate Contributions | | |
| No Cash Personal Check | | | | | |
| If yes, list Event # No Money Order X Credit/Debit Card | 01/3 | 15/2014 | \$100.00 | | \$100.00 |
| | • | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Schmidle | | Мае | | | 2040 |
| Residential Street Address | City | | | State | Zip Code |
| 53 Echo Valley Rd | | Newtown | | СТ | 06470 |
| Principal Occupation | | Name of Employ | rer | | |
| | | | | 1 | |
| Is contributor a principal of a state contractor or prospective state contractor? | o | ls contributor a dependent child | bobbyist, spouse, or Second Alaberty Yes | Amou | nt of Contribution |
| If yes, indicate which branch or branches of Executive Legislative | | dependent ennu v | · · | | |
| government the contract is with: | | | No | | |
| Is this contribution associated with a fundraising event listed in Section J1? | Date | Received | Aggregate Contributions | | |
| Cash X Personal Check | | | | | |
| If yes, list Event # | 01/3 | 15/2014 | \$100.00 | | \$100.00 |
| | ı 1 | | | 1 | |
| Last Name | First | | | MI | Contribution ID # |
| Caruso | | Nicholas | | ~ | 2035 |
| Residential Street Address | City | | | State | Zip Code |
| 45 Hersh Rd | | Fairfield | | СТ | 06824 |
| Principal Occupation | | Name of Employ | er | | |
| | | T . 1 . 1 | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | o | dependent child | obbyist, spouse, or Yes | Amou | nt of Contribution |
| If yes, indicate which branch or branches of Executive Legislative | | 1 | No | | |
| government the contract is with: | Dete | Received | | | |
| Is this contribution associated with a fundraising event listed in Section J1? | Date | Received | Aggregate Contributions | | |
| Cash X Personal Check | 01/ | 15/2014 | ±100.00 | | +100.00 |
| If yes, list Event # No Money Order Credit/Debit Card | 01/. | 15/2014 | \$100.00 | | \$100.00 |
| Last Nama | First | | | MI | Contribution ID # |
| Last Name | FIISt | | | MI | Contribution ID # |
| Caruso | <i>C</i> '+ | Kathleen | | | 2036 |
| Residential Street Address | City | En infinite | | State | Zip Code |
| 45 Hersh Rd | L | Fairfield | | СТ | 06824 |
| Principal Occupation | | Name of Employ | | | |
| Is contributer a principal of a state contractor or propriority state contractors? | | In contributor | obbuist spouse or | A | nt of Contribution |
| Is contributor a principal of a state contractor or prospective state contractor? | о | ls contributor a dependent child | bobbyist, spouse, or Second a lobbyist? Yes | Amou | nt of Contribution |
| If yes, indicate which branch or branches of Executive Legislative | | | No | | |
| government the contract is with: | Dut | Dagain- 4 | i | | |
| Is this contribution associated with a fundraising event listed in Section J1? | Date | Received | Aggregate Contributions | | |
| No Cash Personal Check | | | 1100.00 | | +100.00 |
| If yes, list Event # No Money Order Credit/Debit Card | 01/3 | 15/2014 | \$100.00 | | \$100.00 |

| | | | | | Page 19 of 187 |
|--|--------|--------------------|----------------------------|-------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ction A-I) | - | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | , i | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| D. Itomized Contributions from | m Ind | iniduala | | | |
| B. Itemized Contributions from | - | Ividuals | | 1 | 1 |
| Last Name | First | | | MI | Contribution ID # |
| Connole | | Michael | | | 2037 |
| Residential Street Address | City | | | State | Zip Code |
| 454 Ocean Ave | | Stratford | | СТ | 06615 |
| Principal Occupation | | Name of Employ | er | | |
| | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a l | obbyist, spouse, or 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: | | | No No | | |
| In this contribution accorded with a main and the Mathed of contribution. | Date | Received | Aggregate Contributions | | |
| fundraising event listed in Section J1? | | | | | |
| No Cash Personal Check | 01/1 | 5/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # Money Order Credit/Debit Card | | 15/2014 | \$100.00 | | \$100.00 |
| | | | • | | 0 |
| Last Name | First | | | MI | Contribution ID # |
| Elwood | | Mary Patricia | 1 | | 2038 |
| Residential Street Address | City | | | State | Zip Code |
| 454 Ocean Ave | | Stratford | | СТ | 06615 |
| Principal Occupation | | Name of Employ | rer | | |
| | | | | | |
| 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? | 0 | dependent child of | of a lobbyist? Yes | | |
| If yes, indicate which branch or branches of Executive Legislative | | | No | | |
| government the contract is with: | Data | Received | Aggregate Contributions | | |
| fundraising event listed in Section J1? | Date | Received | Aggregate Contributions | | |
| Cash X Personal Check | | | | | |
| If yes, list Event # | 01/1 | 5/2014 | \$100.00 | | \$100.00 |
| | 1 | | | 1 | 1 |
| Last Name | First | | | MI | Contribution ID # |
| Helmig | | Tim | | | 1562 |
| Residential Street Address | City | | | State | Zip Code |
| 91 Hattertown Rd | | Newtown | | СТ | 06470 |
| Principal Occupation | | Name of Employ | rer | | • |
| Sr Account Executive | | Mech | tronics | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a l | obbyist, spouse, 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 Executive Legislative | | | x _{No} | | |
| government the contract is with: | Deteil | Received | | | |
| Is this contribution associated with a fundraising event listed in Section J1? Yes | Date | Received | Aggregate Contributions | | |
| | | | | | |
| If yes, list Event # 01122014A | 01/1 | 6/2014 | \$100.00 | | \$100.00 |
| | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| mirylees | | ewan | | | 1563 |
| Residential Street Address | City | | | State | Zip Code |
| 1365 Mill Hill Ter | | Southport | | СТ | 06890 |
| Principal Occupation | · | Name of Employ | er | • | • |
| RETIRED | | N/A | | | |
| | | - | obbyist, spouse, or | Δmor | ant of Contribution |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | dependent child of | Vac | Anot | or contribution |
| If yes, indicate which branch or branches of Executive Legislative | | | No | | |
| government the contract is with: | | | i | | |
| Is this contribution associated with a fundraising event listed in Section 112 Yes | Date | Received | Aggregate Contributions | | |
| | 1 | | | | |
| If yes, list Event # | 01/1 | 6/2014 | \$100.00 | | \$100.00 |
| | 1 | | | | |

| | | | | | Page 20 of 187 |
|--|--------|------------------|----------------------------|--------------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions fro | m Ind | lividuals | | | |
| Last Name | First | lividuals | | MI | Contribution ID # |
| | FIISt | Susan | | M | 1498 |
| Spain Residential Street Address | City | Susan | | I™ State | Zip Code |
| | City | Darien | | CT | 06820 |
| 126 Leroy Ave . Principal Occupation | | Name of Employ | 104 | CI | 00820 |
| Educational Planner | | Self | | | |
| | | | lobbyist, spouse, or | A may | int of Contribution |
| Is contributor a principal of a state contractor or prospective state contractor? | io | dependent child | Vac | Allou | 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 | | |
| | | | | | |
| X No Cash X Personal Check | 01/ | 18/2014 | \$25.00 | | \$25.00 |
| If yes, list Event # Money Order Credit/Debit Card | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Crisci | | Gary | | А | 1499 |
| Residential Street Address | City | | | State | Zip Code |
| 42 Walnut Tree Hl | | Sandy Hook | | СТ | 06482 |
| Principal Occupation | | Name of Employ | /er | | |
| Owner | | Newt | own Car Center | | |
| 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 function 1/2 Yes Method of contribution: | Date | Received | Aggregate Contributions | | |
| | | | | | |
| No Cash X Personal Check | 01/ | 18/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 01122014A Money Order Credit/Debit Card | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Blawie | | Karen | | н | 1500 |
| Residential Street Address | City | | | State | Zip Code |
| 42 Walnut Tree Hl | | Sandy Hook | | СТ | 06482 |
| Principal Occupation | | Name of Employ | /er | | |
| Retired | | N/A | | | |
| 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 function associated with a function associated with a Yes Method of contribution: | Date | Received | Aggregate Contributions | | |
| | | | | | |
| | 01/ | 18/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 01122014A Money Order Credit/Debit Card | 1 | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Mangiafico | | Paul | | | 1501 |
| Residential Street Address | City | | | State | Zip Code |
| 15 Kent Rd | | Newtown | | СТ | 06470 |
| Principal Occupation | | Name of Employ | /er | | - |
| Physician | | Moun | t Kisco Medical 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 functional transformer and the second se | Date | Received | Aggregate Contributions | 1 | |
| | | | | | |
| | 01/ | 18/2014 | \$50.00 | | \$50.00 |
| If yes, list Event # 01122014A | 1 | | | 1 | |

| | | | | | Page 21 of 187 |
|---|--------------|------------------|------------------------------|-------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | - | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | , , | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| D Itemined Contributions for | | P | | | |
| B. Itemized Contributions from | | lividuals | | 1 | 1 |
| Last Name | First | | | MI | Contribution ID # |
| Mangiafico | | Maxine | | | 1502 |
| Residential Street Address | City | | | State | Zip Code |
| 15 Kent Rd | | Newtown | | СТ | 06470 |
| Principal Occupation | | Name of Employ | /er | | - |
| Homemaker | | N/A | | | |
| 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 | | | |
| Is this contribution associated with a fundraising event listed in Section J1? | Date | Received | Aggregate Contributions | | |
| No Cash Personal Check | | | | | |
| If yes, list Event # 01122014A No Money Order Credit/Debit Card | 01/3 | 18/2014 | \$50.00 | | \$50.00 |
| | · | | 1 | I | |
| Last Name | First | | | MI | Contribution ID # |
| Ference | | Francis | | E | 1503 |
| Residential Street Address | City | | | State | Zip Code |
| 84 Alma Dr | | Fairfield | | СТ | 06824 |
| Principal Occupation | | Name of Employ | ver | | |
| Fire Fighter/Fire Inspector | | Town | of Fairfield | | |
| | | | 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 | | |
| X No Cash Personal Check | | | | | |
| If yes, list Event # Money Order Credit/Debit Card | 01/3 | 18/2014 | \$50.00 | | \$50.00 |
| | I | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Chester | | Philip | | J | 1486 |
| Residential Street Address | City | | | State | Zip Code |
| 1B Metacomet Dr | | East Granby | | СТ | 06026 |
| Principal Occupation | | Name of Employ | /er | | |
| CPCU Vice President | | AmW | ins Brokerage of New England | d | |
| 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 | | |
| 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 # No Money Order Credit/Debit Card | 01/3 | 18/2014 | \$25.00 | | \$25.00 |
| | | | 1 | | |
| Last Name | First | | | MI | Contribution ID # |
| Murray | | John | | F | 1487 |
| Residential Street Address | City | | | State | Zip Code |
| 954 Ponus Rdg | | New Canaan | | СТ | 06840 |
| Principal Occupation | | Name of Employ | /er | | - |
| Retired | | N/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: | D . (| Baasiy-4 | 1 | 4 | |
| Is this contribution associated with a fundraising event listed in Section J1? | Date | Received | Aggregate Contributions | | |
| | Ι. | | | | |
| If yes, list Event # 01182014A | 01/3 | 18/2014 | \$50.00 | | \$50.00 |

| | | | | | Page 22 of 187 |
|--|--------|--|------------------------------|--------|-----------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | , | , | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions from | m Ind | ividuale | | | |
| | First | | | MI | Contribution ID # |
| Last Name | FIISt | | | IVII | 1488 |
| Hurley Residential Street Address | City | Harrirson | | State | |
| 392 Mariorni Rd | City | New Canaan | | CT | Zip Code 06840 |
| Principal Occupation | L | Name of Employ | or | СГ | 00040 |
| Student | | N/A | ci | | |
| | | - | obbyist, spouse, or | Amou | int 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 | 01/ | 18/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 01182014A Money Order Credit/Debit Card | 01/. | 10,2011 | <i><i><i>q</i>100100</i></i> | | <i>4100.00</i> |
| Last Name | First | | | MI | Contribution ID # |
| Monahan | | Thomas | | | 1489 |
| Residential Street Address | City | | | State | Zip Code |
| 46 Dogwood Ln | | New Canaan | | СТ | 06840 |
| Principal Occupation | · | Name of Employ | er | | |
| Retired | | N/A | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | - | obbyist, spouse, or | Amou | 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 function that the second s | Date | Received | Aggregate Contributions | | |
| | | | | | |
| No Cash Personal Check | 01/: | 18/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 01182014A Money Order Credit/Debit Card | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Balestrino | | Charles | | J | 1490 |
| Residential Street Address | City | | | State | Zip Code |
| 89 Heritage Hill Rd | | New Canaan | | СТ | 06840 |
| Principal Occupation | | Name of Employ | er | - | - |
| Commercial Loan Broker | | Self | | | |
| 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 | 0 | dependent child of | | | |
| 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 | | |
| | | | | | |
| If yes, list Event # 01182014A | 01/3 | 18/2014 | \$50.00 | | \$50.00 |
| | I | | | l | • |
| Last Name | First | | | MI | Contribution ID # |
| Groves | | Ray | | J | 1491 |
| Residential Street Address | City | | | State | Zip Code |
| 2450 E Alameda Ave # 4 | L | Denver | | CO | 80209 |
| Principal Occupation | | Name of Employ | er | | |
| Retired | | N/A | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | Is contributor a l dependent child of | obbyist, spouse, or Yes | Amou | int of Contribution |
| If yes, indicate which branch or branches of Executive Legislative | | sependent ennu (| × No | | |
| government the contract is with: | | n 1 1 | | | |
| Is this contribution associated with a fundraising event listed in Section J1? | Date | Received | Aggregate Contributions | | |
| | | 0/2011 | | | +400.00 |
| If yes, list Event # | 01/3 | 18/2014 | \$100.00 | | \$100.00 |

| | | | | | Page 23 of 187 |
|--|-------------|------------------------------|------------------------------|-------------|-----------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | Ì | , | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions from | n Ind | ividuale | | | |
| | First | | | MI | Contribution ID # |
| Last Name | FIISt | laat | | IVII | 1492 |
| Sandhu Residential Street Address | City | Jeet | | Ctata | - |
| | City | Didgefield | | State CT | Zip Code 06877 |
| 90 Chestnut Hill Rd Principal Occupation | | Ridgefield Name of Employ | - | CI | 06877 |
| Physician | | DRA | ci | | |
| | | | obbyist, spouse, or | Amou | int of Contribution |
| Is contributor a principal of a state contractor or prospective state contractor? | D | 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? | | | | | |
| X No Cash Personal Check | 01/ | 18/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # Money Order Credit/Debit Card | 01/. | 10,2011 | <i><i><i>q</i>100100</i></i> | | <i>4100.00</i> |
| Last Name | First | | | MI | Contribution ID # |
| Davison | | Barbara | | | 1493 |
| Residential Street Address | City | | | State | Zip Code |
| 28 Northampton Ln | | Plainville | | СТ | 06062 |
| Principal Occupation | · · · · · · | Name of Employ | er | | |
| Retired | | N/A | | | |
| | | - | obbyist, spouse, or | Amou | int 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 | | |
| fundraising event listed in Section J1? | | | | | |
| X No Cash Yersonal Check | 01/: | 18/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # Money Order Credit/Debit Card | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Hartman | | Lucille | | С | 1494 |
| Residential Street Address | City | | | State | Zip Code |
| 247 S Gate Ln | | Southport | | СТ | 06890 |
| Principal Occupation | _ | Name of Employ | er | - | |
| Homemaker | | N/A | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | obbyist, spouse, or Yes | Amou | int of Contribution |
| If you indicate which brough as broughes of | 5 | dependent child of | | | |
| government the contract is with: | | | x _{No} | | |
| Is this contribution associated with a fundation want listed in Section 112 Yes | Date | Received | Aggregate Contributions | | |
| | | | | | |
| If yes, list Event # | 01/3 | 18/2014 | \$100.00 | | \$100.00 |
| | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Usher | | Gail | | R | 1495 |
| Residential Street Address | City | | | State | Zip Code |
| 451 Lake Ave . | | Bridgeport | | СТ | 06605 |
| Principal Occupation | | Name of Employ | er | | |
| Retired | | N/A | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | ъ | | 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 at with listed in Section 112 Yes | Date | Received | Aggregate Contributions | | |
| | | | | | |
| If yes, list Event # | 01/3 | 18/2014 | \$100.00 | | \$100.00 |

| | | | | | Page 24 of 187 |
|---|-----------|--|--|-------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | - | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | Ì | ŕ | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions from | n Ind | ividuala | | | |
| | r | liviuuais | | 1 | |
| Last Name | First | | | MI | Contribution ID # |
| DeGrand | | Thomas | | | 1496 |
| Residential Street Address | City | | | State | Zip Code |
| 352 Country Ln | | Orange | | СТ | 06477 |
| Principal Occupation | | Name of Employ | | | |
| Vice President | | J. De | Grande & Son | | |
| 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 | int of Contribution |
| If yes, indicate which branch or branches of Executive Legislative | | • | x _{No} | | |
| government the contract is with: | | D 1 | i | | |
| 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 | 01/3 | 18/2014 | \$100.00 | | \$100.00 |
| | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Galpin | | Stephen | | К | 1497 |
| Residential Street Address | City | | | State | Zip Code |
| 350 Harbor Rd | | Southport | | СТ | 06890 |
| Principal Occupation | | Name of Employ | rer | | |
| Retired | | N/A | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | obbyist, spouse, or Yes | Amou | int of Contribution |
| If yog indigete which bronch as bronches of | 5 | dependent child of | | | |
| government the contract is with: | | | x _{No} | | |
| Is this contribution associated with a Ves | Date | Received | Aggregate Contributions | | |
| fundraising event listed in Section J1? | | | | | |
| | 01/3 | 18/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # Money Order Credit/Debit Card | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Bolat | | Jean-Pierre | | | 1564 |
| Residential Street Address | City | | | State | Zip Code |
| 59 Jodi Dr | | Wallingford | | СТ | 06492 |
| Principal Occupation | · · · · · | Name of Employ | er | | |
| Aerospace & Defense Business Development | | Trium | ph Engine Control Systems, | LLC | |
| 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? | D | dependent child of | of 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 | | |
| fundraising event listed in Section J1? | | | | | |
| No Cash Personal Check | 01/: | 19/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # Money Order X Credit/Debit Card | . , | -, - | | | |
| Last Name | First | | | MI | Contribution ID # |
| Bonaparte | 1 1150 | Heather | | | 1565 |
| Residential Street Address | City | neutrer | | State | Zip Code |
| 6 Evergreen Pl | City | Ridgefield | | СТ | 06877 |
| Principal Occupation | <u> </u> | Name of Employ | 70 F | | 00077 |
| Homemaker | | | mployed outside the home | | |
| | | | lobbyist, spouse, or | A | int of Contribution |
| Is contributor a principal of a state contractor or prospective state contractor? | D | dependent child of | Vac | Amou | |
| If yes, indicate which branch or branches of Executive Legislative | | • | · · | | |
| government the contract is with: | Dut | Dagain- 4 | | | |
| Is this contribution associated with a fundraising event listed in Section J1? | Date | Received | Aggregate Contributions | | |
| Cash Personal Check | | 0.001 | | | +50.00 |
| If yes, list Event # | 01/2 | 20/2014 | \$50.00 | | \$50.00 |

| | | | | | Page 25 of 187 |
|--|--------|-------------------------------------|--|-------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | Ì | , | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| P. Itamized Contributions from | m Ind | ividuala | | | |
| B. Itemized Contributions from | | lividuals | | L | |
| Last Name | First | | | MI | Contribution ID # |
| Roggeveen | | Robert | | | 1566 |
| Residential Street Address | City | | | State | Zip Code |
| 45 Arlington Rd | | West Hartfor | ď | СТ | 06107 |
| Principal Occupation | | Name of Employ | rer | | |
| ESL Teacher | | Retire | ed | | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | Is contributor a dependent child of | obbyist, spouse, or Second Sec | Amou | int of Contribution |
| 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 | 1 | |
| fundraising event listed in Section J1? | | | | | |
| If yes, list Event # No No Cash Personal Check Credit/Debit Card | 01/2 | 20/2014 | \$50.00 | | \$50.00 |
| | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Place | | Gerard | | | 1567 |
| Residential Street Address | City | | | State | Zip Code |
| 6741 Millstone Pl | L | Highlands Ra | anch | CO | 80130 |
| Principal Occupation | | Name of Employ | rer | | |
| Account Manager | | Johns | son Controls | | |
| 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 | ° I | dependent child | of a lobbyist? | | |
| government the contract is with: | | | 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 # No No Cash Personal Check Credit/Debit Card | 01/2 | 21/2014 | \$25.00 | | \$25.00 |
| | | | | 1 | I |
| Last Name | First | | | MI | Contribution ID # |
| Sullivan | | John | | | 1568 |
| Residential Street Address | City | | | State | Zip Code |
| 62 Inwood Rd | L | Fairfield | | СТ | 06825 |
| Principal Occupation | | Name of Employ | rer | | |
| RETIRED | | N/A | | | |
| 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 | Č | dependent child | of a lobbyist? | | |
| government the contract is with: | | | No | | |
| Is this contribution associated with a for devicing event listed in Section 112 Yes | Date | Received | Aggregate Contributions | | |
| | | | | | |
| | 01/2 | 21/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # Money Order X Credit/Debit Card | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Volpe | | Jana | | | 1569 |
| Residential Street Address | City | | | State | Zip Code |
| 8 Ice Pond Rd | | Granby | | СТ | 06035 |
| Principal Occupation | · I | Name of Employ | er | | |
| Special Education | | | by Public Schools | | |
| | | | obbyist, spouse, or | Amou | int of Contribution |
| Yes X No | 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? | | | 00-00 | | |
| No Cash Personal Check | 01/- | 29/2014 | \$75.00 | | \$75.00 |
| If yes, list Event # 01292014A Money Order Credit/Debit Card | 1 01/2 | 2014 | \$/5.00 | 1 | φ/ J.00 |

| | | | | | Page 26 of 187 |
|---|--------|------------------|----------------------------|-------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | - | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | , | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions fro | m Ind | lividuals | | | |
| Last Name | First | ii viuuuis | | MI | Contribution ID # |
| Thevenet | Thist | Robert | |] | 1593 |
| Residential Street Address | City | Robert | | State | Zip Code |
| 92 N Shore Rd | City | Voluntown | | CT | 06384 |
| Principal Occupation | | Name of Employ | er | | 00504 |
| Financial Planner | | Self | | | |
| | | | 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} | | |
| 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 | \$50.00 | | \$50.00 |
| If yes, list Event # Money Order Credit/Debit Card | 01/ | | <i></i> | | 400.00 |
| Last Name | First | | | MI | Contribution ID # |
| DeSanctis | | Christopher | | | 1584 |
| Residential Street Address | City | ennocoprier | | State | Zip Code |
| 286 Old Stratfield Rd | , | Fairfield | | СТ | 06825 |
| Principal Occupation | | Name of Employ | er | | |
| Education | | | e Christian School | | |
| | | | obbyist, spouse, or | Amou | 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} | | |
| 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 | \$55.00 | | \$50.00 |
| If yes, list Event # Money Order Credit/Debit Card | 01/ | | <i></i> | | 400.00 |
| Last Name | First | | | MI | Contribution ID # |
| DeSanctis | | Deneen | | | 1585 |
| Residential Street Address | City | | | State | Zip Code |
| 286 Old Stratfield Rd | | Fairfield | | ст | 06825 |
| Principal Occupation | | Name of Employ | er | | <u> </u> |
| Speech Language Pathologist | | Reha | o Assoc. | | |
| 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 | | |
| lundraising event listed in Section J1? | | | | | |
| X No Cash X Personal Check | 01/ | 29/2014 | \$25.00 | | \$25.00 |
| If yes, list Event # Money Order Credit/Debit Card | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Bremer | | Thomas | | | 1599 |
| Residential Street Address | City | | | State | Zip Code |
| 750 Burr St | | Fairfield | | СТ | 06824 |
| Principal Occupation | - | Name of Employ | er | | • |
| | | N/A | | | |
| 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 foodyist? | | |
| 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 are used listed in Section 112 Yes | Date | Received | Aggregate Contributions | 1 | |
| | | | | | |
| | 01/ | 29/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 12152013A Money Order Credit/Debit Card | 1 | | | 1 | |

| | | | | | Page 27 of 187 |
|--|----------|--------------------|----------------------------|-------------|-----------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | Ì | , | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions from | m Ind | ividuale | | | |
| Last Name | First | | | MI | Contribution ID # |
| | FIISt | Candua | | MI | 1600 |
| Bremer Residential Street Address | City | Sandra | | State | |
| 750 Burr St | City | Fairfield | | State CT | Zip Code 06824 |
| Principal Occupation | ι | Name of Employ | 70F | CI | 06824 |
| | | N/A | ci (i | | |
| 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? | 0 | dependent child of | Vac | 7 tillot | 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 Personal Check | 01/2 | 29/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 12152013A Money Order Credit/Debit Card | 01/2 | -5/2011 | \$100.00 | | <i>4100.00</i> |
| Last Name | First | | | MI | Contribution ID # |
| Biondi | | Pat | | | 1587 |
| Residential Street Address | City | | | State | Zip Code |
| 81 Blueberry Ln | , | Shelton | | СТ | 06484 |
| Principal Occupation | <u> </u> | Name of Employ | er | | |
| Homemaker | | N/A | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | 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 | 01/2 | 29/2014 | \$5.00 | | \$5.00 |
| If yes, list Event # Money Order Credit/Debit Card | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Biondi | | David | | | 1588 |
| Residential Street Address | City | | | State | Zip Code |
| 81 Blueberry Ln | | Shelton | | СТ | 06484 |
| Principal Occupation | | Name of Employ | rer | - | |
| Attorney | | Self-E | Employed | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | lobbyist, spouse, or Yes | Amou | int of Contribution |
| If you indicate which branch or branches of | 0 | dependent child of | | | |
| government the contract is with: | | | x _{No} | | |
| Is this contribution associated with a fundation want listed in Section 112 Yes | Date | Received | Aggregate Contributions | | |
| | | | | | |
| If yes, list Event # | 01/2 | 29/2014 | \$5.00 | | \$5.00 |
| | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Burr | | George | | | 1580 |
| Residential Street Address | City | | | State | Zip Code |
| 76 Westfield Dr | L | Trumbull | | СТ | 06611 |
| Principal Occupation | | Name of Employ | rer | | |
| Retired | | N/A | | i | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | | lobbyist, spouse, or Yes | Amou | int of Contribution |
| | | dependent child of | | | |
| government the contract is with: | | | X No | | |
| Is this contribution associated with a fundraicing at with listed in Section 112 Yes | Date | Received | Aggregate Contributions | | |
| Tundraising event listed in Section J1? | | | | | |
| If yes, list Event # | 01/2 | 29/2014 | \$100.00 | | \$100.00 |

| | | | | | Page 28 of 187 |
|--|--------|-------------------------------------|---|-------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | Ì | , | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions from | m Ind | ividuala | | | |
| | - | lividuals | | 1 | |
| Last Name | First | | | MI | Contribution ID # |
| Monaco | | Domenic | | | 1598 |
| Residential Street Address | City | | | State | Zip Code |
| 76 Westfield Dr | | Trumbull | | СТ | 06611 |
| Principal Occupation | | Name of Employ | er | | |
| Sales | | Prem | ier | - | |
| 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 Method of contribution: | Date | Received | Aggregate Contributions | | |
| fundraising event listed in Section J1? | | | | | |
| If yes, list Event # | 01/2 | 29/2014 | \$100.00 | | \$100.00 |
| | 1 | | I | 1 | |
| Last Name | First | | | MI | Contribution ID # |
| Reynolds | | Russell | | | 1583 |
| Residential Street Address | City | | | State | Zip Code |
| 264 Taconic Rd | | Greenwich | | СТ | 06831 |
| Principal Occupation | | Name of Employ | er | - | |
| Executive Serch | | RSR I | Partners | | |
| 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 | | |
| fundraising event listed in Section J1? | | | | | |
| X No Cash Personal Check | 01/3 | 29/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # Money Order Credit/Debit Card | 01/1 | | <i>\</i> | | \$100.00 |
| Last Name | First | | | MI | Contribution ID # |
| Musco | 1 1100 | Lori | | | 1595 |
| Residential Street Address | City | LOIT | | State | Zip Code |
| 88 Francis Street Ext | City | East Haven | | CT | 06512 |
| | L | | | CI | 00512 |
| Principal Occupation | | Name of Employ | er | | |
| Retired | | N/A | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | Is contributor a dependent child | obbyist, spouse, or Yes | Amou | int of Contribution |
| If yes, indicate which branch or branches of Executive Legislative | | dependent ennu (| × No | | |
| 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 # 10012013A No Cash Personal Check | 01/2 | 29/2014 | \$100.00 | | \$100.00 |
| | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Musco | | Ted | | | 1596 |
| Residential Street Address | City | | | State | Zip Code |
| 88 Francis Street Ext | | East Haven | | СТ | 06512 |
| Principal Occupation | | Name of Employ | er | | |
| Retired | | N/A | | | |
| 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 | - | | |
| 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 | 01/3 | 29/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 10012013A Money Order Credit/Debit Card | ''' | /2017 | \$100.00 | | +100.00 |

| | | | | | Page 29 of 187 |
|--|--------|-----------------|----------------------------|--------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | , | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| | | | | | |
| B. Itemized Contributions from | m Ind | lividuals | | | |
| Last Name | First | | | MI | Contribution ID # |
| Johnson | | Pauline | | н | 1577 |
| Residential Street Address | City | | | State | Zip Code |
| 289 Simsbury Rd | | West Granby | 1 | СТ | 06090 |
| Principal Occupation | | Name of Employ | er | | |
| Retired | | N/A | | | |
| | | | obbyist, spouse, or | Amou | int of Contribution |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | dependent child | Vac | 711100 | an 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 event listed in Section J1? | Date | Received | Aggregate Contributions | | |
| | | | | | |
| If yes, list Event # 01292014A | 01/2 | 29/2014 | \$50.00 | | \$50.00 |
| | I | | l | I | |
| Last Name | First | | | MI | Contribution ID # |
| Johnson | | Lowell | | | 1578 |
| Residential Street Address | City | | | State | Zip Code |
| 289 Simsbury Rd | | West Granby | 1 | ст | 06090 |
| Principal Occupation | | Name of Employ | | | |
| President | | | son Gage Co. | | |
| | | | lobbyist, spouse, or | Amou | 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 | | | · — | | |
| government the contract is with: | | | | | |
| Is this contribution associated with a fundraising event listed in Section 112 Yes Method of contribution: | Date | Received | Aggregate Contributions | | |
| | | | | | |
| If yes, list Event # 01292014A | 01/2 | 29/2014 | \$50.00 | | \$50.00 |
| | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Koliani | | Xhemil | | | 1628 |
| Residential Street Address | City | | | State | Zip Code |
| 3 Haley Ridge Rd | | Beacon Falls | | ст | 06403 |
| Principal Occupation | | Name of Employ | er | | |
| СРА | | | Reznick LLP | | |
| | | | | 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: | | n · 1 | | | |
| Is this contribution associated with a fundraising event listed in Section J1? | Date | Received | Aggregate Contributions | | |
| | | | | | |
| If yes, list Event # 01302014A No Cash Personal Check | 01/2 | 29/2014 | \$5.00 | | \$5.00 |
| | L | | L | L | |
| Last Name | First | | | MI | Contribution ID # |
| Morano | | Leonard | | | 1601 |
| Residential Street Address | City | | | State | Zip Code |
| 124 Pinewood Trl | | Trumbull | | СТ | 06611 |
| Principal Occupation | | Name of Employ | rer | • | • |
| | | Retire | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | obbyist 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 sovernment the contract is with: | | | x _{No} | | |
| | | Dession 1 | 1 | | |
| Is this contribution associated with a fundraising event listed in Section J1? | Date | Received | Aggregate Contributions | | |
| Cash X Baraanal Chash | | / | | | |
| If yes, list Event # <u>12152013A</u> No Anno Viet Cash | 01/2 | 29/2014 | \$25.00 | | \$25.00 |

| | | | | | Page 30 of 187 |
|--|--------|--|---|--------|-----------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | ` | , | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions from | m Ind | lividuale | | | |
| | | liviuuais | | 1.9 | C (T C D) |
| Last Name | First | 6-1 | | MI | Contribution ID # |
| Corso Residential Street Address | City | Sal | | State | 1594 Zin Code |
| | City | East Llaver | | CT | Zip Code 06512 |
| 56 Sylvans Hill Rd Principal Occupation | L | East Haven Name of Employ | or | СГ | 00512 |
| Carpet Cleaner | | Self | ci | | |
| | | | obbyist, spouse, or | Amou | int 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? | Duit | | inggrogate controlations | | |
| No Cash Personal Check | 01/3 | 29/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 10012013A | 01/1 | 29/2011 | <i><i><i>q</i>100100</i></i> | | <i>4100.00</i> |
| Last Name | First | | | MI | Contribution ID # |
| Fonteyne | | Letty | | | 1570 |
| Residential Street Address | City | | | State | Zip Code |
| 70 Hedgehog Ln | | West Simsbu | Irv | СТ | 06092 |
| Principal Occupation | | Name of Employ | | _ | |
| Retired | | | | | |
| 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 function associated with a function of the section 1/2 Yes | Date | Received | Aggregate Contributions | | |
| | | | | | |
| No Cash X Personal Check | 01/2 | 29/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 01292014A Money Order Credit/Debit Card | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Hogan | | William | | R | 1571 |
| Residential Street Address | City | | | State | Zip Code |
| 52 Northwoods Rd | | North Granb | y | СТ | 06060 |
| Principal Occupation | | Name of Employ | er | | |
| | | CIGA | N | | |
| 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 of | | | |
| government the contract is with: | _ | | x _{No} | | |
| Is this contribution associated with a fundamining struct listed in Section 112 Yes | Date | Received | Aggregate Contributions | | |
| | | | | | |
| If yes, list Event # 01292014A | 01/3 | 29/2014 | \$100.00 | | \$100.00 |
| | | | I | 1 | 1 |
| Last Name | First | | | MI | Contribution ID # |
| Hammack | | Timothy | | L | 1572 |
| Residential Street Address | City | | | State | Zip Code |
| 205 Case St | | West Granby | | СТ | 06090 |
| Principal Occupation | | Name of Employ | | | |
| Recruiting | | | Technologies Services | | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | Is contributor a l dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | int of Contribution |
| If yes, indicate which branch or branches of Executive Legislative | | Sependent ennu (| × No | | |
| government the contract is with: | | Dessing 1 | | | |
| Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution: | Date | Received | Aggregate Contributions | | |
| No Cash Personal Check | 0.1 / | 20/2014 | ±100.00 | | ¢100.00 |
| If yes, list Event # 01292014A No Money Order Credit/Debit Card | 01/2 | 29/2014 | \$100.00 | | \$100.00 |

| | | | | | Page 31 of 18/ |
|--|---------|------------------|----------------------------|-------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | Ì | , | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| | | | | | |
| B. Itemized Contributions from | m Ind | lividuals | | | 1 |
| Last Name | First | | | MI | Contribution ID # |
| Neumann Hernsdorf | | Diane | | | 1573 |
| Residential Street Address | City | | | State | Zip Code |
| 58 Barn Door Hills Rd | | Granby | | СТ | 06035 |
| Principal Occupation | | Name of Employ | rer | | |
| Retired | | | | | |
| 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 | | |
| Is this contribution associated with a fundraising event listed in Section J1? | | | | | |
| No Cash Personal Check | 01/3 | 29/2014 | \$25.00 | | \$25.00 |
| If yes, list Event # 01292014A | 01/1 | | 425.00 | | 425.00 |
| Last Name | First | | | MI | Contribution ID # |
| | 1 11 50 | Changer | | IVII | 1574 |
| Thrall | City | Spencer | | State | |
| Residential Street Address | City | a 1 | | State | Zip Code |
| 185 Barndoor Hills Rd | L | Granby | | СТ | 06035 |
| Principal Occupation | | Name of Employ | | | |
| Farmer | | | Thrall, Inc. | i | |
| 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: | | | x _{No} | | |
| Is this contribution associated with a fundraising event listed in Section 112 Yes | Date | Received | Aggregate Contributions | | |
| | | | | | |
| | 01/2 | 29/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 01292014A Money Order Credit/Debit Card | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Thrall | | Sarah | | | 1575 |
| Residential Street Address | City | | | State | Zip Code |
| 185 Barndoor Hills Rd | | Granby | | СТ | 06035 |
| Principal Occupation | L | Name of Employ | er. | 0. | |
| Register | | 1 5 | of Granby | | |
| | | | obbyist, spouse, or | Amou | int of Contribution |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | dependent child | | Allou | int of Contribution |
| If yes, indicate which branch or branches of Executive Legislative | | | X No | | |
| government the contract is with: | | D 1 | | | |
| Is this contribution associated with a fundraising event listed in Section J1? Yes | Date | Received | Aggregate Contributions | | |
| | | | | | |
| If yes, list Event # 01292014A | 01/2 | 29/2014 | \$100.00 | | \$100.00 |
| | | | I | 1 | |
| Last Name | First | | | MI | Contribution ID # |
| Levine | | Mitchell | | J | 1576 |
| Residential Street Address | City | | | State | Zip Code |
| 9 Shirecrest | | Avon | | СТ | 06001 |
| Principal Occupation | | Name of Employ | er | | |
| Attorney | | Nair 8 | & Levin | | |
| 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 | 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 | | - opropure contributions | | |
| No Cash Personal Check | 01/ | 0/2014 | ±100.00 | | ¢100.00 |
| If yes, list Event # 01292014A No Money Order Credit/Debit Card | 01/2 | 29/2014 | \$100.00 | | \$100.00 |

| | | | | | Page 32 of 187 |
|--|-------------|--|---------------------------------------|----------|-----------------------|
| I. MONETARY RECEIPT | `S (Se | ection A-I) | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | , | , | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions from | m Ind | lividuale | | | |
| | - | liviuuais | | 1.9 | C (T C D) |
| Last Name | First | | | MI | Contribution ID # |
| McGuire | <i>a</i> :- | Edward | | <i>a</i> | 1579 |
| Residential Street Address | City | | | State | Zip Code |
| 17 Charnay Rd | | Enfield | | СТ | 06982 |
| Principal Occupation | | Name of Employ | | | |
| Forrester | | | of CT- DEEP | | unt of Contribution |
| Is contributor a principal of a state contractor or prospective state contractor? | o | dependent child of | bobbyist, spouse, or fa lobbyist? Yes | Ато | |
| 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 # | 01/2 | 29/2014 | \$50.00 | | \$50.00 |
| | 1 | | 1 | I | |
| Last Name | First | | | MI | Contribution ID # |
| Monaco | | Denise | | | 1581 |
| Residential Street Address | City | | | State | Zip Code |
| 255 Quarter Horse Ln | | Fairfield | | СТ | 06824 |
| Principal Occupation | | Name of Employ | rer | | |
| Homemaker | | N/A | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | o | Is contributor a l dependent child of | lobbyist, spouse, or 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: Second Stress Image: Second Stress Image: Second Stress Ima | | | | | |
| If yes, list Event # Money Order Credit/Debit Card | 01/2 | 29/2014 | \$100.00 | | \$100.00 |
| | - | | | | |
| Last Name | First | 1 | | MI | Contribution ID # |
| Monaco Residential Street Address | City | Joseph | | State | 1582 |
| | City | Fairfield | | State | Zip Code 06824 |
| 255 Quarter Horse Ln Principal Occupation | | Fairfield | 70 8 | СТ | 00824 |
| Exec. | | Name of Employ | | | |
| | | | lobbyist, spouse, or | Amou | 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 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 | 01/3 | 29/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # Money Order Credit/Debit Card | 01/1 | 29/2011 | <i><i><i></i></i></i> | | <i>4100.00</i> |
| Last Name | First | | | MI | Contribution ID # |
| Oligino | | Donamarie | | | 1586 |
| Residential Street Address | City | | | State | Zip Code |
| 127 Barberry Rd | 5 | Fairfield | | СТ | 06890 |
| Principal Occupation | | Name of Employ | er | | |
| Social Worker | | | b Assoc. | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | obbyist shouse or | Amou | int 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 | | |
| rundraising event listed in Section J1? | | | | | |
| | 01/2 | 29/2014 | \$5.00 | | \$5.00 |
| If yes, list Event # Money Order L Credit/Debit Card | 1 | | 1 | I | |

| | | | | | Page 33 of 187 |
|--|-------------|--|----------------------------|----------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | ` | , | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions from | m Ind | ividuala | | | |
| | - | liviuuais | | 1.0 | 0 |
| Last Name | First | | | MI | Contribution ID # |
| Hughes | <i>C</i> :- | Hugh | | G | 1589 |
| Residential Street Address | City | | | State | Zip Code |
| Cottage Street | | Trumbull | | СТ | 06611 |
| Principal Occupation | | Name of Employ | | | |
| Attorney | | | gher Law Firm | | |
| Is contributor a principal of a state contractor or prospective state contractor? | o | dependent child of | • | Amot | int of Contribution |
| If yes, indicate which branch or branches of government the contract is with: | | | X No | | |
| Is this contribution associated with a for device some list d is for the UP Yes | Date | Received | Aggregate Contributions | | |
| rundraising event listed in Section J1? | | | | | |
| If yes, list Event # | 01/2 | 29/2014 | \$5.00 | | \$5.00 |
| | 1 | | | | 0 |
| Last Name | First | - | | MI | Contribution ID # |
| Chiodo | | Jason | | | 1590 |
| Residential Street Address | City | | | State | Zip Code |
| 83 Cottage St | | Trumbull | | СТ | 06611 |
| Principal Occupation | | Name of Employ | | | |
| Director of Community & Provider Realtions | | | Ford VNA | 1 | |
| 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: | | | | | |
| Is this contribution associated with a fundraising event listed in Section J1? Ves | Date | Received | Aggregate Contributions | | |
| X No Cash Personal Check | | | | | |
| If yes, list Event # Money Order Credit/Debit Card | 01/2 | 29/2014 | \$5.00 | | \$5.00 |
| Last Name | First | | | МІ | Contribution ID # |
| Brooks | FIFSU | Mike | | MI | |
| Residential Street Address | <i>C</i> '' | міке | | <u></u> | 1591 |
| | City | Tuunahuull | | State | Zip Code |
| 75 Calhoun Ave . | <u> </u> | Trumbull | | СТ | 06611 |
| Principal Occupation Brooks Construction | | Name of Employ | er | | |
| | | Self | obbyist, spouse, or | A | int of Contribution |
| Is contributor a principal of a state contractor or prospective state contractor? | o | dependent child of | Vac | Alliot | int of Contribution |
| 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? | | | | | |
| X No Cash Personal Check | 01/2 | 29/2014 | \$5.00 | | \$5.00 |
| If yes, list Event # Money Order Credit/Debit Card | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Wasserman | | Julia | | в | 1592 |
| Residential Street Address | City | | | State | Zip Code |
| 113 Walnut Trree Hill Rd | | Sandy Hook | | СТ | 06482 |
| Principal Occupation | | Name of Employ | er | • | • |
| Hearing Officer | | Dept. | of Corrections | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a l | obbyist, spouse, or | Amou | int of Contribution |
| If you indicate which branch or branches of | 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 | 1 | |
| Tundraising event listed in Section J1? | | | | | |
| | 01/2 | 29/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # Money Order Credit/Debit Card | 1 | | | 1 | |

| | | | | | Page 34 of 187 |
|--|------------|--------------------|----------------------------|-------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | ` | , | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| | T 1 | | | | |
| B. Itemized Contributions from | m Ind | lividuals | | | • |
| Last Name | First | | | MI | Contribution ID # |
| Levenduski | | David | | J | 1597 |
| Residential Street Address | City | | | State | Zip Code |
| 8 Ellis Rd | | East Haven | | СТ | 06512 |
| Principal Occupation | | Name of Employ | /er | | |
| | | Town | of Orange | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a l | lobbyist, spouse, or | Amou | unt of Contribution |
| Yes Yes | 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 | | |
| Is this contribution associated with a fundraising event listed in Section J1? | But | litteriter | 1661 egate controlations | | |
| No Cash Rersonal Check | 01/2 | 20/2014 | ¢100.00 | | \$100.00 |
| If yes, list Event # 10012013A Money Order Credit/Debit Card | 01/2 | 29/2014 | \$100.00 | | \$100.00 |
| | | | • | • | 0.11.2.77 |
| Last Name | First | | | MI | Contribution ID # |
| Erdmann | | Jeff | | | 1627 |
| Residential Street Address | City | | | State | Zip Code |
| Wilson point, 2 Nathan Hale Dr | | Norwalk | | СТ | 06854 |
| Principal Occupation | | Name of Employ | /er | | |
| Advisor | | Merri | ll lynch | | |
| 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 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 | 01/2 | 29/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # Money Order X Credit/Debit Card | 01/2 | 29/2014 | \$100.00 | | \$100.00 |
| | First | | | MI | |
| Last Name | First | | | MI | Contribution ID # |
| Bancroft | | Jean | | | 1703 |
| Residential Street Address | City | | | State | Zip Code |
| 202 Southport Woods Dr | | Southport | | СТ | 06890 |
| Principal Occupation | | Name of Employ | /er | | |
| retired | | retire | d | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | lobbyist, 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} | | |
| | Date | Received | Aggregate Contributions | | |
| fundraising event listed in Section J1? | | | | | |
| X No Cash X Personal Check | 01/2 | 29/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # Money Order Credit/Debit Card | /- | | + | | |
| Last Name | First | | | MI | Contribution ID # |
| | Filst | Eric | | | |
| Berthel | <u> </u> | Eric | | C | 1614 |
| Residential Street Address | City | | | State | Zip Code |
| 92 Malvern Hill Rd | L | Watertown | | СТ | 06795 |
| Principal Occupation | | Name of Employ | | | |
| Director | | ECHN | 1 | | |
| 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 | ~ | 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 fundamental structure of the second str | Date | Received | Aggregate Contributions | 1 | |
| | 1 | | | | |
| No Cash Rersonal Check | 01/3 | 30/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 01302014A Money Order Credit/Debit Card | /` | , | +==0.00 | | |

| | | | | | Page 35 of 187 |
|---|--------|------------------|----------------------------|-------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | - | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | , , | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| D. Handing of Constallant from | | K | | | |
| B. Itemized Contributions from | | lividuals | | 1 | 1 |
| Last Name | First | | | MI | Contribution ID # |
| Blasius Jr | | Frederick | | J | 1606 |
| Residential Street Address | City | | | State | Zip Code |
| 975 Hamilton Ave | | Watertown | | СТ | 06795 |
| Principal Occupation | - | Name of Employ | /er | | - |
| Sales | | Lochr | mann Blasius Chevy | | |
| 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: | Dete | Received | | - | |
| Is this contribution associated with a fundraising event listed in Section J1? | Date | Received | Aggregate Contributions | | |
| No Cash Personal Check | | | | | |
| If yes, list Event # 01302014A No Money Order Credit/Debit Card | 01/3 | 30/2014 | \$100.00 | | \$100.00 |
| | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Bailey | | Nancy | | J | 1607 |
| Residential Street Address | City | | | State | Zip Code |
| 975 Hamilton Ave | | Watertown | | СТ | 06795 |
| Principal Occupation | | Name of Employ | ver | ! | |
| Office Manager | | Lochr | mann Blasius Chevy | | |
| | | | labbuist spause or | 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} | | |
| government the contract is with: | L D / | Received | | - | |
| Is this contribution associated with a fundraising event listed in Section J1? | Date | Received | Aggregate Contributions | | |
| | | | | | |
| If yes, list Event # 01302014A | 01/3 | 30/2014 | \$100.00 | | \$100.00 |
| | I | | | I | 1 |
| Last Name | First | | | MI | Contribution ID # |
| Wilk | | Janelle | | | 1618 |
| Residential Street Address | City | | | State | Zip Code |
| 50 Ice House Rd | | Oakville | | СТ | 06779 |
| Principal Occupation | - | Name of Employ | /er | - | |
| Assistant | | Rums | sey Hall School | | |
| 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} | | |
| | 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 | 01/ | 20/2014 | ¢100.00 | | ¢100.00 |
| If yes, list Event # 01302014A Money Order Credit/Debit Card | 01/. | 30/2014 | \$100.00 | | \$100.00 |
| | | | | | 1 |
| Last Name | First | | | MI | Contribution ID # |
| Wilk | | Edward | | | 1619 |
| Residential Street Address | City | | | State | Zip Code |
| 50 Ice House Rd | | Oakville | | СТ | 06779 |
| Principal Occupation | | Name of Employ | /er | | |
| Electrical | | Centr | al Ct Casilla Company | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a | lobbyist, spouse, or | Amou | int of Contribution |
| Yes X No | 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 | |
| Is this contribution associated with a fundraising event listed in Section J1? | Date | | . SBICBUC CONTIDUIDIIS | | |
| No No Cash Personal Check | | 20/2014 | *100.00 | | ¢100.00 |
| If yes, list Event # 01302014A No Money Order Credit/Debit Card | | 30/2014 | \$100.00 | | \$100.00 |

| | | | | | Page 36 of 187 | |
|--|-------------------------------|----------------------------------|----------------------------|---|---------------------|--|
| I. MONETARY RECEIPTS (Section A-I) | | | | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | TYPE OF REPORT | | | |
| Mckinney For Governor | | | April 10 Filing - Original | | | |
| B. Itemized Contributions from Individuals | | | | | | |
| Last Name First MI Contribution ID # | | | | | | |
| Daddona | FIISt | Thomas | | IVII | 1604 | |
| Residential Street Address | City | THUINAS | | State | Zip Code | |
| 420 Guassapaug Rd | City | Woodbury | | CT | 06798 | |
| Principal Occupation Name of Emplo | | er | CI | 00790 | | |
| Restaurtant Owner | Self | | | | | |
| | | | | lobbyist, spouse, or Amount of Contribution | | |
| Vac A No | | dependent child of | Vac | | | |
| If yes, indicate which branch or branches of Executive Legislative | | X N | | | | |
| government the contract is with: | Date | Received Aggregate Contributions | | | | |
| fundraising event listed in Section J1? | | | | | | |
| No Cash Personal Check | 01/3 | 30/2014 | \$100.00 \$100.00 | | \$100.00 | |
| If yes, list Event # 01302014A | 01/ | | | 4100100 | | |
| Last Name | First | | | MI | Contribution ID # | |
| Atkins | | Susan | | с | 1610 | |
| Residential Street Address | City | | | State | Zip Code | |
| 152 Litchfield Rd | | Watertown | | СТ | 06795 | |
| Principal Occupation | | Name of Employer | | | | |
| Business Owner | | Bradshaw Inc | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | | int of Contribution | | |
| Yes No dependent child of a lobbyist? | | | | | | |
| If yes, indicate which branch or branches of government the contract is with: | | | | | | |
| Is this contribution associated with a fundamental formation of the second seco | Date | Received | Aggregate Contributions | | | |
| | | | | | | |
| | 01/30/201 | | /2014 \$100.00 | | \$100.00 | |
| If yes, list Event # 01302014A | | | | | | |
| Last Name | First | | | MI | Contribution ID # | |
| Kane Jr | | James | | J | 1615 | |
| Residential Street Address | City | City | | State | Zip Code | |
| 782 Oronoke Rd Apt 25 | | Waterbury | | СТ | 06708 | |
| Principal Occupation | - | Name of Employer | | | | |
| Sales | | Reel Marketers | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | Vas | | | 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 fundamental section 112 Yes Method of contribution: | Date | Received | Aggregate Contributions | | | |
| | | | | | | |
| If yes, list Event # 01302014A | 01/3 | 30/2014 | \$100.00 | | \$100.00 | |
| | I | | | | • | |
| Last Name | First | | | MI | Contribution ID # | |
| Derosa Jr | Vincent | | | J | 1617 | |
| Residential Street Address | City | City | | State | Zip Code | |
| 25 Long Horizon Rd | L | Bethlehem | | СТ | 06751 | |
| Principal Occupation | | Name of Employer | | | | |
| Property Mgmt Comm Property Services | | | | | | |
| Van No | | | obbyist, spouse, or Yes | Amou | int of Contribution | |
| If yes, indicate which branch or branches of | e which branch or branches of | | of a foodyist? | | | |
| 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 # 01302014A | 01/3 | 30/2014 | \$100.00 | | \$100.00 | |

| | | | | | Page 37 of 187 |
|--|--------|------------------|----------------------------|-------|---------------------|
| L. MONETARY RECEIPT | S (Se | ection A-I) | - | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | · · · · · · | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions from | n Ind | ividuals | | | |
| Last Name | First | il v i u u u i s | | MI | Contribution ID # |
| Paolella | 1 1150 | John | | 1411 | 1620 |
| Residential Street Address | City | 50111 | | State | Zip Code |
| 97 Burr St | City | New Haven | | СТ | 06512 |
| Principal Occupation | | Name of Employ | er | 01 | 00012 |
| Construction | | | tti Construction | | |
| | | - | obbyist shouse or | Amou | int of Contribution |
| Is contributor a principal of a state contractor or prospective state contractor? |) | 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? | | | | | |
| No Cash Personal Check | 01/3 | 30/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 01302014A Money Order Credit/Debit Card | ,- | , | + | | |
| Last Name | First | | | MI | Contribution ID # |
| Nardella | | Raymond | | | 1605 |
| Residential Street Address | City | , | | State | Zip Code |
| 63 Shaw Farm Rd | | Oakville | | СТ | 06779 |
| Principal Occupation | | Name of Employ | rer | | |
| Faculty | | SCSU | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a | obbyist, spouse, or | Amou | int of Contribution |
| |) | 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 associated with a function as a function as a function of the funct | Date | Received | Aggregate Contributions | | |
| | | | | | |
| No Cash Personal Check | 01/3 | 30/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 01302014A | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| D'Agostino | | George | | J | 1612 |
| Residential Street Address | City | | | State | Zip Code |
| 128 Wheeler Farm Rd | | Watertown | | СТ | 06795 |
| Principal Occupation | | Name of Employ | er | | |
| Education | | City o | of Waterbury | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a | obbyist, spouse, or | Amou | int 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 fundamining event listed in Section 112 Yes | Date | Received | Aggregate Contributions | | |
| | | | | | |
| If yes, list Event # 01302014A | 01/3 | 30/2014 | \$100.00 | | \$100.00 |
| | L | | l | l | |
| Last Name | First | | | MI | Contribution ID # |
| Slavin | | John | | Е | 1608 |
| Residential Street Address | City | | | State | Zip Code |
| 152 Piping Rock Rd | | Waterbury | | СТ | 06706 |
| Principal Occupation | | Name of Employ | er | _ | |
| Sale Manager | | Indus | strial Riggers Inc | | |
| 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 or branches of | , | dependent child | of a lobbyist? | | |
| government the contract is with: | | | x _{No} | | |
| Is this contribution associated with a fundamining event listed in Section 112 Yes | Date | Received | Aggregate Contributions | | |
| | | | | | |
| If yes, list Event # 01302014A | 01/3 | 30/2014 | \$100.00 | | \$100.00 |

| | | | | | Page 38 of 187 |
|--|----------|----------------------------------|----------------------------|---|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | - | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | , | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions from | m Ind | lividuals | | | |
| Last Name | First | liviuuais | | MI | Contribution ID # |
| Porzio | Flist | Robert | | IVII | 1609 |
| Residential Street Address | City | RUDEIL | | State | Zip Code |
| 1153 W Main St | City | Waterbury | | CT | 06708 |
| Principal Occupation | <u> </u> | Name of Employ | er | | 00700 |
| Chiropractor | | Self | | | |
| | | | 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 government the contract is with: | | | x _{No} | | |
| Is this contribution associated with a function 1/2 Yes Method of contribution: | Date | Received | Aggregate Contributions | | |
| | | | | | |
| No Cash X Personal Check | 01/3 | 30/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 01302014A | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Strobel | | Richard | | | 1616 |
| Residential Street Address | City | | | State | Zip Code |
| 190 Scenic Ct | | Cheshire | | СТ | 06410 |
| Principal Occupation | • | Name of Employ | er | | |
| VP Sales | | Marja | in Inc | | |
| 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 fundmining areat listed in Section 112 Yes Method of contribution: | Date | Received | Aggregate Contributions | | |
| | | | | | |
| If yes, list Event # 01302014A | 01/3 | 30/2014 | \$100.00 | | \$100.00 |
| | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Vacalebre | | Carmen | | A | 1603 |
| Residential Street Address | City | | | State | Zip Code |
| PO Box 4594 | | Waterbury | | СТ | 06704 |
| Principal Occupation | | Name of Employ | | | |
| Restaurantour | | | en Anthony Rest Group | | |
| 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 | | | · | | |
| government the contract is with: | Dete | Received | | | |
| Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution: | Date | Received | Aggregate Contributions | | |
| No Cash X Personal Check | 01/ | 30/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 01302014A Money Order Credit/Debit Card | 01/. | 50/2014 | \$100.00 | | \$100.00 |
| Last Name | First | | | MI | Contribution ID # |
| Augelli | THSt | Nicholas | | P | 1613 |
| Residential Street Address | City | Nicholds | | State | Zip Code |
| 25 Blackman Rd | City | Waterbury | | СТ | 06704 |
| Principal Occupation | | Name of Employ | er | <u>, , , , , , , , , , , , , , , , , , , </u> | |
| Retired | | Retire | | | |
| | | | | Amou | int of Contribution |
| Yes X N | 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? | 1 | | | | |
| No Cash X Personal Check | 01/3 | 30/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 01302014A Money Order Credit/Debit Card | | | | | |

| | | | | | Page 39 of 187 |
|--|-------------|--|---|-------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions from | m Ind | lividuals | | | |
| Last Name | First | lividuals | | MI | Contribution ID # |
| | FIISt | William. | |] | |
| Palomba | <i>C</i> 14 | William | | - | 1611 |
| Residential Street Address | City | | | State | Zip Code |
| 41 Mt Fair Dr | | Watertown | | СТ | 06795 |
| Principal Occupation | | Name of Employ | | | |
| Marketing Manager | | | nann Blasius Chevy | | |
| 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 fundration a wart listed in Section 112 Yes Method of contribution: | Date | Received | Aggregate Contributions | | |
| | | | | | |
| If yes, list Event # 01302014A | 01/3 | 30/2014 | \$100.00 | | \$100.00 |
| | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Palomba | | Margaret | | v | 1602 |
| Residential Street Address | City | | | State | Zip Code |
| 41 Mt Fair Dr | | Watertown | | СТ | 06795 |
| Principal Occupation | | Name of Employ | er | | |
| Reading Teacher | | City c | of Waterbury | | |
| 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 function associated with a function of the second seco | Date | Received | Aggregate Contributions | | |
| | | | | | |
| No Cash Personal Check | 01/3 | 30/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 01302014A Money Order Credit/Debit Card | | - | | | - |
| Last Name | First | | | MI | Contribution ID # |
| Stowell | | Geoffrey | | | 1631 |
| Residential Street Address | City | | | State | Zip Code |
| 23 Freedom Rd | | Middlebury | | СТ | 06762 |
| Principal Occupation | · · · · · | Name of Employ | er | | |
| Court Clerk | | State | of Connecticut | | |
| | | | obbyist spouse or | Amou | int of Contribution |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | dependent child of | - V | | |
| If yes, indicate which branch or branches of Executive Legislative | | | x _{No} | | |
| government die contract is with. | Date | Received | Aggregate Contributions | | |
| fundraising event listed in Section J1? | | | | | |
| No Cash Personal Check | 01/3 | 31/2014 | \$25.00 | | \$25.00 |
| If yes, list Event # 01302014A Money Order X Credit/Debit Card | 01/0 | | 420.000 | | 420.00 |
| Last Name | First | | | MI | Contribution ID # |
| Mirabile | 1 1130 | Nicholas | | IVII | 1629 |
| Residential Street Address | City | Nicholas | | State | Zip Code |
| | City | Enirfield | | CT | - |
| 125 Sycamore Ln Principal Occupation | L | Fairfield Name of Employ | or | | 06824 |
| Event Marketing | | TBA C | | | |
| | | | | A | int of Contribution |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | int of Contribution |
| If yes, indicate which branch or branches of sovernment the contract is with: | | | X No | | |
| Lovernment the constant is with | | Deceive 1 | | | |
| Is this contribution associated with a fundraising event listed in Section J1? | Date | Received | Aggregate Contributions | | |
| No Cash Personal Check | | | | | +400.00 |
| If yes, list Event # No Money Order X Credit/Debit Card | 01/3 | 31/2014 | \$100.00 | | \$100.00 |

| | | | | | Page 40 of 187 |
|--|----------|----------------------------------|----------------------------|-------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | - | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions from | m Ind | lividuals | | | |
| Last Name | First | liviuuais | | МІ | Contribution ID # |
| Geckle | FIISt | Katherine | | NII . | 1624 |
| Residential Street Address | City | Katherine | | State | - |
| | City | Neurope | | State | Zip Code |
| 35 Queen St | l | Newtown | | СТ | 06470 |
| 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 | ant 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? | Date | Received | Aggregate Contributions | | |
| | | | | | |
| If yes, list Event # 01122014A No Cash Personal Check Oredit/Debit Card | 01/3 | 31/2014 | \$50.00 | | \$50.00 |
| | | | L | 1 | • |
| Last Name | First | | | MI | Contribution ID # |
| Austin | | Donna | | | 1630 |
| Residential Street Address | City | | | State | Zip Code |
| 13 Byron Dr | | Granby | | СТ | 06035 |
| Principal Occupation | | Name of Employ | rer | | |
| Stay at home mother | | Self | | - | |
| 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 the test of t | 0 | dependent child | of a lobbyist? | | |
| government the contract is with: | | | x _{No} | | |
| Is this contribution associated with a fundamining super listed in Section 112 Yes | Date | Received | Aggregate Contributions | | |
| | | | | | |
| | 01/3 | 31/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 01292014A Money Order X Credit/Debit Card | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Knierim | | Paul | | | 1632 |
| Residential Street Address | City | | | State | Zip Code |
| 1046 Farmington Ave | | West Hartfor | ď | СТ | 06107 |
| Principal Occupation | | Name of Employ | rer | | • |
| Probate Court Administrator | | State | of Connecticuct | | |
| 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 | | |
| 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 | 02/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # Money Order X Credit/Debit Card | , | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Stanevich | | Jason | | | 1633 |
| Residential Street Address | City | | | State | Zip Code |
| 148 Fox St | | Fairfield | | СТ | 06824 |
| Principal Occupation | · | Name of Employ | er | | |
| Labor Attorney | | | r Mendelson, P.C. | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | obbyist spouse or | Amor | int of Contribution |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | dependent child | Vac | Aniot | or contribution |
| If yes, indicate which branch or branches of sovernment 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? | Date | Receiveu | Aggregate Contributions | | |
| No Cash Personal Check | 0.2 | 12/2014 | ¢100.00 | | ¢100.00 |
| If yes, list Event # No Money Order X Credit/Debit Card | | 02/2014 | \$100.00 | | \$100.00 |

| | | | | | Page 41 of 187 |
|--|-------------|--|---|----------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | ` | , | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions from | m Ind | lividuala | | | |
| | - | lividuals | | - | |
| Last Name | First | _ | | MI | Contribution ID # |
| Becker | | Jamee | | | 1623 |
| Residential Street Address | City | | | State | Zip Code |
| 553 Lake Ave | L | Greenwich | | СТ | 06830 |
| Principal Occupation | | Name of Employ | rer | | |
| 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 | ant 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 # | 02/0 | 02/2014 | \$100.00 | | \$100.00 |
| | | | • | | 0.11.5 |
| Last Name | First | | | MI | Contribution ID # |
| SMITH | | PHILIP | | | 1634 |
| Residential Street Address | City | | | State | Zip Code |
| 230 Rosewood Pl | L | Bridgeport | | СТ | 06610 |
| Principal Occupation | | Name of Employ | rer | | |
| RETIRED | | N/A | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | | lobbyist, spouse, or Yes | Amou | ant 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 fraction up Yes Yes | Date | Received | Aggregate Contributions | | |
| tundraising event listed in Section J1? | | | | | |
| If yes, list Event # | 02/0 | 04/2014 | \$100.00 | | \$100.00 |
| Last Name | First | | • | МІ | Contribution ID # |
| | FIISU | | | MI | Contribution ID # |
| Murdock | <i>a</i> :- | Kathryn | | <i>a</i> | 1635 |
| Residential Street Address | City | | | State | Zip Code |
| 350 Acorn Ln | | Southport | | СТ | 06890 |
| Principal Occupation | | Name of Employ | er | | |
| homemaker | | | mployed | | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | Is contributor a l dependent child of | obbyist, spouse, or Yes | Amou | ant of Contribution |
| If yes, indicate which branch or branches of | | dependent child o | · | | |
| 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 # | 02/0 | 05/2014 | \$100.00 | | \$100.00 |
| | | | 1 | 1 | • |
| Last Name | First | | | MI | Contribution ID # |
| Kurmay | | F | | Р | 1625 |
| Residential Street Address | City | | | State | Zip Code |
| 45 Alexandra Dr | | Stratford | | СТ | 06614 |
| Principal Occupation | | Name of Employ | rer | | |
| Judge | | Straft | ford Probate Judge | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a l | obbyist, spouse, or | Amou | ant of Contribution |
| | o | dependent child of | | | |
| If yes, indicate which branch or branches of government the contract is with: | | | x _{No} | | |
| Is this contribution associated with a Method of contribution: | Date | Received | Aggregate Contributions | 1 | |
| fundraising event listed in Section J1? | 1 | | | | |
| No Cash Personal Check | 02/0 | 05/2014 | \$50.00 | | \$50.00 |
| If yes, list Event # 03132014A Money Order Credit/Debit Card | 1 ., | | ÷20100 | 1 | |

| | | | | | Page 42 of 187 |
|--|--------|-------------------------------------|----------------------------|------------|------------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | , | , | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions from | m Ind | lividuale | | | |
| | - | liviuuais | | 1.9 | C (1) C III |
| Last Name | First | lacanh | | MI | Contribution ID # |
| Kiefer Residential Street Address | City | Joseph | | W State | 1626 |
| 22 Mohawk Dr | City | Fastan | | CT | Zip Code 06612 |
| Principal Occupation | L | Easton Name of Employ | 108 | CI | 00012 |
| VP Finance | | | empest RE | | |
| | | | lobbyist, spouse, or | Amou | int of Contribution |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | dependent child | Vac | THIO | 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? | | | | | |
| No Cash Personal Check | 02/0 |)5/2014 | \$25.00 | | \$25.00 |
| If yes, list Event # 03132014A Money Order Credit/Debit Card | 02/0 | 55,2011 | \$25.00 | | \$23100 |
| Last Name | First | | | MI | Contribution ID # |
| Schaffrick | | Gary | | | 1636 |
| Residential Street Address | City | | | State | Zip Code |
| 515-14 Emmett St | | Bristol | | СТ | 06010 |
| Principal Occupation | | Name of Employ | /er | | |
| Disabled | | Disab | | | |
| 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? | | | | | |
| If ves list Event # | 02/0 | 08/2014 | \$10.00 | | \$10.00 |
| If yes, list Event # Money Order X Credit/Debit Card | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Rippey | | George | | | 1637 |
| Residential Street Address | City | | | State | Zip Code |
| 127 Whites Hill Ln | | Fairfield | | СТ | 06824 |
| Principal Occupation | | Name of Employ | ver | - | - |
| Sales Manager | | Goog | le | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | lobbyist, spouse, or | Amou | int of Contribution |
| If yas indicate which branch or branches of | 0 | dependent child | | | |
| government the contract is with: | | | x _{No} | | |
| Is this contribution associated with a fundamining source listed in Section 112 Yes | Date | Received | Aggregate Contributions | | |
| | | | | | |
| If yes, list Event # | 02/1 | 10/2014 | \$100.00 | | \$100.00 |
| | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Burnim | | Peter | | | 1638 |
| Residential Street Address | City | | | State | Zip Code |
| 698 Old Post Rd | | Fairfield | | СТ | 06824 |
| Principal Occupation | | Name of Employ | /er | | |
| RETIRED | | N/A | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | Is contributor a dependent child of | lobbyist, spouse, or Yes | Amou | int of Contribution |
| | | 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 | | |
| Cash Personal Check | | | | | 1 4 9 9 9 - |
| If yes, list Event # | 02/1 | 18/2014 | \$200.00 | | \$100.00 |

| | | | | | Page 43 of 187 |
|---|-----------|----------------------------------|---|-------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | `` | , | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| P. Itomized Contributions from | m Ind | lividuala | | | |
| B. Itemized Contributions from | - | lividuals | | 1 | |
| Last Name | First | | | MI | Contribution ID # |
| Morgan | | Leon | | | 1639 |
| Residential Street Address | City | | | State | Zip Code |
| 43 Forest Brook Rd | | Guilford | | СТ | 06437 |
| Principal Occupation | | Name of Employ | er | | |
| RETIRED | | N/A | | - | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | Is contributor a dependent child | 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 Method of contribution: | Date | Received | Aggregate Contributions | | |
| fundraising event listed in Section J1? | | | | | |
| If yes, list Event # No No Cash Personal Check Order Credit/Debit Card | 02/3 | 18/2014 | \$25.00 | | \$25.00 |
| | · · · · · | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Flynn | | Meghan | | | 1641 |
| Residential Street Address | City | | | State | Zip Code |
| 87 Coral Dr | | Fairfield | | СТ | 06825 |
| Principal Occupation | | Name of Employ | er | | |
| Student | | None | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | 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 | | |
| fundraising event listed in Section J1? | | | | | |
| No Cash Personal Check | 02/2 | 21/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # Money Order X Credit/Debit Card | Ĺ | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Lockery | | William | | | 1640 |
| Residential Street Address | City | | | State | Zip Code |
| 6 Jardin Dr | , | East Haven | | СТ | 06513 |
| Principal Occupation | I | Name of Employ | or | | 00515 |
| Lineman | | 1 5 | North Railroad | | |
| | | | -11 | Amou | int of Contribution |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | dependent child | Vac | Allot | ant of Contribution |
| If yes, indicate which branch or branches of Executive Legislative | | - | x _{No} | | |
| government the contract is with: | Data | Received | Aggregate Contributions | | |
| Is this contribution associated with a fundraising event listed in Section J1? | Date | Received | Aggregate Contributions | | |
| No Cash Personal Check | 0.2/ | 21/2014 | ¢100.00 | | ±100.00 |
| If yes, list Event # 10012013A Money Order X Credit/Debit Card | 02/. | 21/2014 | \$100.00 | | \$100.00 |
| | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Pidgeon | | Russell | | | 1642 |
| Residential Street Address | City | | | State | Zip Code |
| 16 Oak Park Ave | | Darien | | СТ | 06820 |
| Principal Occupation | | Name of Employ | | | |
| Financial Services | | Bloon | nberg L.P. | | |
| 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 | of a foodyfst? | | |
| 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 # | 02/2 | 23/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # Money Order X Credit/Debit Card | 1 | | | 1 | |

| | | | | | Page 44 of 187 |
|--|----------|--|---|-------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | , | , | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions from | m Ind | ividuala | | | |
| | | lividuals | | L | |
| Last Name | First | | | MI | Contribution ID # |
| Pidgeon | | Gayl | | | 1643 |
| Residential Street Address | City | | | State | Zip Code |
| 16 Oak Park Ave | L | Darien | | СТ | 06820 |
| Principal Occupation | | Name of Employ | er | | |
| Financial Services | | Point | Click Care | | |
| 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 Yes Ves | Date | Received | Aggregate Contributions | | |
| fundraising event listed in Section J1? | | | | | |
| If yes, list Event # No No Cash Personal Check Credit/Debit Card | 02/2 | 23/2014 | \$100.00 | | \$100.00 |
| | | | | | |
| Last Name | First | _ · | | MI | Contribution ID # |
| Gevas | | Sophia | | | 1644 |
| Residential Street Address | City | | | State | Zip Code |
| 44 Fairfield Ave . | | Norwalk | | СТ | 06854 |
| Principal Occupation | | Name of Employ | er | | |
| Outreach Education Director | | Silver | mine Arts Center | - | |
| 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 | | dependent child of | | | |
| government the contract is with: | | | x _{No} | | |
| Is this contribution associated with a fraction UP Yes | Date | Received | Aggregate Contributions | | |
| tundraising event listed in Section J1? | | | | | |
| If yes, list Event # | 02/2 | 23/2014 | \$100.00 | | \$100.00 |
| | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Burtt | | Theodore | | ~ | 1924 |
| Residential Street Address | City | | | State | Zip Code |
| 44 Fairfield Ave | <u> </u> | Norwalk | | СТ | 06854 |
| Principal Occupation | | Name of Employ | | | |
| Consultant | | | & Associates | | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | Is contributor a l dependent child of | obbyist, spouse, or Sector Yes | Amou | int of Contribution |
| If yes, indicate which branch or branches of coveryment the contract is with: | | | X No | | |
| government the contract is with: | Data | Received | | | |
| fundraising event listed in Section J1? | Date | Received | Aggregate Contributions | | |
| No Cash Personal Check | 0.2/2 | 1/2014 | ±100.00 | | +100.00 |
| If yes, list Event # Money Order X Credit/Debit Card | 02/2 | 24/2014 | \$100.00 | | \$100.00 |
| | E | | | 10 | Contributi ID // |
| Last Name | First | | | MI | Contribution ID # |
| Weis | | Randall | | ~ | 1925 |
| Residential Street Address | City | E : C I | | State | Zip Code |
| 50 Bayedge Ct | | Fairfield | | СТ | 06824 |
| Principal Occupation | | Name of Employ | | | |
| CEO | | | eis Companies | | |
| 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 | | sependent 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 | | |
| Indication gevent listed in Section J1? | | | | | |
| If yes, list Event # | 02/2 | 26/2014 | \$100.00 | | \$100.00 |

| | | | | | Page 45 of 187 |
|--|----------|--|----------------------------|-------------|-----------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | , | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions from | n Ind | ividuale | | | |
| Last Name | First | | | MI | Contribution ID # |
| DuFour | FIISt | Duandan | | IVII | 1926 |
| Residential Street Address | City | Brandon | | Ctata | |
| | City | Matartaura | | State CT | Zip Code 06795 |
| 98 Cannon Ridge Dr Principal Occupation | ļ | Watertown Name of Employ | | CI | 06795 |
| Owner | | | ar Driver | | |
| | | | obbyist, spouse, or | Amou | int of Contribution |
| Is contributor a principal of a state contractor or prospective state contractor? | o | 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 | 02/2 | 26/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # Money Order X Credit/Debit Card | 02/2 | -0,2011 | <i>\</i> | | <i>4100.00</i> |
| Last Name | First | | | MI | Contribution ID # |
| Devanney | | Timothy | | | 1699 |
| Residential Street Address | City | | | State | Zip Code |
| 70 Porter St | | Manchester | | СТ | 06040 |
| Principal Occupation | <u> </u> | Name of Employ | er | | |
| Retail Grocer | | | and Park Market | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | 5 | 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? | | | | | |
| X No Cash X Personal Check | 02/2 | 26/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # Money Order Credit/Debit Card | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Davis | | Nolan | | | 1688 |
| Residential Street Address | City | | | State | Zip Code |
| 86 Griffin Rd | | Broad Brook | | СТ | 06016 |
| Principal Occupation | | Name of Employ | er | - | - |
| Consultant | | McKir | nney for Governor | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | obbyist, spouse, or Yes | Amou | int of Contribution |
| If was indicate which branch or branches of the transfer of th | 5 | 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 # 02252014A | 02/2 | 26/2014 | \$30.00 | | \$30.00 |
| | I | | | l | |
| Last Name | First | | | MI | Contribution ID # |
| Flynn | | Kelley | | | 1692 |
| Residential Street Address | City | | | State | Zip Code |
| 8 Hattertown Rd | | Newtown | | СТ | 06470 |
| Principal Occupation | | Name of Employ | er | | |
| at home | | none | | | |
| 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 |
| | | 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 | | |
| | | | | | 110.05 |
| If yes, list Event # | 02/2 | 26/2014 | \$10.00 | | \$10.00 |

| | | | | | Page 46 of 187 |
|--|--------|--------------------|---|-------|-----------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | Ì | , | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions fro | m Ind | ividuale | | | |
| Last Name | First | lividuals | | MI | Contribution ID # |
| Demons | FIISt | Scott | | IVII | 1673 |
| Residential Street Address | City | 3000 | | State | Zip Code |
| 115 Beach Ave | City | Watertown | | CT | 06795 |
| Principal Occupation | - | Name of Employ | er | | 00755 |
| Retail | | Self | | | |
| | | | obbyist, spouse, 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 government the contract is with: | | | x _{No} | | |
| Is this contribution associated with a function 1/2 Yes Method of contribution: | Date | Received | Aggregate Contributions | | |
| | | | | | |
| No Cash Personal Check | 02/2 | 26/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 02252014A Money Order Credit/Debit Card | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Shaker | | Steven | | | 1675 |
| Residential Street Address | City | | | State | Zip Code |
| 893 South St | | Middlebury | | СТ | 06762 |
| Principal Occupation | | Name of Employ | er | - | |
| Automotive Retailer | | Shake | er Auto Group | | |
| Is contributor a principal of a state contractor or prospective state contractor? | io. | | obbyist, spouse, or Yes | Amou | int 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 fundmining screet listed in Section 112 Yes Method of contribution: | Date | Received | Aggregate Contributions | | |
| | | | | | |
| If yes, list Event # 02252014A | 02/2 | 26/2014 | \$100.00 | | \$100.00 |
| | | | | | 1 |
| Last Name | First | | | MI | Contribution ID # |
| DiBona | | Lucio | | | 1666 |
| Residential Street Address | City | | | State | Zip Code |
| 46 Southview Dr | | Watertown | | СТ | 06795 |
| Principal Occupation | | Name of Employ | er | | |
| HV/AC | | Self | 11 ° 4 | | int of Contribution |
| Is contributor a principal of a state contractor or prospective state contractor? | io | dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | int of Contribution |
| If yes, indicate which branch or branches of Executive Legislative | | • | x No | | |
| government the contract is with: | Date | Received | Aggregate Contributions | | |
| fundraising event listed in Section J1? | Dute | Received | Aggregate Contributions | | |
| No Cash X Personal Check | 02/2 | 26/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 02252014A | 02/1 | -0,201. | <i><i><i>q</i>200100</i></i> | | <i>4100100</i> |
| Last Name | First | | | MI | Contribution ID # |
| Mengacci | | James | | | 1698 |
| Residential Street Address | City | | | State | Zip Code |
| 134 Craig Cir | | Naugatuck | | СТ | 06770 |
| Principal Occupation | | Name of Employ | er | | |
| consultant | | | acci Agency Inc. | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | - | obbyist, spouse, or | Amou | int 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 | 1 | |
| Tundraising event listed in Section J1? | 1 | | | | |
| If yes, list Event # No Cash Personal Check Money Order Credit/Debit Card | 02/2 | 26/2014 | \$100.00 | | \$100.00 |
| in yes, his Event # | 1 | | | 1 | |

| | | | | | Page 47 of 187 |
|--|-------------|-------------------------------------|---------------------------------------|----------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | - | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | , | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions from | m Ind | lividuals | | | |
| Last Name | First | iiviuuais | | МІ | Contribution ID # |
| | FIISt | lachus | | MI | |
| Broekstra | <i>C</i> '' | Joshua | | | 1690 |
| Residential Street Address | City | M | | State | Zip Code |
| 101 Frary Ave | <u> </u> | Meriden | | СТ | 06450 |
| Principal Occupation | | Name of Employ | | | |
| Lockbox Specialist | | | ter Bank, NA | i . | |
| 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: | | | | | |
| Is this contribution associated with a fundrational quark listed in Section 112 Yes | Date | Received | Aggregate Contributions | | |
| fundraising event listed in Section J1? | | | | | |
| If yes, list Event # | 02/2 | 26/2014 | \$10.00 | | \$10.00 |
| | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Doheny | | Timothy | | | 1684 |
| Residential Street Address | City | | | State | Zip Code |
| 19 Knight Ln | | North Haven | | СТ | 06473 |
| Principal Occupation | | Name of Employ | /er | | |
| | | | | | |
| 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 fundamental section 112 Yes Method of contribution: | Date | Received | Aggregate Contributions | | |
| | | | | | |
| | 02/2 | 26/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 02252014A Money Order Credit/Debit Card | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Kennedy | | David | | | 1693 |
| Residential Street Address | City | | | State | Zip Code |
| 390 Chickadee Ln | | Stratford | | СТ | 06614 |
| Principal Occupation | • | Name of Employ | /er | | |
| СОО | | Unite | d Way of Coastal Farefield Co | ounty | |
| 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 | 02/2 | 26/2014 | \$50.00 | | \$50.00 |
| If yes, list Event # Money Order Credit/Debit Card | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Skabardouis | | Peter | | | 1668 |
| Residential Street Address | City | | | State | Zip Code |
| 58 Marney Dr | | Middlebury | | СТ | 06762 |
| Principal Occupation | | Name of Employ | /er | <u> </u> | |
| Retired | | Retire | | | |
| | | | | Amor | int of Contribution |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | dependent child | Vac | 111100 | an of contribution |
| If yes, indicate which branch or branches of Executive Legislative | | | x _{No} | | |
| government the contract is with: | Data | Received | Aggregate Contributions | ł | |
| Is this contribution associated with a fundraising event listed in Section J1? Yes | Date | Receiveu | Aggregate Contributions | | |
| No Cash Personal Check | 0.2 | 76/2014 | ¢100.00 | | ¢100.00 |
| If yes, list Event # 02252014A Money Order Credit/Debit Card | 02/. | 26/2014 | \$100.00 | | \$100.00 |

| | | | | | Page 48 of 187 |
|---|----------|-----------------|----------------------------------|-------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | , | , | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions from | m Ind | lividuale | | | |
| | 1 | liviuuais | | 1.9 | Contribution ID # |
| Last Name | First | laggaray | | MI | 1686 |
| Libero Residential Street Address | City | Jessemyn | | State | Zip Code |
| 21 Mansfield Rd | City | North Haven | | CT | 06473 |
| Principal Occupation | | Name of Employ | | CI | 00473 |
| Homemaker | | 1 5 | emaker | | |
| | | | lobbyist, spouse, or | Amou | int of Contribution |
| Is contributor a principal of a state contractor or prospective state contractor? | o | 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 # 02252014A No Cash Personal Check Order Credit/Debit Card | 02/2 | 26/2014 | \$100.00 | | \$100.00 |
| | 1 | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Libero | ~ | Pat | | ~ | 1687 |
| Residential Street Address | City | | | State | Zip Code |
| 21 Mansfield Rd Principal Occupation | <u> </u> | North Haven | | СТ | 06473 |
| | | Name of Employ | | | |
| Sales Is contributor a principal of a state contractor or prospective state contractor? | | | scular | Amou | int of Contribution |
| Is contributor a principal of a state contractor or prospective state contractor? | io | dependent child | Vac | Allou | int of Contribution |
| If yes, indicate which branch or branches of Executive Legislative | | | x _{No} | | |
| | Date | Received | Aggregate Contributions | | |
| fundraising event listed in Section J1? | Buie | recerved | - iggiogate contributions | | |
| No Cash Personal Check | 02/3 | 26/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 02252014A Money Order Credit/Debit Card | 02/ | 20,2011 | <i><i><i></i></i></i> | | 4100100 |
| Last Name | First | | | MI | Contribution ID # |
| Bushka | | Edward | | | 1667 |
| Residential Street Address | City | | | State | Zip Code |
| 460 Concord Dr | | Watertown | | СТ | 06795 |
| Principal Occupation | | Name of Employ | er | | |
| Self | | Amer | ican Millwork & Lumber | | |
| Is contributor a principal of a state contractor or prospective state contractor? | io. | | obbyist, spouse, or Yes | Amou | int of Contribution |
| If was indicate which branch or branches of | 0 | dependent child | | | |
| government the contract is with: | _ | | x _{No} | | |
| Is this contribution associated with a fundamental section 112 Yes Yes | Date | Received | Aggregate Contributions | | |
| fundraising event listed in Section J1? | | | | | |
| If yes, list Event # 02252014A No Cash Check Personal Check Order Credit/Debit Card | 02/2 | 26/2014 | \$100.00 | | \$100.00 |
| | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Kingsley | | George | | ~ | 1669 |
| Residential Street Address | City | Манија | | State | Zip Code |
| 44 Lakeside Rd | | Morris | 70F | СТ | 06763 |
| Principal Occupation Self - Member/ Manager | | Name of Employ | ^{er} ley Enterprises | | |
| | | | obbyist, spouse, or | Amou | int 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: | Date | Received | Aggregate Contributions | | |
| fundraising event listed in Section J1? | | | | | |
| No X Cash Personal Check | 02/2 | 26/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 02252014A Money Order Credit/Debit Card | 1 | | · · · | | |

| | | | | | Page 49 of 187 | |
|--|--------|------------------------------|----------------------------|-------------|---------------------------|--|
| I, MONETARY RECEIPT | 'S (Se | ection A-I) | | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | TYPE OF REPORT | | | |
| Mckinney For Governor | | | April 10 Filing - Original | | | |
| B. Itemized Contributions from | m Ind | ividuale | | | | |
| | - | Iviuuais | | 1.9 | C (T C D) | |
| Last Name | First | Kula | | MI | Contribution ID # 1670 | |
| Vitkousky Residential Street Address | City | Kyle | | State | | |
| 79 Woodside Ct | City | Watartown | | CT | Zip Code 06795 | |
| Principal Occupation | - | Watertown Name of Employ | 704 | CI | 00795 | |
| Shipping | | | Company | | | |
| | | | 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 government the contract is with: | | | x _{No} | | | |
| Is this contribution associated with a functional for the second | Date | Received | Aggregate Contributions | | | |
| | | | | | | |
| No Cash Personal Check | 02/2 | 26/2014 | \$100.00 | | \$100.00 | |
| If yes, list Event # 02252014A Money Order Credit/Debit Card | | | | + | | |
| Last Name | First | | | MI | Contribution ID # | |
| Polzella | | Joseph | | | 1671 | |
| Residential Street Address | City | | | State | Zip Code | |
| 85 Farm Cir | | Watertown | | СТ | 06795 | |
| Principal Occupation | | Name of Employer | | | | |
| Owner | | Danse | el, Polzella, LLC | | | |
| 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 test of te | 0 | dependent child of | of a lobbyist? | | | |
| government the contract is with: | | | x _{No} | | | |
| Is this contribution associated with a fundraising event listed in Section 112 Yes | Date | Received | Aggregate Contributions | | | |
| | | | | | | |
| If yes, list Event # 02252014A | 02/2 | 26/2014 | \$100.00 | | \$100.00 | |
| | 1 | | | | I | |
| Last Name | First | | | MI | Contribution ID # | |
| Milonas | | Constantine | | | 1672 | |
| Residential Street Address | City | - · | | State CT | Zip Code | |
| 76 Coachlight Cir | L | Prospect | | | 06712 | |
| Principal Occupation | | Name of Employer US Foods | | | | |
| Sales Is contributor a principal of a state contractor or prospective state contractor? | | | lobbyist, spouse, or | A.m.ov | int of Contribution | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | dependent child of | Vac | Alliou | int of Contribution | |
| If yes, indicate which branch or branches of Executive Legislative | | | x _{No} | | | |
| government the contract is with | Date | Received | Aggregate Contributions | | | |
| fundraising event listed in Section J1? | | | | | | |
| No Cash Personal Check | 02/2 | 26/2014 | \$100.00 | | \$100.00 | |
| If yes, list Event # 02252014A Money Order Credit/Debit Card | | | | | | |
| Last Name | First | | | MI | Contribution ID # | |
| Farisello | | Angelo | | | 1674 | |
| Residential Street Address | City | | | State | Zip Code | |
| 65 Marc Dr | | Watertown | | СТ | 06795 | |
| Principal Occupation | | Name of Employ | er | | - | |
| Management | | Self | | | | |
| 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 | 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 fundamental section 112 Yes Method of contribution: | Date | Received | Aggregate Contributions | | | |
| | | | | | | |
| If yes, list Event # 02252014A No Kash Personal Check Order Credit/Debit Card | 02/2 | 26/2014 | \$100.00 | | \$100.00 | |

| | | | | | Page 50 of 187 | |
|---|--------|-----------------------------|----------------------------|----------------------|-----------------------|--|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | - | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | TYPE OF REPORT | | | |
| Mckinney For Governor | | | April 10 Filing - Original | | | |
| B. Itemized Contributions from | m Ind | lividuals | | | | |
| Last Name | First | liviuuais | | МІ | Contribution ID # | |
| | FIISt | M/illia na | | MI | 1676 | |
| Fitzpatrick Residential Street Address | Citu | William | | State | | |
| | City | Watarbury | | CT | Zip Code 06702 | |
| 61 Pleasant St Principal Occupation | I | Waterbury Name of Employ | 104 | CI | 00702 | |
| President | | | ate Concrete Inc | | | |
| | | | lobbyist, spouse, or | Amor | unt 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 Executive Legislative | | | x _{No} | | | |
| government the contract is with: | Date | Received | Aggregate Contributions | | | |
| fundraising event listed in Section J1? | Duite | recoursed | 1991 egate controlations | | | |
| No Cash Personal Check | 02/ | 26/2014 | \$100.00 | | \$100.00 | |
| If yes, list Event # 02252014A | 02/1 | 20/2014 | \$100.00 | \$100.00 | | |
| Last Name | First | | | MI Contribution ID # | | |
| Andreucci | 1.1.50 | Mark | | | 1677 | |
| Residential Street Address | City | HUIK | | State | Zip Code | |
| 440 Briarwood Dr | eny | Guilford | | СТ | 06437 | |
| Principal Occupation | | Name of Employer | | | 00-57 | |
| Purchasing Manager | | PSEG Power Connecticut LLC | | | | |
| | | | lobbyist, 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 | Date | Received | Aggregate Contributions | | | |
| fundraising event listed in Section J1? | | | 80 · 8 · · · · · · · · · | | | |
| No Cash Personal Check | 02/3 | 26/2014 | \$100.00 | | \$100.00 | |
| If yes, list Event # 02252014A Money Order Credit/Debit Card | 02/1 | 20/2011 | \$100,000 | | <i>4100.00</i> | |
| Last Name | First | | | МІ | Contribution ID # | |
| Andreucci | | Vera | | | 1678 | |
| Residential Street Address | City | | | State | Zip Code | |
| 440 Briarwood Dr | Ĵ | Guilford | | ст | 06437 | |
| Principal Occupation | | Name of Employ | /er | | | |
| Food Service | | Guilfo | ord Public Schools | | | |
| 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 | | | |
| Is this contribution associated with a function 1/2 Yes Method of contribution: | Date | Received | Aggregate Contributions | | | |
| | | | | | | |
| | 02/2 | 26/2014 | \$100.00 | | \$100.00 | |
| If yes, list Event # 02252014A | | | | | | |
| Last Name | First | | | MI | Contribution ID # | |
| Andreucci | | Steven | | | 1679 | |
| Residential Street Address | City | | | State | Zip Code | |
| 63 Daniel Dr | | New Haven | | СТ | 06513 | |
| Principal Occupation | | Name of Employ | ver | | | |
| Retired | | Retire | ed | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | lobbyist, spouse, or Yes | Amou | ant of Contribution | |
| If you indicate which branch or branches of | 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 function 1/2 Yes Method of contribution: | Date | Received | Aggregate Contributions | 1 | | |
| | 1 | | | | | |
| If yes, list Event # 02252014A No Credit/Debit Card | 02/2 | 26/2014 | \$100.00 | | \$100.00 | |
| | 1 | | 1 | 1 | | |

| | | | | | Page 51 of 187 |
|--|----------|-------------------------------------|----------------------------|-------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | - | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | , | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions from | m Ind | lividuals | | | |
| Last Name | First | ii viuuais | | MI | Contribution ID # |
| LaPaglia | First | Salvatore | | IVII | 1680 |
| Residential Street Address | City | Salvalure | | State | Zip Code |
| 648 Amity Rd | City | Bethany | | CT | 06524 |
| Principal Occupation | <u> </u> | Name of Employ | /er | | 00324 |
| Sales | | | zzello Transportation | | |
| | | | labbuist spause or | 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 second s | Date | Received | Aggregate Contributions | 1 | |
| | | | | | |
| No Cash Personal Check | 02/2 | 26/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 02252014A Money Order Credit/Debit Card | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| LaPaglia | | Cheryl | | | 1681 |
| Residential Street Address | City | | | State | Zip Code |
| 648 Amity Rd | | Bethany | | СТ | 06524 |
| Principal Occupation | • | Name of Employ | ver | | |
| Office Manager | | Petru | zzello Transportation | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a | lobbyist, spouse, or Yes | Amou | unt of Contribution |
| The second se | 0 | dependent child | of a lobbyist? | | |
| 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 # 02252014A | 02/2 | 26/2014 | \$100.00 | | \$100.00 |
| | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Nappo | | Gennaro | | | 1682 |
| Residential Street Address | City | | | State | Zip Code |
| 18 James St | | East Haven | | СТ | 06512 |
| Principal Occupation | | Name of Employer | | | |
| Transportation Manager | | Rizzu | | | |
| 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 v | · | | |
| government the contract is with: | | | | | |
| Is this contribution associated with a fundraising event listed in Section J1? Yes | Date | Received | Aggregate Contributions | | |
| No No Cash Personal Check | 0.2/ | 26/2014 | ±100.00 | | +100.00 |
| If yes, list Event # 02252014A Money Order Credit/Debit Card | 02/. | 26/2014 | \$100.00 | | \$100.00 |
| Leet News | First | | • | MI | Contribution ID # |
| Last Name Libero | FIISt | Decaual | | INII | |
| Residential Street Address | City | Pasqual | | State | 1683 Zip Code |
| 48 Mathew | City | Branford | | CT | 06405 |
| Principal Occupation | <u> </u> | Name of Employ | /er | | 00+03 |
| Retired | | Retire | | | |
| | | | | Amoi | 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 | 1 | |
| fundraising event listed in Section J1? | 1 | | | | |
| No K Cash Personal Check | 02/2 | 26/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # <u>02252014A</u> Money Order Credit/Debit Card | | ·,===• | +100.00 | | |

| | | | | | Page 52 of 187 |
|--|-------------|-------------------------------------|--|---------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | `` | , | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| P. Itomized Contributions from | m Ind | lividuala | | | |
| B. Itemized Contributions from | - | lividuals | | - | |
| Last Name | First | - | | MI | Contribution ID # |
| DiZinno | | Steven | | | 1685 |
| Residential Street Address | City | | | State | Zip Code |
| 253 Tarbell Ave | | Oakville | | СТ | 06779 |
| Principal Occupation | | Name of Employ | rer | | |
| Directo of Operations | | City L | ine Distributors | | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | Is contributor a dependent child | bobbyist, spouse, or Second Se | 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 fundamental section 112 Yes Method of contribution: | Date | Received | Aggregate Contributions | 1 | |
| | | | | | |
| If yes, list Event # 02252014A No Cash X Personal Check Money Order Credit/Debit Card | 02/2 | 26/2014 | \$100.00 | | \$100.00 |
| | | | - | М | Contributi ID // |
| Last Name | First | | | MI | Contribution ID # |
| Twiname | | John | | | 1689 |
| Residential Street Address | City | | | State | Zip Code |
| 60 E End Ave | L | New York | | NY | 10028 |
| Principal Occupation | | Name of Employer | | | |
| Minister | | N/A | | • | |
| 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 child (| | | |
| government the contract is with: | | | x _{No} | | |
| Is this contribution associated with a for device work listed in Section 112 Yes | Date | Received | Aggregate Contributions | | |
| fundraising event listed in Section J1? | | | | | |
| If yes, list Event # | 02/2 | 26/2014 | \$100.00 | | \$100.00 |
| | Eine | | • | МІ | Contribution ID # |
| Last Name | First | M. Duinne | | MI | Contribution ID # |
| Forelli Residential Street Address | <i>C</i> '' | M. Briggs | | <i></i> | 1691 |
| | City | . . | | State | Zip Code |
| 10 Meadowbrook Rd | | Darien | | СТ | 06820 |
| Principal Occupation | | Name of Employ | er | | |
| Executive | | PGI | | | |
| 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 (| 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 | 26/2014 | \$100.00 | | \$100.00 |
| | - | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Morosky | | Katherine | | | 1694 |
| Residential Street Address | City | | | State | Zip Code |
| 11 Boulevard | | Newtown | | СТ | 06470 |
| Principal Occupation | | Name of Employ | er | | |
| Educator | | Wilto | n Public Schools | | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | | obbyist, spouse, or Yes | Amou | ant of Contribution |
| If you indicate which branch as 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? | 1 | | | | |
| | 02/2 | 26/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # Money Order Credit/Debit Card | 1 | | | 1 | |

| | | | | | Page 53 of 187 | |
|--|--------|--------------------|---|-------|---------------------|--|
| I. MONETARY RECEIPT | rs (Se | ection A-I) | | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | TYPE OF REPORT | | | |
| Mckinney For Governor | | | April 10 Filing - Original | | | |
| B. Itemized Contributions fro | m Ind | ividuale | | | | |
| Last Name | First | lividuals | | MI | Contribution ID # | |
| Tendler | FIISt | Jonathan | | IVII | 1695 | |
| Residential Street Address | City | Juliatilali | | State | Zip Code | |
| 4 Treadwell Ct | City | Weston | | CT | 06883 | |
| Principal Occupation | - | Name of Employ | er | | 00005 | |
| Retired | | Retire | | | | |
| | | | obbyist spouse or | Amou | unt 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 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 | 26/2014 | \$100.00 | | \$100.00 | |
| If yes, list Event # | | | | | | |
| Last Name | First | | | MI | Contribution ID # | |
| Richardson | | Barbara | | | 1696 | |
| Residential Street Address | City | | | State | Zip Code | |
| 31 Osborne Hill Rd | | Sandy Hook | | СТ | 06482 | |
| Principal Occupation | | Name of Employer | | | • | |
| Retired | | Retire | ed | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | io. | | obbyist, spouse, or Yes | Amou | unt 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 fundation want list d in Station 112 Yes | Date | Received | Aggregate Contributions | | | |
| fundraising event listed in Section J1? | | | | | | |
| If yes, list Event # Cash Personal Check Money Order Credit/Debit Card | 02/2 | 26/2014 | \$10.00 | | \$10.00 | |
| | I | | | I | i | |
| Last Name | First | | | MI | Contribution ID # | |
| McPherson III | | Fillmore | | | 1697 | |
| Residential Street Address | City | | | State | Zip Code | |
| 29 Courts Ln | | Madison | | СТ | 06443 | |
| Principal Occupation | | Name of Employ | | | | |
| First Selection | | - | of Madison | A | unt of Contribution | |
| Is contributor a principal of a state contractor or prospective state contractor? | io i | dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amot | int of Contribution | |
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| X No Cash X Personal Check | 02/3 | 26/2014 | \$100.00 | | \$100.00 | |
| If yes, list Event # Money Order Credit/Debit Card | 02/2 | 20,2011 | <i><i><i>q</i>100100</i></i> | | ¥100.00 | |
| Last Name | First | | | MI | Contribution ID # | |
| Bushka | | Randall | | | 1646 | |
| Residential Street Address | City | | | State | Zip Code | |
| 35 Timber Ln | | Woodbury | | ст | 06798 | |
| Principal Occupation | · 1 | Name of Employ | er | • | • | |
| Owner - HJ Bushka Co | | Self | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a l | obbyist, spouse, or | Amou | ant of Contribution | |
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| No Cash Personal Check 02/26/2014 \$100.00 |
| |
| in yes, list Event # <u>02252014A</u> In Money Order In Credit Debit Card |
| |
| Last Name First MI Contribution ID # |
| Viltrakis Peter 1651 |
| Residential Street Address City State Zip Code |
| 1114 Middlebury Rd CT 06795 |
| Principal Occupation Name of Employer |
| |
| Self Self |
| Is contributor a principal of a state contractor or prospective state contractor? |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes |
| Is contributor a principal of a state contractor or prospective state contractor? |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with a very Method of contribution: Date Received Aggregate Contributions |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Legislative Legi |

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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 | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions from | m Ind | lividuals | | | |
| Last Name | First | liviuuais | | MI | Contribution ID # |
| Coviello | FIISt | William | | IVII | 1652 |
| Residential Street Address | City | Willidill | | State | Zip Code |
| 423 Main St | City | Woodbury | | CT | 06798 |
| Principal Occupation | | Name of Employ | 70 r | СГ | 00798 |
| | | | Machinery LLC | | |
| 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? | 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? | | Aggregate Controlutions | | | |
| No Cash Personal Check | 02/2 | 26/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 02252014A | 02/ | -0,2011 | <i><i><i></i></i></i> | | <i>4100100</i> |
| Last Name | First | | | MI | Contribution ID # |
| Figueiroa | | Jennifer | | | 1653 |
| Residential Street Address | City | | | State | Zip Code |
| 405 Wedgewood Rd | | Southington | | СТ | 06489 |
| Principal Occupation | | Name of Employer | | | |
| Admin | | Cristi | ano & Son Painting LLC | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | 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 associated with a function are used listed in Section 112 Yes | Date | Received | Aggregate Contributions | | |
| | | | | | |
| | 02/2 | 26/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 02252014A Money Order Credit/Debit Card | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Cavallo | | Anthony | | | 1655 |
| Residential Street Address | City | | | State | Zip Code |
| 195 Bryant Rd | | Watertown | | СТ | 06795 |
| Principal Occupation | - | Name of Employer | | | |
| Executive Mortgage Banker | | Willia | m Raveis Mortage LLC | | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | | obbyist, spouse, or Yes | Amou | ant of Contribution |
| If yes, indicate which branch or branches of | 0 | dependent child | | | |
| government the contract is with: | | | x _{No} | | |
| Is this contribution associated with a fundamental section 112 Yes Method of contribution: | Date | Received | Aggregate Contributions | | |
| | | | | | |
| If yes, list Event # 02252014A | 02/2 | 26/2014 | \$100.00 | | \$100.00 |
| | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Demico | | James | | | 1656 |
| Residential Street Address | City | | | State | Zip Code |
| 18 Lattin Hill Road Ext | | Northfield | | СТ | 06778 |
| Principal Occupation | | Name of Employ | rer | | |
| Retired | | Retie | d | | |
| 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 is Section 112 Yes | Date | Received | Aggregate Contributions | | |
| | | | | | |
| If yes, list Event # 02252014A No Cash Personal Check Money Order Credit/Debit Card | 02/2 | 26/2014 | \$100.00 | | \$100.00 |

| | | | | | Page 56 of 187 |
|--|------------|--|----------------------------|-------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | - | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions from | m Ind | lividuals | | | |
| Last Name | First | liviuuais | | MI | Contribution ID # |
| Skabardouis | FIISt | Chris | | IVII | 1659 |
| Residential Street Address | City | CIIIIS | | State | Zip Code |
| 579 South St | City | Middlebury | | CT | 06762 |
| Principal Occupation | | Name of Employ | er | CI | 00702 |
| Restaurant Owner | | | o Polo Restaurant | | |
| | | | 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 government the contract is with: | | | x _{No} | | |
| Is this contribution associated with a fundamental section 112 Yes Method of contribution: | Date | Received | Aggregate Contributions | | |
| | | | | | |
| If yes, list Event # 02252014A | 02/2 | 26/2014 | \$100.00 | | \$100.00 |
| | I | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Babiarz | | Klaus | | | 1662 |
| Residential Street Address | City | | | State | Zip Code |
| 269 Farmdale Rd | L | Watertown | | СТ | 06795 |
| Principal Occupation | | Name of Employer | | | |
| Toolmaking | | | entic Tool MFC. | | |
| 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: | Dete | Received | | | |
| Is this contribution associated with a fundraising event listed in Section J1? | Date | Received | Aggregate Contributions | | |
| No Cash Personal Check | 0.2/ | 26/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 02252014A Money Order Credit/Debit Card | 02/. | 20/2014 | \$100.00 | | \$100.00 |
| Last Name | First | | | MI | Contribution ID # |
| Rosa | 1 1150 | Frank | | 1411 | 1663 |
| Residential Street Address | City | | | State | Zip Code |
| PO Box 430 | | Bantam | | СТ | 06750 |
| Principal Occupation | | Name of Employ | er | - | |
| Restaurantour | | Self | | | |
| 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 Method of contribution: | Date | Received | Aggregate Contributions | | |
| | | | | | |
| If yes, list Event # 02252014A | 02/2 | 26/2014 | \$100.00 | | \$100.00 |
| | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Capobianco | | Valerio | | | 1664 |
| Residential Street Address | City | | | State | Zip Code |
| 111 Bellemeadow Dr | | Waterbury | | СТ | 06795 |
| Principal Occupation | | Name of Employ | | | |
| Owner | | D.S.D | | | |
| 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 | | aspendent ennu (| × No | | |
| government the contract is with: | . . | Dessing 1 | 1 | | |
| Is this contribution associated with a fundraising event listed in Section J1? Yes | Date | Received | Aggregate Contributions | | |
| No Cash Personal Check | 0.00 | 26/2014 | ¢100.00 | | ¢100.00 |
| If yes, list Event # 02252014A Money Order Credit/Debit Card | 02/. | 26/2014 | \$100.00 | | \$100.00 |

| | | | | | Page 57 of 187 |
|---|---------|----------------------------------|--|-------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | Ì | , | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| | T 1 | | | | |
| B. Itemized Contributions from | m Ind | lividuals | | - | 1 |
| Last Name | First | | | MI | Contribution ID # |
| Daddona | | John | | | 1654 |
| Residential Street Address | City | | | State | Zip Code |
| 438 Long Meadow Rd | | Middlebury | | СТ | 06762 |
| Principal Occupation | | Name of Employ | /er | | |
| Assoc. VP / Fin. Advisor | | Ridge | efield Group at Morgan Stanel | ly | |
| 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 | x No | | |
| government the contract is with: | | | i | | |
| Is this contribution associated with a fundraising avant listed in Section 112 Yes Method of contribution: | Date | Received | Aggregate Contributions | | |
| | | | | | |
| If yes, list Event # 02252014A No Cash Personal Check Money Order Credit/Debit Card | 02/2 | 26/2014 | \$100.00 | | \$100.00 |
| | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Zinno | | Robert | | | 1647 |
| Residential Street Address | City | | | State | Zip Code |
| 239 Old Farms Rd | | Watertown | | | 06795 |
| Principal Occupation | | Name of Employer | | | |
| A/W Contractor | | Contr | ol Pros 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 function associated with a function are used listed in Section 112 Yes | Date | Received | Aggregate Contributions | 1 | |
| | | | | | |
| No Cash Personal Check | 02/2 | 26/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 02252014A Money Order Credit/Debit Card | | - | | | - |
| Last Name | First | | | MI | Contribution ID # |
| Baker | | Peter | | | 1657 |
| Residential Street Address | City | | | State | Zip Code |
| 118 Grey Rock Rd | | Southbury | | ст | 06488 |
| Principal Occupation | · · · · | Name of Employer | | | |
| Owner | | | al Rock Water Co | | |
| | | , | | 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 | | |
| fundraising event listed in Section J1? | Dute | | 1991 egate controlations | | |
| No Cash Personal Check | 02/3 | 26/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 02252014A Money Order Credit/Debit Card | 02/2 | 20/2014 | \$100.00 | | \$100.00 |
| Last Name | First | | | MI | Contribution ID # |
| Lepore | THSt | David | | IV11 | 1665 |
| Residential Street Address | City | Daviu | | State | Zip Code |
| | City | Matarburg | | | - |
| 77 Eastfield Rd | L | Waterbury | | СТ | 06708 |
| Principal Occupation | | Name of Employ | /er | | |
| Restarant Owner | | Self | labhruist annua | . · | nt of Contributio |
| 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: | | | 1 | ł | |
| Is this contribution associated with a fundraising event listed in Section J1? Yes | Date | Received | Aggregate Contributions | | |
| | | | | | |
| If yes, list Event # 02252014A No Cash Personal Check Money Order Credit/Debit Card | 02/2 | 26/2014 | \$100.00 | | \$100.00 |

| | | | | | Page 58 of 187 | |
|---|-------------|---------------------------------------|--|----------------------|---------------------|--|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | - | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | TYPE OF REPORT | | | |
| Mckinney For Governor | | | April 10 Filing - Original | | | |
| B. Itemized Contributions from | n Ind | lividuals | | | | |
| Last Name | First | liviuuais | | МІ | Contribution ID # | |
| | FIISt | Deheut | | MI | | |
| Guerrera | <i>C</i> '' | Robert | | <u></u> | 1660 | |
| Residential Street Address | City | | | State | Zip Code | |
| 539 Hill St | | Waterbury | | СТ | 06704 | |
| Principal Occupation | | Name of Employ | | | | |
| General Cont. | | | Services Inc | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | o | dependent child | lobbyist, spouse, or of a lobbyist? Yes | Amou | int of Contribution | |
| If yes, indicate which branch or branches of | | | · · | | | |
| government the contract is with: | | | | | | |
| Is this contribution associated with a fundraising event listed in Section J1? | Date | Date Received Aggregate Contributions | | | | |
| No No Cash Personal Check | | | | | | |
| If yes, list Event # 02252014A No Money Order Credit/Debit Card | 02/2 | 26/2014 | \$100.00 | | \$100.00 | |
| | | | | MI Contribution ID # | | |
| Last Name | First | | | MI | Contribution ID # | |
| Yamin | | Joseph | | | 1658 | |
| Residential Street Address | City | | | State CT | Zip Code | |
| 394 Watertown Rd | | Middlebury | | | 06762 | |
| Principal Occupation | | Name of Employer | | | | |
| Partner/ Lawyer | | | n & Grant, LLC | | | |
| 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 | | dependent ennu v | | | | |
| 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 # 02252014A | 02/2 | 26/2014 | \$100.00 | | \$100.00 | |
| | | | | 1 | I | |
| Last Name | First | | | MI | Contribution ID # | |
| Mancini | | Tiffany | | | 1661 | |
| Residential Street Address | City | | | State CT | Zip Code | |
| 33 Strathmore Rd | | Middlebury | | | 06762 | |
| Principal Occupation | | Name of Employer | | | | |
| Homemaker | | | emaker | 1 | | |
| 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 Executive Legislative | | dependent enna | X No | | | |
| government the contract is with: | | | | | | |
| Is this contribution associated with a fundraising event listed in Section J1? | Date | Received | Aggregate Contributions | | | |
| No Cash Personal Check | | | | | | |
| If yes, list Event # 02252014A Money Order Credit/Debit Card | 02/. | 26/2014 | \$100.00 | | \$100.00 | |
| | | | | 1 | | |
| Last Name | First | . . | | MI | Contribution ID # | |
| Orsini | | Assunta | | ~ | 1645 | |
| Residential Street Address | City | | | State | Zip Code | |
| 1085 Hamilton Ave | L | Watertown | | СТ | 06795 | |
| Principal Occupation | | Name of Employ | | | | |
| Underwritter | | | iter Bank | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | D | 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 : 1 | | | | |
| Is this contribution associated with a fundraising event listed in Section J1? | Date | Received | Aggregate Contributions | | | |
| No Cash Personal Check | | | | | | |
| If yes, list Event # 02252014A No Money Order Credit/Debit Card | 02/2 | 26/2014 | \$100.00 | | \$100.00 | |

| | | | | | Page 59 of 187 |
|--|----------|--|----------------------------|---------|---------------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | - | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | Ì | , | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions from | m Ind | ividuals | | | |
| Last Name | First | i v iuuais | | MI | Contribution ID # |
| Nelson | riist | Kevin | | IVII | 1736 |
| Residential Street Address | City | Kevili | | State | Zip Code |
| 11 Reverend Taylor Rd | City | Ansonia | | CT | 06401 |
| Principal Occupation | l – 1 | Name of Employ | 7.0 r | | 00401 |
| Director | | | ford Housing Authority | | |
| | | | lobbyist, spouse, 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 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 | 02/2 | 28/2014 | \$50.00 | | \$50.00 |
| If yes, list Event # Money Order Credit/Debit Card | , | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Kelly | | Kevin | | | 1927 |
| Residential Street Address | City | | | State | Zip Code |
| 240 York St | | Stratford | | СТ | 06615 |
| Principal Occupation | <u> </u> | Name of Employ | er | | |
| Attorney | | Kevin | Kelly & Associates, PC | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a l | obbyist, spouse, or | Amou | int of Contribution |
| There is the twenty of twe | 0 | dependent child of | · _ | | |
| If yes, indicate which branch or branches of government the contract is with: | | | x _{No} | | |
| Is this contribution associated with a fundraising avent listed is Section 112 Yes | Date | Received | Aggregate Contributions | | |
| | | | | | |
| If yes, list Event # 03132014A | 02/2 | 28/2014 | \$100.00 | | \$100.00 |
| | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Macierowski | | Jennifer | | | 1928 |
| Residential Street Address | City | | | State | Zip Code |
| 900 Palisado Ave | L_ | Windsor | | СТ | 06095 |
| Principal Occupation | | Name of Employ | | | |
| Attorney | | | of Connecticut | | |
| 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 | | |
| No Cash Personal Check | 0.210 | 2/2014 | ¢100.00 | | +100.00 |
| If yes, list Event # Money Order X Credit/Debit Card | 03/0 | 03/2014 | \$100.00 | | \$100.00 |
| Leet News | Einet | | | | Contribution ID # |
| Last Name Cutler | First | Peter | | MI | Contribution ID # 1929 |
| Residential Street Address | City | Pelei | | State | Zip Code |
| 506 Merwins Ln | City | Fairfield | | CT | 06824 |
| Principal Occupation | <u> </u> | Name of Employ | er | | 00024 |
| Software Sales | | HP | | | |
| | | | obbyist, spouse, or | Amor | 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} | | |
| Is this contribution associated with a Method of contribution: | Date | Received | Aggregate Contributions | 1 | |
| fundraising event listed in Section J1? | | | | | |
| No Cash Personal Check | 03/0 |)3/2014 | \$25.00 | | \$25.00 |
| If yes, list Event # Money Order X Credit/Debit Card | ''' | | + | 1 | |

| | | | | | Page 60 of 187 |
|--|--------|--|---|-------------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | Ì | , | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions from | m Ind | lividuals | | | |
| Last Name | First | lividuals | | MI | Contribution ID # |
| Hornung | THSt | Robert | | 1411 | 1930 |
| Residential Street Address | City | KUDEIL | | State | Zip Code |
| 53 Owenoke Park | City | Westport | | CT | 06880 |
| Principal Occupation | | Name of Employ | er | | 00000 |
| Vice President | | | trial Sales 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 | | |
| 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 | 03/0 | 04/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 03172014A Money Order X Credit/Debit Card | , | | 1 | | |
| Last Name | First | | | MI | Contribution ID # |
| Fincher | | RP | | | 1936 |
| Residential Street Address | City | | | State | Zip Code |
| 25 Stonybrook Rd . | | Westport | | СТ | 06880 |
| Principal Occupation | | Name of Employ | er | | |
| RETIRED | | N/A | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a l | obbyist, spouse, or Yes | Amou | 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 fundraicing event listed in Section 112 Yes | Date | Received | Aggregate Contributions | | |
| | | | | | |
| If yes, list Event # 03172014A | 03/0 | 05/2014 | \$100.00 | | \$100.00 |
| | I | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Sarner | | Eric | | | 1937 |
| Residential Street Address | City | | | State CT | Zip Code |
| 16 North Ave | | Weston | | | 06883 |
| Principal Occupation | | Name of Employer | | | |
| Attorney | | | ir, Inc. | | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | Is contributor a l dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | int of Contribution |
| If yes, indicate which branch or branches of reversement 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 | | |
| No Cash Personal Check | 03/0 | 05/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # Money Order X Credit/Debit Card | 03/0 | 55/2014 | \$100.00 | | \$100.00 |
| Last Name | First | | | MI | Contribution ID # |
| orchulli | 1 1150 | jack | | | 1939 |
| Residential Street Address | City | Juon | | State | Zip Code |
| 446I Hollow Tree Ridge Rd | | Darien | | СТ | 06820 |
| Principal Occupation | · | Name of Employ | er | | |
| retired | | retire | | | |
| | | | 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? | | | | | |
| If yes list Event # | 03/0 | 05/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # Money Order X Credit/Debit Card | 1 | | | 1 | |

| | | | | | Page 61 of 187 |
|---|----------|---------------------------------------|---|-------|---------------------|
| I. MONETARY RECEIPT | `S (Se | ction A-I) | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | , | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions from | m Ind | ividuala | | | |
| | - | Ividuals | | L | |
| Last Name | First | | | MI | Contribution ID # |
| CAIN | | GEORGE | | | 1944 |
| Residential Street Address | City | | | State | Zip Code |
| PO Box 369 | <u> </u> | Riverside | | СТ | 06878 |
| Principal Occupation | | Name of Employ | rer | | |
| REAL ESTATE SALES PERSON | | SELF | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | o | Is contributor a l dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | int 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 work listed in Section 112 Yes | Date I | Received | Aggregate Contributions | | |
| | | | | | |
| If yes, list Event # No No Cash Personal Check Noney Order Credit/Debit Card | 03/0 | 05/2014 | \$50.00 | | \$50.00 |
| | | | | | 0.11.1.1.1 |
| Last Name | First | | | MI | Contribution ID # |
| Hergenhan | | Joyce | | | 1943 |
| Residential Street Address | City | | | State | Zip Code |
| 715 Sasco Hill Rd | | Fairfield | | СТ | 06824 |
| Principal Occupation | | Name of Employ | rer | | |
| RETIRED | | N/A | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | | bobbyist, spouse, or Yes | Amou | int of Contribution |
| If yog indicate which branch or branches of | Ŭ | dependent child of | 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 I | Received | Aggregate Contributions | | |
| fundraising event listed in Section J1? | | | | | |
| | 03/0 | 5/2014 | \$150.00 | | \$50.00 |
| If yes, list Event # Money Order X Credit/Debit Card | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Buckley | | Peter | | | 1934 |
| Residential Street Address | City | | | State | Zip Code |
| 283 Mariomi Rd | | New Canaan | | СТ | 06840 |
| Principal Occupation | | Name of Employ | er | | • |
| Health Clubs | | Self | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a l | obbyist, spouse, or Yes | Amou | int of Contribution |
| | 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 for draining work listed in Section 112 Yes | Date I | Received | Aggregate Contributions | | |
| fundraising event listed in Section J1? | | | | | |
| | 03/0 | 05/2014 | \$100.00 | | \$50.00 |
| If yes, list Event # Money Order X Credit/Debit Card | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Ziobro | | Thomas | | | 1935 |
| Residential Street Address | City | | | State | Zip Code |
| 10 Chapel Hill Rd | | Westport | | СТ | 06880 |
| Principal Occupation | · · · | Name of Employ | er | | |
| RETIRED | | N/A | | | |
| | | | obbyist, spouse, or | Amou | int of Contribution |
| Is contributor a principal of a state contractor or prospective state contractor? | o | dependent child of | Vac | | |
| If yes, indicate which branch or branches of avernment the contract is with: Executive Legislative | | | x _{No} | | |
| government the contract is with: | | | | | |
| Is this contribution associated with a Method of contribution | Date I | Received | Aggregate Contributions | | |
| Is this contribution associated with a fundraising event listed in Section J1? | Date I | Received | Aggregate Contributions | | |
| Vac | | Received | Aggregate Contributions \$50.00 | | \$25.00 |

| | | | | | Page 62 of 187 |
|--|--------|--|----------------------------|-------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | - | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions from | m Ind | lividuals | | | |
| Last Name | First | | | MI | Contribution ID # |
| Musicant | 1 1150 | Robyn | | | 1931 |
| Residential Street Address | City | Robyn | | State | Zip Code |
| 11 Olcott Way | eny | Ridgefield | | СТ | 06877 |
| Principal Occupation | | Name of Employ | er | 0. | |
| Account Manager | | | Government, Inc. | | |
| | | | 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 government the contract is with: | | | x _{No} | | |
| | Date | Received | Aggregate Contributions | | |
| Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution: | | | | | |
| No Cash Personal Check | 03/0 | 05/2014 | \$200.00 | | \$100.00 |
| If yes, list Event # 03162014A Money Order X Credit/Debit Card | , | , | | | |
| Last Name | First | | | MI | Contribution ID # |
| Heller | | Carole | | | 1941 |
| Residential Street Address | City | | | State | Zip Code |
| 141 Twin Lanes Rd | | Fairfield | | СТ | 06824 |
| Principal Occupation | | Name of Employ | er | | |
| Accountant | | self | | | |
| 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 function with a function with the function of the funct | Date | Received | Aggregate Contributions | | |
| fundraising event listed in Section J1? | | | | | |
| If yes, list Event # | 03/0 | 05/2014 | \$150.00 | | \$50.00 |
| | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Fox | | Gregory | | | 1942 |
| Residential Street Address | City | | | State | Zip Code |
| 50 Southport Pl . | | Southport | | СТ | 06890 |
| Principal Occupation | | Name of Employ | er | | |
| VP Sales | | Wellp | oint | | |
| 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 | - | dependent child of | | | |
| government the contract is with: | | | X No | | |
| Is this contribution associated with a fundraising event listed in Section J1? | Date | Received | Aggregate Contributions | | |
| - Decay Decay Decay | | | | | |
| If yes, list Event # | 03/0 | 05/2014 | \$150.00 | | \$50.00 |
| | | | | | 1 |
| Last Name | First | | | MI | Contribution ID # |
| Rowland | | Steven | | | 1938 |
| Residential Street Address | City | | | State | Zip Code |
| 185 Maple Rd | L | Easton | | СТ | 06612 |
| Principal Occupation | | Name of Employ | er | | |
| Architect | | Self | 11.1. | | |
| 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 | | | × No | | |
| If yes, indicate which branch or branches of government the contract is with: | | D : 1 | | | |
| Is this contribution associated with a fundraising event listed in Section J1? | Date | Received | Aggregate Contributions | | |
| No Cash Personal Check | 0.2 " | | *200.00 | | ¢100.00 |
| If yes, list Event # Money Order X Credit/Debit Card | 03/0 | 05/2014 | \$200.00 | | \$100.00 |

| | | | | | Page 63 of 187 |
|---|--------|----------------------------|----------------------------|-------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | ` | , | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions from | m Ind | lividuale | | | |
| Last Name | First | liviuuais | | MI | Contribution ID # |
| Sullivan | FIISt | Michele | | IVII | 1933 |
| Residential Street Address | City | MICHEIE | | State | Zip Code |
| 62 Inwood Rd | City | Fairfield | | CT | 06825 |
| Principal Occupation | - | Name of Employ | er | | 00023 |
| RETIRED | | N/A | | | |
| | | | 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 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 # | 03/0 | 05/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # Money Order X Credit/Debit Card | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Mirabile | | Diane | | | 1932 |
| Residential Street Address | City | | | State | Zip Code |
| 125 Sycamore Ln | | Fairfield | | СТ | 06824 |
| Principal Occupation | | Name of Employ | er | | |
| Small Business Owner, Initial Reaction, LLC | | Initia | l Reaction | - | |
| 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 | of a lobbyist? | | |
| government the contract is with: | | | X No | | |
| Is this contribution associated with a fundraicing quart listed in Section 112 Yes | Date | Received | Aggregate Contributions | | |
| fundraising event listed in Section J1? | | | | | |
| If yes, list Event # | 03/0 | 05/2014 | \$50.00 | | \$50.00 |
| | | | Į | | |
| Last Name | First | | | MI | Contribution ID # |
| Harris Residential Street Address | City | William | | State | 1940 Zia Cada |
| 107 Wilton Rd | City | Westport | | CT | Zip Code 06880 |
| Principal Occupation | L | Westport Name of Employ | 704 | CI | 00000 |
| Executive | | AAPI | | | |
| | | | 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 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 # | 03/0 | 05/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # Money Order X Credit/Debit Card | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Allan | | John | | | 1945 |
| Residential Street Address | City | | | State | Zip Code |
| 68 Tranquility Dr | | Easton | | СТ | 06612 |
| Principal Occupation | | Name of Employ | rer | - | |
| VP-S&L Taxes | | PVH (| Corp. | | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | | lobbyist, spouse, or Yes | Amou | int of Contribution |
| | ~ | dependent child 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 # | 03/0 | 05/2014 | \$50.00 | | \$50.00 |

| | | | | | Page 64 of 187 |
|---|---------|-------------------------------------|----------------------------|-------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | , | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions from | n Ind | ividuala | | | |
| | 1 | liviuuais | | 1 | |
| Last Name | First | | | MI | Contribution ID # |
| Pond | | David | | | 1740 |
| Residential Street Address | City | | | State | Zip Code |
| 851 Mott Hill Rd | | South Glasto | onbury | СТ | 06073 |
| Principal Occupation | | Name of Employ | | | |
| Sales | | Allian | ce Graphics Inc. | | |
| 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 Executive Legislative | | dependent ennu (| x No | | |
| government the contract is with: | | | i | | |
| Is this contribution associated with a fundraising event listed in Section J1? | Date | Received | Aggregate Contributions | | |
| | | | | | |
| If yes, list Event # | 03/0 | 05/2014 | \$35.00 | | \$10.00 |
| | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Pond | | David | | | 1741 |
| Residential Street Address | City | | | State | Zip Code |
| 851 Mott Hill Rd | | South Glasto | onbury | СТ | 06073 |
| Principal Occupation | | Name of Employ | rer | | |
| Sales | | Allian | ce Graphics Inc. | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | 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 Ves | Date | Received | Aggregate Contributions | | |
| fundraising event listed in Section J1? | | | | | |
| | 03/0 | 05/2014 | \$35.00 | | \$25.00 |
| If yes, list Event # Money Order Credit/Debit Card | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Dubois | | Constance | | | 1719 |
| Residential Street Address | City | | | State | Zip Code |
| 3030 Park Ave Rm 2015 | | Bridgeport | | СТ | 06604 |
| Principal Occupation | · | Name of Employ | er | | |
| n/a | | n/a | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a | 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 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 | \$60.00 | | \$60.00 |
| If yes, list Event # Money Order Credit/Debit Card | , | | + | | + |
| Last Name | First | | | MI | Contribution ID # |
| Breiner | 1 11 50 | Adam | | | 1946 |
| Residential Street Address | City | Addin | | State | Zip Code |
| | City | Enirfield | | CT | - |
| 93 Stoneleigh Rd | I | Fairfield | | CI | 06825 |
| Principal Occupation | | Name of Employ | C1 | | |
| physician | | self | | | unt of Countrille (|
| 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 | | | × 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 # | 03/0 | 06/2014 | \$50.00 | | \$50.00 |

| | | | | | Page 65 of 187 |
|---|----------|--|--|-------|---------------------|
| I, MONETARY RECEIPT | 'S (Se | ection A-I) | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | ` | , | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| P. Itomized Contributions from | m Ind | lividuala | | | |
| B. Itemized Contributions from | - | lividuals | | 1 | |
| Last Name | First | | | MI | Contribution ID # |
| fincher | | dorothy | | | 1947 |
| Residential Street Address | City | | | State | Zip Code |
| 25 Stony Brook Rd | | Westport | | СТ | 06880 |
| Principal Occupation | | Name of Employ | rer | | |
| RETIRED | | N/A | | - | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | Is contributor a l dependent child of | obbyist, spouse, or Second Sec | Amou | int of Contribution |
| If yes, indicate which branch or branches of government the contract is with: | | | × No | | |
| Is this contribution associated with a fundamining areast listed in Section 112 Yes Method of contribution: | Date | Received | Aggregate Contributions | | |
| | | | | | |
| If yes, list Event # 03172014A No Cash Personal Check No Money Order Credit/Debit Card | 03/0 | 06/2014 | \$100.00 | | \$100.00 |
| Last Name | First | | | MI | Contribution ID # |
| | First | | | MI | |
| Fox | ~ | Robert | | ~ | 1948 |
| Residential Street Address | City | | | State | Zip Code |
| 36601 N Mule Train Rd Unit 38C | L | Carefree | | AZ | 85377 |
| Principal Occupation | | Name of Employ | rer | | |
| RETIRED | | N/A | | 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 fundamining source listed in Section 112 Yes | Date | Received | Aggregate Contributions | | |
| fundraising event listed in Section J1? | | | | | |
| If yes, list Event # No Credit/Debit Card | 03/0 | 06/2014 | \$100.00 | | \$100.00 |
| Last Name | First | | | MI | Contribution ID # |
| Fox | 1 1150 | Loretta | | | 1949 |
| Residential Street Address | City | Loretta | | State | Zip Code |
| | City | Construct | | AZ | 85377 |
| 36601 N Mule Train Rd # C38 | <u> </u> | Carefree | | AZ | 85377 |
| Principal Occupation | | Name of Employ | er | | |
| RETIRED | | N/A | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | Is contributor a l dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | int of Contribution |
| If yes, indicate which branch or branches of Executive Legislative | | dependent ennu (| · | | |
| government the contract is with: | | | No No | | |
| Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution: | Date | Received | Aggregate Contributions | | |
| | | | | | |
| If yes, list Event # No Cash Credit/Debit Card | 03/0 | 06/2014 | \$100.00 | | \$100.00 |
| | 1 | | | 1 | 1 |
| Last Name | First | | | MI | Contribution ID # |
| mitchell | | john | | | 1950 |
| Residential Street Address | City | | | State | Zip Code |
| 670 Post Rd E | | Westport | | СТ | 06880 |
| Principal Occupation | | Name of Employ | er | | |
| retail | | mitch | ells | | |
| 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 foodyist? | | |
| government the contract is with: | | | x _{No} | | |
| Is this contribution associated with a Method of contribution: | Date | Received | Aggregate Contributions | | |
| fundraising event listed in Section J1? | 1 | | | | |
| If yes list Event # No Cash Personal Check Money Order Credit/Debit Card | 03/0 | 06/2014 | \$50.00 | | \$50.00 |
| If yes, list Event # Money Order X Credit/Debit Card | 1 | | | 1 | |

| | | | | | Page 66 of 187 |
|--|--------|--|---|--------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | , | , | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions from | m Ind | ividuale | | | |
| | First | | | MI | Contribution ID # |
| Last Name | FIISt | loffman | | IVII | 1951 |
| Alquist Residential Street Address | City | Jeffrey | | State | Zip Code |
| | City | West Hartfor | .d | CT | 06117 |
| 76 Sheep Hill Dr Principal Occupation | | Name of Employ | | CI | 00117 |
| RETIRED | | N/A | ci | | |
| | | | obbyist, spouse, or | Amou | int 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 | 03/0 | 06/2014 | \$50.00 | | \$50.00 |
| If yes, list Event # Money Order X Credit/Debit Card | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Tillemans | | Todd | | | 2039 |
| Residential Street Address | City | | | State | Zip Code |
| 9 Blind Brook Rd | | Westport | | СТ | 06880 |
| Principal Occupation | | Name of Employ | er | | |
| | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a l | obbyist, spouse, or | Amou | int of Contribution |
| | 0 | dependent child of | of a lobbyist? | | |
| 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 | | |
| tundraising event listed in Section J1? | | | | | |
| If yes, list Event # | 03/0 | 06/2014 | \$100.00 | | \$100.00 |
| | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Herrick | | Wendy | | | 2042 |
| Residential Street Address | City | | | State | Zip Code |
| 77 Crooked Trl | | Norwalk | | СТ | 06853 |
| Principal Occupation | | Name of Employ | er | | |
| VP Supply Chain | | Unilev | ver | | |
| 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 | | |
| | | | | | |
| If yes, list Event # | 03/0 | 07/2014 | \$100.00 | | \$100.00 |
| | 1 | | | | 1 |
| Last Name | First | | | MI | Contribution ID # |
| Cogswell | | Gregg | | | 1952 |
| Residential Street Address | City | | | State | Zip Code |
| 204 Essex Ct | L | Torrington | | СТ | 06790 |
| Principal Occupation | | Name of Employ | | | |
| Legislative Staff | | | of Connecticut | | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | Is contributor a l dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | int of Contribution |
| If yes, indicate which branch or branches of Executive Legislative | | | X No | | |
| government the contract is with: | D-t | Dessived | | | |
| Is this contribution associated with a fundraising event listed in Section J1? Yes | Date | Received | Aggregate Contributions | | |
| No Cash Personal Check | 0.2 // | 17/2014 | ±100.00 | | ¢100.00 |
| If yes, list Event # 03202014A Money Order X Credit/Debit Card | 03/0 | 07/2014 | \$100.00 | | \$100.00 |

| | | | | | Page 67 of 187 |
|---|-------------|--|---|--------------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ction A-I) | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| D Itamized Contributions from | m Indi | ividuala | | | |
| B. Itemized Contributions from | - | Ividuals | | | |
| Last Name | First | | | MI | Contribution ID # |
| Atwood | | Nancy | | | 1822 |
| Residential Street Address | City | | | State | Zip Code |
| 86 Regents Park | | Westport | | СТ | 06880 |
| Principal Occupation | | Name of Employ | er | | |
| Retired | | N/A | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | Is contributor a l dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | 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 F | Received | Aggregate Contributions | | |
| fundraising event listed in Section J1? | | | | | |
| If yes, list Event # | 03/0 | 9/2014 | \$50.00 | | \$50.00 |
| | L | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Frick | | Jamie | | | 1780 |
| Residential Street Address | City | | | State | Zip Code |
| 1132 Sussex Tpke | | Randolph | | NJ | 07869 |
| Principal Occupation | | Name of Employ | er | | |
| Fundraiser | | Tusk | Productions | | |
| 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 Executive Legislative | | | x _{No} | | |
| Is this contribution associated with a Method of contribution: | Date F | Received | Aggregate Contributions | | |
| fundraising event listed in Section J1? | Butter | | - iggregate controlations | | |
| X No Cash Personal Check | 02/1 | 0/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # Money Order Credit/Debit Card | 03/1 | 0/2014 | \$100.00 | | \$100.00 |
| Last Name | First | | - | MI | Contribution ID # |
| | FIISt | Diebard | | IVII | |
| Wiehl | <i>a</i> :- | Richard | | G 1.1 | 1747 |
| Residential Street Address | City | | | State | Zip Code |
| 5 Hatch Rd | L | Bridgewater | | CT | 06752 |
| Principal Occupation | | Name of Employ | | | |
| Executive | | | umers Petroleum | | |
| 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 for devicing space lists d in Section 112 Yes | Date F | Received | Aggregate Contributions | | |
| | | | | | |
| If yes, list Event # | 03/1 | 0/2014 | \$100.00 | | \$100.00 |
| | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Wilber | | Elinor | | | 1748 |
| Residential Street Address | City | | | State | Zip Code |
| 80 Carthright St | | Bridgeport | | СТ | 06604 |
| Principal Occupation | · | Name of Employ | er | | |
| retired | | retire | | | |
| | | | 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 Executive Legislative | | | x _{No} | | |
| Is this contribution appointed with a Mathed of contribution. | Data E | Received | Aggregate Contributions | | |
| fundraising event listed in Section J1? | Date F | u | Aggregate Contributions | | |
| | | | | | |
| Induction steel in Section 31? | 02/1 | 0/2014 | \$50.00 | | \$50.00 |

| | | | | | Page 68 of 187 |
|--|--------|--------------------|----------------------------|-------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ction A-I) | - | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | , | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions from | m Ind | ividuals | | | |
| Last Name | First | i viuuais | | MI | Contribution ID # |
| Candelora | Flist | Ronald | | IVII | 1706 |
| Residential Street Address | City | KUIIdiu | | State | Zip Code |
| 91 Elm St | City | North Haven | | CT | 06473 |
| Principal Occupation | I | Name of Employ | | CI | 00475 |
| Property Management | | | Employed | | |
| | | | | 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 | 03/1 | 0/2014 | \$50.00 | | \$50.00 |
| If yes, list Event # Money Order Credit/Debit Card | /- | | | | + |
| Last Name | First | | | MI | Contribution ID # |
| Alseph | | Mary | | | 1701 |
| Residential Street Address | City | | | State | Zip Code |
| 6 Meriline Ave Apt 2 | | Waterbury | | СТ | 06705 |
| Principal Occupation | | Name of Employ | er | | |
| retired | | retire | d | | |
| 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? | | | | | |
| | 03/1 | 0/2014 | \$15.00 | | \$15.00 |
| If yes, list Event # Money Order Credit/Debit Card | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Colonnese | | Anthony | | | 1712 |
| Residential Street Address | City | | | State | Zip Code |
| 56 Dogwood Dr | | Easton | | СТ | 06612 |
| Principal Occupation | | Name of Employ | er | | - |
| retired | | retire | d | | |
| 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 | | | |
| 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 # | 03/1 | 0/2014 | \$100.00 | | \$100.00 |
| | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Cappelloni | | Frank | | | 1707 |
| Residential Street Address | City | | | State | Zip Code |
| 122 Allison Way | | East Haven | | СТ | 06512 |
| Principal Occupation | | Name of Employ | rer | | |
| retired | | retire | d | | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | | lobbyist, spouse, or Yes | Amou | int of Contribution |
| | | 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 | | |
| | 1 | | | | |
| X No Cash Personal Check | | 1/2014 | \$25.00 | | \$25.00 |

| | | | | | Page 69 of 187 |
|--|----------|----------------------------------|--|-------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | `` | , | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions from | m Ind | lividuala | | | |
| | 1 | lividuals | | - | |
| Last Name | First | | | MI | Contribution ID # |
| Eck | | Robert | | | 1720 |
| Residential Street Address | City | | | State | Zip Code |
| 245 Daybreak Ln | | Southport | | СТ | 06890 |
| Principal Occupation | | Name of Employ | rer | | |
| Attorney | | retire | d | | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | Is contributor a dependent child | obbyist, spouse, or Second Sec | 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 restrict the force of the test of t | Date | Received | Aggregate Contributions | 1 | |
| fundraising event listed in Section J1? | | | | | |
| If yes, list Event # | 03/3 | 11/2014 | \$100.00 | | \$100.00 |
| | | | • | | Control di 172 " |
| Last Name | First | | | MI | Contribution ID # |
| Childs | | Thomas | | | 1710 |
| Residential Street Address | City | | | State | Zip Code |
| 76 Joshuatown Rd | | Lyme | | СТ | 06371 |
| Principal Occupation | | Name of Employ | rer | | |
| n/a | | n/a | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | | lobbyist, spouse, or Yes | Amou | ant of Contribution |
| If was indicate which branch or branches of the test of te | ° | dependent child | 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 | | |
| fundraising event listed in Section J1? | | | | | |
| If yes, list Event # | 03/3 | 11/2014 | \$25.00 | | \$25.00 |
| Last Name | First | | | МІ | Contribution ID # |
| Mosher | | Charles | | | 1735 |
| Residential Street Address | City | chances | | State | Zip Code |
| 122 Palmer Hill Rd | City | Stamford | | CT | 06902 |
| | <u> </u> | | | CI | 00902 |
| Principal Occupation | | Name of Employ | ei | | |
| Lawyer | | n/a | | | |
| 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 coveryment the contract is with: | | Ĩ | 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 | | +50.00 | | +50.00 |
| If yes, list Event # Money Order Credit/Debit Card | 03/. | 11/2014 | \$50.00 | | \$50.00 |
| | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Stewart | | Terry | | | 1953 |
| Residential Street Address | City | | | State | Zip Code |
| 14 Oakledge Dr | | Ivoryton | | СТ | 06442 |
| Principal Occupation | | Name of Employ | | | |
| Sales | | BDNA | 1 | | |
| 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 branch as branches of | - | dependent child | | | |
| government the contract is with: | | | x _{No} | | |
| Is this contribution associated with a Kara Method of contribution: | Date | Received | Aggregate Contributions |] | |
| | 1 | | | | |
| | 03/ | 11/2014 | \$25.00 | | \$25.00 |
| If yes, list Event # 04052014A Money Order X Credit/Debit Card | 1 | | 1 | 1 | |

| | | | | | Page 70 of 187 |
|--|----------|----------------------------------|--|-------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | `` | , | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions from | m Ind | lividuala | | | |
| | - | lividuals | | L | |
| Last Name | First | | | MI | Contribution ID # |
| Plessner | | Michael | | | 1739 |
| Residential Street Address | City | | | State | Zip Code |
| 32 Pinewoods Rd | | North Stonin | gton | СТ | 06359 |
| Principal Occupation | | Name of Employ | /er | | |
| Farmer | | Self E | Employed | | |
| 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 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 | 11/2014 | \$10.00 | | \$10.00 |
| | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| PAJESKI | | JOHN | | | 1954 |
| Residential Street Address | City | | | State | Zip Code |
| 81 Hillside Ave Apt 2 | | Plymouth | | СТ | 06782 |
| Principal Occupation | | Name of Employ | /er | | |
| RETIRED | | N/A | | | |
| 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 | 0 | dependent child | of a lobbyist? | | |
| government the contract is with: | | | x _{No} | | |
| Is this contribution associated with a fundamental section 112 Yes Method of contribution: | Date | Received | Aggregate Contributions | | |
| | | | | | |
| If yes, list Event # 03202014A | 03/3 | 11/2014 | \$50.00 | | \$50.00 |
| Last Name | First | | | MI | Contribution ID # |
| Kennedy | | Christine | | | 1955 |
| Residential Street Address | City | ennistine | | State | Zip Code |
| 19 Franklin St | City | Trumbull | | CT | 06611 |
| | <u> </u> | | | CI | 00011 |
| Principal Occupation | | Name of Employ | | | |
| R&D Manager | | Unile | | | 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 | Ато | int of Contribution |
| 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 112 Yes Wethod of contribution: | Date | Received | Aggregate Contributions | | |
| | | | | | |
| If yes, list Event # 03172014A No Cash Personal Check Credit/Debit Card | 03/3 | 12/2014 | \$100.00 | | \$100.00 |
| | | | 1 | 1 | |
| Last Name | First | | | MI | Contribution ID # |
| izzo | | james | | | 1956 |
| Residential Street Address | City | | | State | Zip Code |
| 7 Carlisle Ct . | | Westport | | СТ | 06880 |
| Principal Occupation | | Name of Employ | /er | | |
| owner | | cross | roads hardware | | |
| 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 | × I | 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 state of the state o | Date | Received | Aggregate Contributions | 1 | |
| | | | | | |
| No Cash Personal Check | 03/ | 12/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 03172014A Money Order X Credit/Debit Card | 1 | | · · | 1 | |

| | | | | | Page 71 of 187 |
|---|--|-------------------------------------|----------------------------|-------|---------------------|
| I. MONETARY RECEIPT | S (Se | ection A-I) | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | , | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| | | | | | |
| B. Itemized Contributions from | m Ind | lividuals | | | |
| Last Name | First | | | MI | Contribution ID # |
| Robertson | | Stephen | | | 1819 |
| Residential Street Address | City | | | State | Zip Code |
| 29 Curtis Rd | | Bridgewater | | СТ | 06752 |
| Principal Occupation | | Name of Employ | rer | - | |
| Retired | | N/A | | | |
| 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} | | |
| 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/ | 12/2014 | \$35.00 | | \$35.00 |
| If yes, list Event # Money Order Credit/Debit Card | 0.5/ | 12,2011 | 455.00 | | 455.00 |
| Last Name | First | | | MI | Contribution ID # |
| Baldwin | | Frederic | | | 1702 |
| Residential Street Address | City | Trederic | | State | Zip Code |
| | City | 1 I | | | 1 |
| 109 George St | | Hartford | | СТ | 06114 |
| Principal Occupation | | Name of Employ | er | | |
| n/a | | n/a | | | |
| 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 | | dependent ennu v | | | |
| 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 # | 03/3 | 12/2014 | \$9.11 | | \$9.11 |
| | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Capuano | | Anthony | | | 1708 |
| Residential Street Address | City | | | State | Zip Code |
| 180 Flagler Ave | | Stratford | | СТ | 06614 |
| Principal Occupation | _ | Name of Employ | rer | - | |
| Excavation | | 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 government the contract is with: | | | X No | | |
| | Date | Received | Aggregate Contributions | | |
| fundraising event listed in Section J1? | | | | | |
| No No Cash Personal Check | 03/ | 13/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 03132014A Money Order Credit/Debit Card | | | + | | |
| Last Name | First | | | MI | Contribution ID # |
| Battaglis | 1 11 30 | Tom | | IVII | 1704 |
| Residential Street Address | City | TOTT | | Stata | |
| | City | Churchfound | | State | Zip Code |
| 380 Pilgrim Ln | <u>і </u> | Stratford | | СТ | 06614 |
| Principal Occupation | | Name of Employ | | | |
| Attorney | | | Employed | | |
| Is contributor a principal of a state contractor or prospective state contractor? | ю | Is contributor a dependent child | obbyist, 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 fundraising event listed is Section 112 Yes Yes | Date | Received | Aggregate Contributions | | |
| | | | | | |
| If yes, list Event # 03132014A No No Money Order Credit/Debit Card | 03/ | 13/2014 | \$10.00 | | \$10.00 |
| | 1 | | | i | |

| | | | | | Page 72 of 187 |
|--|-------------|--|----------------------------|--------------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | - | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions from | m Ind | lividuals | | | |
| Last Name | First | | | МІ | Contribution ID # |
| | FIISt | Chaphan | | MI | |
| Nocera | <i>C</i> '' | Stephen | | <u></u> | 1737 |
| Residential Street Address | City | <u> </u> | | State | Zip Code |
| 37 Evans Dr | | Simsbury | | СТ | 06070 |
| Principal Occupation | | Name of Employ | | | |
| Chief Admin Officer | | | of Stratford | | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | 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: | | D 1 1 | | | |
| 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 # 03132014A No Money Order Credit/Debit Card | 03/3 | 13/2014 | \$25.00 | | \$25.00 |
| | | | • | | 0.117.75. |
| Last Name | First | A.U. | | MI | Contribution ID # |
| Hammersley | ~ | Allison | | ~ | 1724 |
| Residential Street Address | City | . | | State | Zip Code |
| 358 Hobart St | <u> </u> | Southington | | СТ | 06489 |
| Principal Occupation | | Name of Employ | | | |
| Student | | Stude | | | |
| 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: | - | | | | |
| 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 # 03132014A No Money Order Credit/Debit Card | 03/3 | 13/2014 | \$25.00 | | \$25.00 |
| | | | <u>.</u> | | |
| Last Name | First | . . | | MI | Contribution ID # |
| Collins | <i>a</i> :- | Sonia | | 6 1.1 | 1711 |
| Residential Street Address | City | | | State | Zip Code |
| 67 Cranburry Dr | | Stratford | | СТ | 06611 |
| Principal Occupation | | Name of Employ | | | |
| Homemaker | | | emaker | | |
| 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 | | 1 | X No | | |
| government the contract is with: | Data | Received | | | |
| fundraising event listed in Section J1? | Date | Received | Aggregate Contributions | | |
| No Cash Personal Check | 02/ | 12/2014 | ¢100.00 | | \$100.00 |
| If yes, list Event # 03132014A Money Order Credit/Debit Card | 03/. | 13/2014 | \$100.00 | | \$100.00 |
| Last Name | First | | | MI | Contribution ID # |
| Dillon | rirst | Marc | | 1911 | 1716 |
| Residential Street Address | City | Marc | | State | Zip Code |
| | City | Now Canaan | | CT | - |
| 19 Park Ave Principal Occupation | L | New Canaan Name of Employ | re r | | 06018 |
| Chief of Staff | | | of Stratford | | |
| | | | obbyist shouse or | Amor | int of Contribution |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | dependent child of | Vac | Aniot | an or contribution |
| If yes, indicate which branch or branches of Executive Legislative | | | × No | | |
| government the contract is with: | Data | Received | Aggregate Contributions | | |
| fundraising event listed in Section J1? | Date | Received | Aggregate Contributions | | |
| No Cash Personal Check | 03/ | 13/2014 | \$50.00 | | \$50.00 |
| If yes, list Event # 03132014A Money Order Credit/Debit Card | 03/. | 13/2014 | ຈຸວບ.ບບ | | 400.00 |

| | | | | | Page 73 of 187 |
|---|--------|----------------------------------|----------------------------|--------------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | - | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions from | m Ind | lividuals | | | |
| | | liviuuais | | [\ <i>q</i> | |
| Last Name | First | | | MI | Contribution ID # |
| Dillon | | Jennifer | | ~ | 1717 |
| Residential Street Address | City | | | State | Zip Code |
| 19 Park Ave | | New Canaan | | СТ | 06018 |
| Principal Occupation | | Name of Employ | | | |
| Self Employed | | | mployed | 1 | |
| 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 (| | | |
| 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 # 03132014A | 03/3 | 13/2014 | \$50.00 | | \$50.00 |
| | | | | I | |
| Last Name | First | | | MI | Contribution ID # |
| Donaher | | Jerome | | | 1718 |
| Residential Street Address | City | | | State | Zip Code |
| 2136 Barnam Ave | | Stratford | | СТ | 06615 |
| Principal Occupation | | Name of Employ | er | | |
| Mortgage Originator | | Main | Street Mortgage | | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | | obbyist, spouse, or Yes | Amou | ant of Contribution |
| If yes, indicate which branch or branches of | 0 | dependent child | of a lobbyist? | | |
| government the contract is with: | | | X No | | |
| Is this contribution associated with a fundamental section 112 Yes Method of contribution: | Date | Received | Aggregate Contributions | | |
| | | | | | |
| | 03/3 | 13/2014 | \$50.00 | | \$50.00 |
| If yes, list Event # 03132014A Money Order Credit/Debit Card | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Gupta | | Miraj | | | 1723 |
| Residential Street Address | City | | | State | Zip Code |
| 22 Bihasweet Ln | | Trumbull | | СТ | 06611 |
| Principal Occupation | | Name of Employ | er | - | |
| Business | | Self E | mployed | | |
| 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 | | |
| Is this contribution associated with a function associated with a function of the function of | Date | Received | Aggregate Contributions | | |
| | | | | | |
| No Cash Personal Check | 03/3 | 13/2014 | \$50.00 | | \$50.00 |
| If yes, list Event # 03132014A Money Order Credit/Debit Card | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Hottuz | | Brad | | | 1728 |
| Residential Street Address | City | | | State | Zip Code |
| 275 Stanwich Rd | | Greenwich | | СТ | 06830 |
| Principal Occupation | · | Name of Employ | er | | |
| Principal | | | ads Brewery | | |
| | | | obbyist, spouse, or | Amor | ant of Contribution |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | dependent child | Vac | 1 | |
| 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 | | op. op.a. Contributions | | |
| No Cash Personal Check | 03/ | 13/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 03132014A Money Order Credit/Debit Card | 03/. | -3/2014 | φ100.00 | | Ψ±00.00 |

| | | | | | Page 74 of 187 |
|---|-------------|------------------|--|----------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | , | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions fro | m Ind | lividuale | | | |
| | - | liviuuais | | 1.0 | 0 |
| Last Name | First | D | | MI | Contribution ID # |
| Ing | <i>a</i> :- | Ronald | | a | 1730 |
| Residential Street Address | City | a | | State | Zip Code |
| 94 Flora Dr | | Stratford | | СТ | 06614 |
| Principal Occupation | | Name of Employ | | | |
| Director of HR & IT | | | of Stratford | | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | dependent child | lobbyist, 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: | D. | D 1 | i | | |
| Is this contribution associated with a fundraising event listed in Section J1? | Date | Received | Aggregate Contributions | | |
| No Cash X Personal Check | | 12/2014 | +25.00 | | +25.00 |
| If yes, list Event # 03132014A Money Order Credit/Debit Card | 03/ | 13/2014 | \$25.00 | | \$25.00 |
| Last Name | First | | | MI | Contribution ID # |
| | rust | Ralph | | 1411 | 1733 |
| Residential Street Address | City | карп | | State | Zip Code |
| | City | Ctuatford | | | · |
| 3757 Main St | | Stratford | | СТ | 06614 |
| Principal Occupation | | Name of Employer | | | |
| retired Is contributor a principal of a state contractor or prospective state contractor? | | retire | lobbyist, spouse, or | A.m.o. | ant 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 Executive Legislative | | | x _{No} | | |
| government the contract is with: | Date | Received | Aggregate Contributions | | |
| fundraising event listed in Section J1? Yes Method of contribution: | Dute | Received | riggregate controlations | | |
| No Cash X Personal Check | 0.2/ | 13/2014 | \$50.00 | | \$50.00 |
| If yes, list Event # 03132014A | 0.5/ | 13/2014 | \$30.00 | | \$50.00 |
| Last Name | First | | | MI | Contribution ID # |
| Ahlberg | 1 11.51 | Kurt | | | 1700 |
| Residential Street Address | City | Kurt | | State | Zip Code |
| 85 Coach House Rd | eny | Stratford | | СТ | 06614 |
| Principal Occupation | | Name of Employ | /er | | 00011 |
| Attorney | | | Employed | | |
| | | | lobbyist, spouse, or | Amou | ant of Contribution |
| Is contributor a principal of a state contractor or prospective state contractor? | o | dependent child | Vac | | |
| 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? Yes | | | | | |
| No Cash X Personal Check | 03/ | 13/2014 | \$50.00 | | \$50.00 |
| If yes, list Event # 03132014A Money Order Credit/Debit Card | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Massey | | Laura | | | 1732 |
| Residential Street Address | City | | | State | Zip Code |
| 316 Curtis Ave | | Stratford | | СТ | 06615 |
| Principal Occupation | | Name of Employ | /er | | |
| Treacher | | Monre | oe Board of Education | | |
| 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 | - | | |
| 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 | |
| | | | | | |
| | 03/ | 13/2014 | \$75.00 | | \$75.00 |
| If yes, list Event # 03132014A Money Order Credit/Debit Card | 1 | | 1 | I | |

| | | | | | Page 75 of 187 |
|---|--------|------------------|----------------------------|-------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | - | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | , , | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| D. Kaning Contributions for | | K | | | |
| B. Itemized Contributions from | | lividuals | | 1 | 1 |
| Last Name | First | | | MI | Contribution ID # |
| Cotter | | Thomas | | | 1713 |
| Residential Street Address | City | | | State | Zip Code |
| 42 Pauline St | | Stratford | | СТ | 06615 |
| Principal Occupation | | Name of Employ | /er | | - |
| Lawyer | | Cotte | r Law Firm | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a | lobbyist, 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 | | |
| Is this contribution associated with a fundraising event listed in Section J1? | Date | Received | Aggregate Contributions | | |
| No Cash Personal Check | 0.24 | | +50.00 | | +50.00 |
| If yes, list Event # 03132014A No Money Order Credit/Debit Card | 03/3 | 13/2014 | \$50.00 | | \$50.00 |
| | | | 1 | | |
| Last Name | First | | | MI | Contribution ID # |
| Cotter, Jr. | | John | | | 1714 |
| Residential Street Address | City | | | State | Zip Code |
| 265 Congress St | | Bridgeport | | СТ | 06604 |
| Principal Occupation | | Name of Employ | /er | - | |
| Public Insurance Adjuster | | Nutmeg Adjusters | | | |
| | | | 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 Controlutions | | |
| No Cash Personal Check | | | | | |
| If yes, list Event # 03132014A No Money Order Credit/Debit Card | 03/3 | 13/2014 | \$50.00 | | \$50.00 |
| | I | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Pia | | Christopher | | | 1738 |
| Residential Street Address | City | | | State | Zip Code |
| 165 Forest Rd | | Stratford | | СТ | 06614 |
| Principal Occupation | | Name of Employ | ver | | |
| Insurance Agent | | New ' | York Life | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a | lobbyist, 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} | | |
| | Date | Received | Aggregate Contributions | | |
| fundraising event listed in Section J1? | | | | | |
| No Cash Personal Check | 03/ | 13/2014 | \$50.00 | | \$50.00 |
| If yes, list Event # 03132014A Money Order Credit/Debit Card | 0.5/ | 13/2014 | \$30.00 | | \$30.00 |
| | | | - | | 0.11.2.77 |
| Last Name | First | | | MI | Contribution ID # |
| Mackay | | Deborah | | | 1731 |
| Residential Street Address | City | | | State | Zip Code |
| 20 Sekelsky Dr | | Stratford | | СТ | 06614 |
| Principal Occupation | | Name of Employ | /er | | |
| n/a | | n/a | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a | 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? | | | 55 . <u>5</u> | | |
| No Cash Personal Check | 0.24 | 13/2014 | 47E 00 | | ¢25.00 |
| If yes, list Event # 03132014A Money Order Credit/Debit Card | 03/. | 13/2014 | \$25.00 | | \$25.00 |

| | | | | | Page 76 of 187 |
|--|---------------|-------------------------------------|----------------------------|-------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | - | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | , | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions from | m Ind | lividuals | | | |
| Last Name | First | ii viuuais | | MI | Contribution ID # |
| Hoydick | Filst | Laura | | IVII | 1729 |
| Residential Street Address | City | Lduid | | State | Zip Code |
| 55 Castle Dr | City | Stratford | | CT | 06614 |
| Principal Occupation | | Name of Employ | /er | | 00014 |
| Property Manager | | | tanley Property Management | | |
| | | | lobbyist, spouse, or | 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 Executive Legislative | | | x _{No} | | |
| government the contract is with: | Date | Received | Aggregate Contributions | | |
| fundraising event listed in Section J1? | | | | | |
| No Cash Personal Check | 03/3 | 13/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 03132014A | 007 | | ÷100100 | | <i>4</i> 200100 |
| Last Name | First | | | MI | Contribution ID # |
| Proto, Jr. | | Benjamin | | | 1742 |
| Residential Street Address | City | | | State | Zip Code |
| 2090 Cutspring Rd | | Stratford | | ст | 06614 |
| Principal Occupation | | Name of Employ | /er | | |
| Attorney | Self Employed | | | | |
| 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? | | |
| 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 | | |
| | | | | | |
| | 03/3 | 13/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 03132014A Money Order Credit/Debit Card | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Vickerelli | | Michael | | | 1746 |
| Residential Street Address | City | | | State | Zip Code |
| 80 Peace Acre Ln | | Stratford | | СТ | 06614 |
| Principal Occupation | | Name of Employ | /er | | |
| Consultant | | Self E | Employed | _ | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | | lobbyist, spouse, or | 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 fundrations around listed in Section 112 Yes | Date | Received | Aggregate Contributions | | |
| | | | | | |
| If yes, list Event # 03132014A No Cash Personal Check Money Order Credit/Debit Card | 03/3 | 13/2014 | \$50.00 | | \$50.00 |
| | | | | | • |
| Last Name | First | | | MI | Contribution ID # |
| Secskas | | Ken | | | 1743 |
| Residential Street Address | City | | | State | Zip Code |
| 1337 Broadbridge Ave | | Stratford | | СТ | 06615 |
| Principal Occupation | | Name of Employ | | | |
| Payroll | | GBTA | | | |
| 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 | | acpendent 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 | | |
| No Cash Personal Check | | 12/2011 | 150.00 | | +F0.00 |
| If yes, list Event # 03132014A No Money Order Credit/Debit Card | 03/3 | 13/2014 | \$50.00 | | \$50.00 |

| | | | | | Page 77 of 187 |
|--|--------|-------------------------------------|----------------------------|-------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | - | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | , | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions from | n Ind | lividuals | | | |
| Last Name | First | ii viuuais | | MI | Contribution ID # |
| Mironda | FIISt | John | | IVII | 1734 |
| Residential Street Address | City | JUIII | | State | Zip Code |
| 251 E Main St | City | Stratford | | CT | 06614 |
| Principal Occupation | | Name of Employ | /er | | 00014 |
| Real Estate | | | Employed | | |
| | | | | Amou | ant 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 | 1 | |
| fundraising event listed in Section J1? | | | | | |
| No Cash Personal Check | 03/3 | 13/2014 | \$50.00 | | \$50.00 |
| If yes, list Event # 03132014A Money Order Credit/Debit Card | ,- | , | + | | |
| Last Name | First | | | MI | Contribution ID # |
| Harkins | | Jody | | | 1726 |
| Residential Street Address | City | | | State | Zip Code |
| 1036 Whippoorwill Ln | | Stratford | | ст | 06614 |
| Principal Occupation | | Name of Employ | /er | | |
| Treacher | | Fairfi | eld Board of Education | | |
| 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 function | Date | Received | Aggregate Contributions | 1 | |
| | | | | | |
| | 03/3 | 13/2014 | \$50.00 | | \$50.00 |
| If yes, list Event # 03132014A Money Order Credit/Debit Card | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Harkins | | John | | | 1727 |
| Residential Street Address | City | | | State | Zip Code |
| 1036 Whippoorwill Ln | | Stratford | | СТ | 06614 |
| Principal Occupation | | Name of Employ | /er | | |
| Mayor | | Town | of Stratford | | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | | lobbyist, spouse, or | Amou | unt 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 fundrations around listed in Section 112 Yes | Date | Received | Aggregate Contributions | | |
| | | | | | |
| If yes, list Event # 03132014A No Cash Personal Check Money Order Credit/Debit Card | 03/3 | 13/2014 | \$100.00 | | \$100.00 |
| | | | | I | • |
| Last Name | First | | | MI | Contribution ID # |
| Harkins | | Kevin | | | 1725 |
| Residential Street Address | City | | | State | Zip Code |
| 71 Horace St | | Stratford | | СТ | 06614 |
| Principal Occupation | | Name of Employ | | | |
| Real Estate Appraiser | | | Employed | | |
| Is contributor a principal of a state contractor or prospective state contractor? | o | Is contributor a dependent child | lobbyist, spouse, or Yes | Amou | unt 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 fundraising event listed in Section J1? Yes | Date | Received | Aggregate Contributions | | |
| | | 12/2011 | | | *10.00 |
| If yes, list Event # 03132014A No Cash Personal Check And Check Cash And Check Ca | 03/3 | 13/2014 | \$10.00 | | \$10.00 |

| | | | | | Page 78 of 187 |
|--|---|----------------------------------|----------------------------|-------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | , | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| | T 1 | | | | |
| B. Itemized Contributions from | m Ind | lividuals | | | |
| Last Name | First | | | MI | Contribution ID # |
| Florek | | John | | | 1721 |
| Residential Street Address | City | | | State | Zip Code |
| 264 Victoria Lawn | | Stratford | | СТ | 06615 |
| Principal Occupation | | Name of Employ | /er | - | |
| Attorney | | Flore | k and O'Neil | | |
| 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 | | |
| Is this contribution associated with a fundraising event listed in Section J1? | | | | | |
| No Cash Personal Check | 03/ | 13/2014 | \$50.00 | | \$50.00 |
| If yes, list Event # 03132014A | 0.5/ | 13/2014 | 450.00 | | 450.00 |
| L est Neuro | First | | | M | Contribution ID # |
| Last Name | First | | | MI | |
| Decilio | | Louis | | | 1715 |
| Residential Street Address | City | | | State | Zip Code |
| 160 Timber Ridge Rd | | Stratford | | СТ | 06614 |
| Principal Occupation | | Name of Employ | /er | | |
| Resistrar of Voters | | Town | of Stratford | _ | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | | 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 fundraising event listed in Section 112 Yes Method of contribution: | Date | Received | Aggregate Contributions | | |
| | | | | | |
| No Cash Personal Check | 03/ | 13/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 03132014A Money Order Credit/Debit Card | , | • | | | |
| Last Name | First | | | MI | Contribution ID # |
| Fuller | 1 1100 | Dave | | | 1722 |
| Residential Street Address | City | Dave | | State | Zip Code |
| | City | Churchfound | | | 1 |
| 48 Sunnybank Ave | | Stratford | | СТ | 06614 |
| Principal Occupation | | Name of Employ | | | |
| Communications | | WHD | | | |
| 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 crind | · — | | |
| government the contract is with: | | | x _{No} | | |
| Is this contribution associated with a fundamining super listed in Section 112 Yes | Date | Received | Aggregate Contributions | | |
| | | | | | |
| | 03/3 | 13/2014 | \$50.00 | | \$50.00 |
| If yes, list Event # 03132014A Money Order Credit/Debit Card | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Cabral | | William | | | 1705 |
| Residential Street Address | City | | | State | Zip Code |
| 1034 E Main St | , in the second s | Stratford | | СТ | 06614 |
| Principal Occupation | <u>ا</u> | Name of Employ | /er | | |
| VP Finance | | MPF | | | |
| | | | lobbyist, spouse, or | A | int 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 | | | | | |
| 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 # 03132014A No Cash Personal Check Money Order Credit/Debit Card | 03/3 | 13/2014 | \$50.00 | | \$50.00 |
| | 1 | | 1 | | |

| | | | | | Page 79 of 187 |
|--|----------|----------------------------------|--------------------------------|-------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | Ì | , | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| D. Itemized Contributions from | m Ind | ividuala | | | |
| B. Itemized Contributions from | - | Ividuals | | L | |
| Last Name | First | | | MI | Contribution ID # |
| Carlson | | Robert | | | 1709 |
| Residential Street Address | City | | | State | Zip Code |
| 68 Soundview Dr | L | Easton | | СТ | 06612 |
| Principal Occupation | | Name of Employ | er | | |
| Owner | | Carls | on Corp | | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | Is contributor a dependent child | obbyist, spouse, or Sector Yes | Amou | nt of Contribution |
| If yes, indicate which branch or branches of government the contract is with: | | | × No | | |
| Is this contribution associated with a fundraicing event listed in Section 112 Yes | Date | Received | Aggregate Contributions | | |
| | | | | | |
| If yes, list Event # 03132014A No No Cash Personal Check Noney Order Credit/Debit Card | 03/1 | 13/2014 | \$50.00 | | \$50.00 |
| | | | | | a |
| Last Name | First | | | MI | Contribution ID # |
| Smith | | Andrew | | | 1744 |
| Residential Street Address | City | | | State | Zip Code |
| 935 James Farm Rd | L | Stratford | | СТ | 06614 |
| Principal Occupation | | Name of Employ | er | | |
| President | | Mosm | ner Office Systems | - | |
| 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 test o | | dependent child | | | |
| government the contract is with: | | | x _{No} | | |
| Is this contribution associated with a fundraicing at which a the section 112 Yes | Date | Received | Aggregate Contributions | | |
| | | | | | |
| If yes, list Event # 03132014A | 03/1 | 13/2014 | \$25.00 | | \$25.00 |
| | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Velcofsky | | Peter | | | 1745 |
| Residential Street Address | City | | | State | Zip Code |
| 285 Oregon Rd | | Cheshire | | СТ | 06410 |
| Principal Occupation | | Name of Employ | er | - | |
| n/a | | n/a | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a | 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 fundraicing event listed in Section 112 Yes | Date | Received | Aggregate Contributions | | |
| | | | | | |
| | 03/1 | 13/2014 | \$50.00 | | \$50.00 |
| If yes, list Event # 03132014A Money Order Credit/Debit Card | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Fox | | Kevin | | | 1957 |
| Residential Street Address | City | | | State | Zip Code |
| 20012 Unison Rd | | Purcellville | | VA | 20132 |
| Principal Occupation | <u>'</u> | Name of Employ | er | 1 | • |
| Management Consultant | | | e Vision LLC. | | |
| | | | 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 | | |
| fundraising event listed in Section J1? | Duite | | | | |
| Cash Personal Check | 03/1 | 13/2014 | 450 00 | | \$50.00 |
| If yes, list Event # Money Order X Credit/Debit Card | 1 03/1 | 13/2014 | \$50.00 | | 400.00 |

| | | | | | Page 80 of 187 |
|--|--------|-------------------------------------|----------------------------|-------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | - | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | , | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions from | m Ind | lividuals | | | |
| Last Name | First | ii viuuais | | MI | Contribution ID # |
| Knorr | Filst | Amy | | IVII | 1959 |
| Residential Street Address | City | АШу | | State | Zip Code |
| 90 Margherita Laen | City | Stratford | | CT | 06615 |
| Principal Occupation | | Name of Employ | er | CI | 00015 |
| Supervisor of Economic Development | | | of Stratford | | |
| | | - | | 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? | | | | | |
| No Cash Personal Check | 03/3 | 14/2014 | \$50.00 | | \$50.00 |
| If yes, list Event # 03132014A Money Order X Credit/Debit Card | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Geanakos | | Jonathan | | | 1960 |
| Residential Street Address | City | | | State | Zip Code |
| 1381 Smith Ridge Rd | | New Canaan | | СТ | 06840 |
| Principal Occupation | | Name of Employ | er | | |
| Real Estate Investor | | Self | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | obbyist, spouse, or Yes | Amou | int of Contribution |
| If yes, indicate which branch or branches of | 0 | dependent child | of a lobbyist? | | |
| government the contract is with: | | | x _{No} | | |
| Is this contribution associated with a for devicing super listed in Section 119 Yes | Date | Received | Aggregate Contributions | | |
| fundraising event listed in Section J1? | | | | | |
| If yes, list Event # | 03/3 | 14/2014 | \$100.00 | | \$100.00 |
| | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Crawford | | Terence | | | 1961 |
| Residential Street Address | City | | | State | Zip Code |
| 74 Kettle Creek Rd | | Weston | | СТ | 06883 |
| Principal Occupation | | Name of Employ | er | | |
| Corporate communications | | | of America | | |
| 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 Executive Legislative | | dependent enna v | | | |
| 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 | 0.24 | 14/2014 | ±100.00 | | +100.00 |
| If yes, list Event # 03162014A Money Order X Credit/Debit Card | 03/. | 14/2014 | \$100.00 | | \$100.00 |
| L est Menne | First | | | MI | Contribution ID # |
| Last Name Berman | FIISt | David | | MI | Contribution ID # |
| Residential Street Address | City | David | | State | 1962 Zip Code |
| 257 Gold St Apt 14C | City | Brooklyn | | NY | 11201 |
| Principal Occupation | | Name of Employ | er | | 11201 |
| Consultant | | Self | | | |
| | | | 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: | Date | Received | Aggregate Contributions | | |
| fundraising event listed in Section J1? | | | | | |
| No Cash Personal Check | 03/ | 14/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 03162014A Money Order X Credit/Debit Card | | , | +100.00 | | |

| | | | | | Page 81 of 187 |
|--|-----------|--|----------------------------|-------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | - | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions from | n Ind | lividuals | | | |
| Last Name | First | | | MI | Contribution ID # |
| Barfuss | 1 1150 | Andrew | | | 1958 |
| Residential Street Address | City | Andrew | | State | Zip Code |
| 38 Jennifer Ln | City | New Canaan | | CT | 06840 |
| Principal Occupation | · · · · · | Name of Employ | er | | 00010 |
| Garment Manufacturer | | | on Around, Inc. | | |
| | | | obbyist spouse or | Amou | unt 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 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 | 03/3 | 14/2014 | \$50.00 | | \$50.00 |
| If yes, list Event # 03132014A Money Order X Credit/Debit Card | , | , | | | |
| Last Name | First | | | MI | Contribution ID # |
| Crawford | | Colleen | | | 1963 |
| Residential Street Address | City | | | State | Zip Code |
| 74 Kettle Creek Rd | | Weston | | СТ | 06883 |
| Principal Occupation | | Name of Employ | er | | • |
| Marketing | | Citigr | oup | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a l | obbyist, spouse, or | Amou | ant 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 fundamental state of the section of the se | Date | Received | Aggregate Contributions | | |
| | | | | | |
| If yes, list Event # 03162014A | 03/3 | 16/2014 | \$100.00 | | \$100.00 |
| In yes, list Event # US102014A | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Skala | | Martin | | | 1769 |
| Residential Street Address | City | | | State | Zip Code |
| 21 Gardiner St | | Darien | | СТ | 06820 |
| Principal Occupation | | Name of Employ | er | | |
| Retired | | N/A | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | | obbyist, spouse, or Yes | Amou | ant of Contribution |
| If was 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? | Date | Received | Aggregate Contributions | | |
| | | | | | |
| If yes, list Event # | 03/: | 16/2014 | \$25.00 | | \$25.00 |
| | ı | | | 1 | 1 |
| Last Name | First | | | MI | Contribution ID # |
| Hennessey | | Daniel | | | 1767 |
| Residential Street Address | City | | | State | Zip Code |
| 1 Humble Ln | L | Weston | | СТ | 06883 |
| Principal Occupation | | Name of Employ | er | | |
| Retired | | N/A | | | |
| 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 | ant of Contribution |
| | | sependent ennu (| × No | | |
| If yes, indicate which branch or branches of government the contract is with: | | D | | | |
| Is this contribution associated with a fundraising event listed in Section J1? | Date | Received | Aggregate Contributions | | |
| Industry event listed in Section 31 | 0.00 | | 105 00 | | +25 00 |
| If yes, list Event # Money Order Credit/Debit Card | 03/3 | 16/2014 | \$25.00 | | \$25.00 |

| | | | | | Page 82 of 187 |
|---|--------|------------------|----------------------------|-------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | - | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions fro | m Ind | lividuals | | | |
| Last Name | First | ii (iuuui) | | MI | Contribution ID # |
| Kuhn | First | Gasper | | IVII | 1768 |
| Residential Street Address | City | Gaspei | | State | Zip Code |
| 74 Oldfield Dr | City | Fairfield | | CT | 06824 |
| Principal Occupation | - | Name of Employ | 10t | | 00024 |
| Retired | | N/A | | | |
| | | | lobbyist, spouse, or | Amou | int of Contribution |
| Is contributor a principal of a state contractor or prospective state contractor? | ю | 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 X Personal Check | 03/: | 16/2014 | \$15.00 | | \$15.00 |
| If yes, list Event # Money Order Credit/Debit Card | | , | + | | |
| Last Name | First | | | MI | Contribution ID # |
| Morello | | Nicholas | | | 1764 |
| Residential Street Address | City | | | State | Zip Code |
| 85 Cider Mill Ln | | Fairfield | | ст | 06824 |
| Principal Occupation | - | Name of Employ | /er | | |
| Investor | | Self | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a | lobbyist, spouse, or | Amou | int of Contribution |
| Yes X N | 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? Yes Method of contribution: | | | | | |
| No Cash X Personal Check | 03/3 | 16/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 03162014A Money Order Credit/Debit Card | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Danielson | | John | | | 1765 |
| Residential Street Address | City | | | State | Zip Code |
| 4 Pheasant Run | | Darien | | СТ | 06820 |
| Principal Occupation | | Name of Employ | /er | | |
| Consultant | | Self | | | |
| 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? | | |
| 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 | 16/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 03162014A Money Order Credit/Debit Card | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Nash | | Amy | | | 1766 |
| Residential Street Address | City | | | State | Zip Code |
| 46 Rock Rd | | Ridgefield | | СТ | 06877 |
| Principal Occupation | | Name of Employ | ver | | |
| Director of Operations | | Prude | ential | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | lobbyist, 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 | | |
| Is this contribution associated with a Kara Method of contribution: | Date | Received | Aggregate Contributions | 1 | |
| | | | | | |
| | 03/3 | 16/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 03162014A Money Order Credit/Debit Card | 1 | | | 1 | |

| | | | | | Page 83 of 187 |
|--|-------------|--|----------------------------|----------|---------------------|
| I. MONETARY RECEIPT | S (Se | ection A-I) | - | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions from | m Ind | lividuals | | | |
| Last Name | First | liviuuais | | МІ | Contribution ID # |
| | FIISt | Decelie | | MI | |
| Maco | <i>a</i> :- | Rosalie | | a | 1770 |
| Residential Street Address | City | | | State | Zip Code |
| 22 Rando Dr | | Madison | | СТ | 06443 |
| Principal Occupation | | Name of Employ | er | | |
| Retired | | N/A | | i . | |
| 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 ennu (| , | | |
| government the contract is with: | | | | | |
| Is this contribution associated with a function of the function of the functi | Date | Received | Aggregate Contributions | | |
| fundraising event listed in Section J1? | | | | | |
| If yes, list Event # | 03/3 | 16/2014 | \$50.00 | | \$50.00 |
| | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Anderson | | Christopher | | Р | 1749 |
| Residential Street Address | City | | | State | Zip Code |
| 139 Miller Rd | | North Stonin | gton | СТ | 06360 |
| Principal Occupation | | Name of Employ | er | - | |
| Attorney | | Ander | rson Law Firm | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a l | obbyist, spouse, or | Amou | unt of Contribution |
| | 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/ | 17/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # Money Order Credit/Debit Card | 00/ | 1772011 | \$100.00 | | \$100.00 |
| Last Name | First | | | МІ | Contribution ID # |
| Munro | THSt | Rebecca | | A | 1750 |
| Residential Street Address | City | Rebecca | | State | Zip Code |
| | City | Darien | | CT | 06820 |
| 102 Rings End Rd | | | | CI | 00020 |
| Principal Occupation | | Name of Employ | | | |
| Real Estate | | Halste | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | o | Is contributor a l dependent child of | obbyist, spouse, or Yes | Amou | ant of Contribution |
| If yes, indicate which branch or branches of Executive Legislative | | | 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 # | 03/3 | 17/2014 | \$100.00 | | \$100.00 |
| | - | | | I | 1 |
| Last Name | First | | | MI | Contribution ID # |
| Williams | | David | | A | 1752 |
| Residential Street Address | City | | | State | Zip Code |
| 25 Tall Timbers Rd | | Glastonbury | | СТ | 06033 |
| Principal Occupation | | Name of Employ | er | | |
| Retired | | N/A | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | obbyist, spouse, or Yes | Amou | ant 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 | Received | Aggregate Contributions | 1 | |
| fundraising event listed in Section J1? | | | | | |
| X No Cash Personal Check | 03/ | 17/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # Money Order Credit/Debit Card | 1 | | | | |

| | | | | | Page 84 of 187 |
|---|----------|---------------------------------------|----------------------------|-------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | , | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| | | | | | |
| B. Itemized Contributions from | m Ind | ividuals | | | |
| Last Name | First | | | MI | Contribution ID # |
| Guilbert | | Andre | | | 1754 |
| Residential Street Address | City | | | State | Zip Code |
| 1 Redwood Rd | | Norwalk | | СТ | 06851 |
| Principal Occupation | | Name of Employ | rer | - | |
| retired | | n/a | | | |
| 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 china (| × 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 # | 03/1 | 17/2014 | \$100.00 | | \$100.00 |
| | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Puskar | | Grace | | | 1760 |
| Residential Street Address | City | | | State | Zip Code |
| 55 Ascolare Rd | | Trumbull | | СТ | 06611 |
| Principal Occupation | | Name of Employ | rer | | |
| Retired | | N/A | | | |
| 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? | | | | | |
| X No Cash Personal Check | 03/1 | 17/2014 | \$20.00 | | \$20.00 |
| If yes, list Event # Money Order Credit/Debit Card | , | | | | • |
| Last Name | First | | | MI | Contribution ID # |
| Torok | | Doris | | | 1761 |
| Residential Street Address | City | | | State | Zip Code |
| 46 Sabina Rd | | Trumbull | | СТ | 06611 |
| Principal Occupation | <u> </u> | Name of Employ | er | | 00011 |
| Retired | | N/A | | | |
| | | | 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 | int 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 | | |
| X No Cash Personal Check | 0.2/1 | 7/2014 | +5.00 | | += 00 |
| If yes, list Event # Money Order Credit/Debit Card | 03/1 | 17/2014 | \$5.00 | | \$5.00 |
| | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| George | | Colleen | | | 1762 |
| Residential Street Address | City | | | State | Zip Code |
| 500 Limerick Ct | | Forest Hill | | MD | 21050 |
| Principal Occupation | | Name of Employ | er | | |
| Office Manager | | Medc | hi | | |
| 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? | | | | | |
| No Cash Personal Check | 03/1 | 17/2014 | \$40.00 | | \$40.00 |
| If yes, list Event # Money Order Credit/Debit Card | 1 30/1 | , · | ÷.0.00 | 1 | |

| | | | | | Page 85 of 187 |
|---|------------|------------------|----------------------------|-------|--------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | , | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| | T 1 | | | | |
| B. Itemized Contributions from | n Ind | lividuals | | | |
| Last Name | First | | | MI | Contribution ID # |
| George | | David | | | 1763 |
| Residential Street Address | City | | | State | Zip Code |
| 500 Limerick Ct | | Forest Hill | | MD | 21050 |
| Principal Occupation | | Name of Employ | er | | |
| Owner | | Bryar | n & Mark | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a | obbyist, spouse, or | Amou | nt 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 | Received | Aggregate Contributions | • | |
| fundraising event listed in Section J1? | Dute | Received | riggregate controlations | | |
| X No Cash Personal Check | 0.24 | | + 40,00 | | + 40,00 |
| If yes, list Event # Money Order Credit/Debit Card | 03/. | 17/2014 | \$40.00 | | \$40.00 |
| | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Cloud | | James | | | 1753 |
| Residential Street Address | City | | | State | Zip Code |
| 35 Blueberry Ln | | Darien | | СТ | 06820 |
| Principal Occupation | | Name of Employ | er | • | |
| Retired | | N/A | | | |
| 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: | 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 | 03/3 | 17/2014 | \$100.00 | | \$100.00 |
| | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Rea | | Michael | | | 1795 |
| Residential Street Address | City | | | State | Zip Code |
| 2 Tupelo Rd | | Westport | | СТ | 06880 |
| Principal Occupation | - | Name of Employ | rer | | |
| VP | | Gene | ral RE | | |
| 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? | Dute | Received | riggregate controlations | | |
| No Cash Personal Check | 0.2/ | 17/2014 | ¢100.00 | | ¢100.00 |
| If yes, list Event # 03172014A Money Order Credit/Debit Card | 03/. | 17/2014 | \$100.00 | | \$100.00 |
| | | | • | | |
| Last Name | First | | | MI | Contribution ID # |
| O'Brien | | Richard | | | 1793 |
| Residential Street Address | City | | | State | Zip Code |
| 94 Sunset Rd | | Easton | | СТ | 06612 |
| Principal Occupation | | Name of Employ | er | | |
| SVP Creative Director | | Fox N | lews Channel | | |
| 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 | 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 | 1 | |
| fundraising event listed in Section J1? | Date | | 1.551 Contributions | | |
| No Cash Personal Check | 0.00 | 17/2014 | +100.00 | | ¢100.00 |
| If yes, list Event # 03172014A Money Order Credit/Debit Card | 03/3 | 17/2014 | \$100.00 | | \$100.00 |

| | | | | | Page 86 of 187 |
|--|----------|--|----------------------------|-------|---------------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | - | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | · · | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions from | m Ind | lividuals | | | |
| Last Name | First | ii viuuais | | MI | Contribution ID # |
| O'Brien | FIISt | Mary | | IVII | 1794 |
| Residential Street Address | City | Mal y | | State | Zip Code |
| 94 Sunset Rd | City | Easton | | CT | 06612 |
| Principal Occupation | <u> </u> | Name of Employ | er | CI | 00012 |
| Homemaker | | N/A | | | |
| | | | obbyist, spouse, or | Amou | nt of Contribution |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | dependent child of | Vac | | |
| If yes, indicate which branch or branches of government the contract is with: | | | x _{No} | | |
| government the contract is with. | Date | Received | Aggregate Contributions | | |
| Is this contribution associated with a fundraising event listed in Section J1? | | | | | |
| No Cash Personal Check | 03/3 | 17/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 03172014A Money Order Credit/Debit Card | / | , - | | | |
| Last Name | First | | | MI | Contribution ID # |
| Eason | | Anthony | | | 1784 |
| Residential Street Address | City | , | | State | Zip Code |
| 12 Brookside Dr | | Westport | | СТ | 06880 |
| Principal Occupation | | Name of Employ | er | | |
| Self | | Eleck | tron Solar | | |
| 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 fundamental section 112 Yes Method of contribution: | Date | Received | Aggregate Contributions | | |
| | | | | | |
| If yes, list Event # 03172014A | 03/3 | 17/2014 | \$100.00 | | \$100.00 |
| | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Eason | | Beth Ann | | | 1785 |
| Residential Street Address | City | | | State | Zip Code |
| 12 Brookside Dr | | Westport | | СТ | 06880 |
| Principal Occupation | | Name of Employ | er | | |
| Media | | | e Nast | | |
| 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 (| x No | | |
| government the contract is with: | | | | | |
| Is this contribution associated with a fundraising event listed in Section J1? | Date | Received | Aggregate Contributions | | |
| No Cash Personal Check | 0.2/ | 17/2014 | ¢100.00 | | +100.00 |
| If yes, list Event # 03172014A Money Order Credit/Debit Card | 03/. | 17/2014 | \$100.00 | | \$100.00 |
| | First | | | MI | Contribution ID # |
| Last Name Puskar | FIISt | Louron | | MI | Contribution ID # 1757 |
| Residential Street Address | City | Lauren | | State | Zip Code |
| 14 Haverhill Pl | City | Trumbull | | CT | 06611 |
| Principal Occupation | <u> </u> | Name of Employ | er | CI | 00011 |
| | | Stude | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | obbyist shouse 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 Executive Legislative | | | x _{No} | | |
| Is this contribution associated with a Method of contribution: | Date | Received | Aggregate Contributions | | |
| fundraising event listed in Section J1? | 1 | | | | |
| No Cash Personal Check | 03/: | 17/2014 | \$10.00 | | \$10.00 |
| If yes, list Event # Money Order Credit/Debit Card | 1 | | + | | |

| | | | | | Page 87 of 187 |
|---|----------|--------------------|---|-------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | ` | , | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| | T | | | | |
| B. Itemized Contributions from | m Inc | lividuals | | • | |
| Last Name | First | | | MI | Contribution ID # |
| Puskar | | Pam | | | 1758 |
| Residential Street Address | City | | | State | Zip Code |
| 14 Haverhill Pl | | Trumbull | | СТ | 06611 |
| Principal Occupation | | Name of Employ | er | | |
| Nurse | | St. Jo | es Manor | | |
| 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? | D | dependent child of | obbyist, spouse, or 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? | Buit | | - iggregate controlations | | |
| X No Cash Personal Check | 0.2/ | 17/2014 | ¢20.00 | | #20.00 |
| If yes, list Event # Money Order Credit/Debit Card | 03/ | 17/2014 | \$20.00 | | \$20.00 |
| | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Puskar, Sr. | | John | | | 1759 |
| Residential Street Address | City | | | State | Zip Code |
| 14 Haverhill Pl | | Trumbull | | СТ | 06611 |
| Principal Occupation | | Name of Employ | rer | | |
| Retired | | N/A | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a l | obbyist, spouse, or | Amou | ant of Contribution |
| | D | 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? | | | | | |
| X No Cash Personal Check | 0.2/ | 17/2014 | ¢20.00 | | \$20.00 |
| If yes, list Event # Money Order Credit/Debit Card | 03/ | 17/2014 | \$20.00 | | \$20.00 |
| · · · | | | • | | |
| Last Name | First | | | MI | Contribution ID # |
| Kottler | | Laura | | | 1782 |
| Residential Street Address | City | | | State | Zip Code |
| 165 Jennie Ln | | Fairfield | | СТ | 06824 |
| Principal Occupation | | Name of Employ | er | | |
| Realtor | | WM R | laveis | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a l | lobbyist, 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} | | |
| | Date | Received | Aggregate Contributions | • | |
| fundraising event listed in Section J1? | | | | | |
| No Cash Personal Check | 03/ | 17/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 03172014A | 03/ | 1772011 | \$100.00 | | \$100.00 |
| Last Name | First | | | MI | Contribution ID # |
| | FIISt | | | MI | |
| Debbane | | Raymond | | | 1751 |
| Residential Street Address | City | | | State | Zip Code |
| 10 Quail Rd | L | Greenwich | | СТ | 06831 |
| Principal Occupation | | Name of Employ | rer | | |
| Executive | | The I | nvus Group, LLC | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | obbyist, spouse, or Yes | Amou | ant 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 Method of contribution: | Date | Received | Aggregate Contributions | 1 | |
| fundraising event listed in Section J1? | | | | | |
| X No Cash Personal Check | 03/ | 17/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # Money Order Credit/Debit Card | | | ÷:00.00 | | +-00100 |

| | | | | | Page 88 of 187 |
|--|-------------|-------------------------------------|--|----------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | `` | , | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions from | m Ind | lividuale | | | |
| | 1 | liviuuais | | 1.0 | 0 |
| Last Name | First | | | MI | Contribution ID # |
| Staples | | Mary | | ~ | 1755 |
| Residential Street Address | City | | | State | Zip Code |
| 4 Tods Drift Way | <u> </u> | Old Greenwi | | СТ | 06870 |
| Principal Occupation | | Name of Employ | /er | | |
| Retired | | N/A | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | Is contributor a dependent child | lobbyist, 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 Method of contribution: | Date | Received | Aggregate Contributions | | |
| fundraising event listed in Section J1? | | | | | |
| If yes, list Event # | 03/3 | 17/2014 | \$100.00 | | \$100.00 |
| | | | • | | Contribution ID # |
| Last Name | First | _ | | MI | |
| Webber | <i>a</i> : | David | | | 1756 |
| Residential Street Address | City | | | State | Zip Code |
| 4 Tods Drift Way | <u> </u> | Old Greenwi | | СТ | 06870 |
| Principal Occupation | | Name of Employ | | | |
| Owner | | | ystems | 1 | |
| 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 enna | · — | | |
| government the contract is with: | | | | | |
| Is this contribution associated with a fundraising event listed in Section J1? | Date | Received | Aggregate Contributions | | |
| Image: Second Price Image: Second Price Imag | | | | | |
| If yes, list Event # Money Order Credit/Debit Card | 03/3 | 17/2014 | \$100.00 | | \$100.00 |
| | | | | | |
| Last Name | First | - | | MI | Contribution ID # |
| Barnes | | Thomas | | ~ | 1817 |
| Residential Street Address | City | | | State | Zip Code |
| 1900 Perkins St | | Bristol | | СТ | 06010 |
| Principal Occupation | | Name of Employ | | | |
| Chair of Board | | | es Group Inc. | i | |
| 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 | | - P | · | | |
| 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 | 0.24 | 17/2014 | +50.00 | | +50.00 |
| If yes, list Event # 03202014A No Money Order Credit/Debit Card | 03/3 | 17/2014 | \$50.00 | | \$50.00 |
| | | | • | | Contribution ID # |
| Last Name | First | Matthe | | MI | |
| Porio | <i>C</i> '' | Matthew | | <u></u> | 1964 |
| Residential Street Address | City | Westport | | State | Zip Code |
| 367 Main St . | L | Westport | TOP. | СТ | 06880 |
| Principal Occupation | | Name of Employ | | | |
| Finance | | | s and Associates | | unt of Contribution |
| 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. / | Raaaiw-4 | | | |
| Is this contribution associated with a fundraising event listed in Section J1? Yes | Date | Received | Aggregate Contributions | | |
| No Cash Personal Check | | 17/2014 | +100.00 | | +100.00 |
| If yes, list Event # 03172014A No Money Order X Credit/Debit Card | 03/3 | 17/2014 | \$100.00 | | \$100.00 |

| | | | | | Page 89 of 187 |
|---|-------------|----------------------------------|----------------------------|----------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | , , | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| | | | | | |
| B. Itemized Contributions from | m Ind | ividuals | | • | |
| Last Name | First | | | MI | Contribution ID # |
| Mouden | | Kenneth | | | 2034 |
| Residential Street Address | City | | | State | Zip Code |
| 245 Ansonia Rd | | Woodbridge | | СТ | 06525 |
| Principal Occupation | | Name of Employ | rer | | • |
| | | | | | |
| 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 | | | | | |
| government the contract is with: | | | L No | | |
| Is this contribution associated with a fundraising event listed in Section J1? | Date | Received | Aggregate Contributions | | |
| | | | | | |
| If yes, list Event # | 03/3 | 17/2014 | \$25.00 | | \$25.00 |
| | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Ross | | Sharon | | | 1781 |
| Residential Street Address | City | | | State | Zip Code |
| 6 Caroline Farms Rd Apt 7 | , | Cos Cob | | ст | 06807 |
| Principal Occupation | L | Name of Employ | | CI | 00007 |
| | | | | | |
| Sales | | Philip | | | |
| 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 | | |
| | | | | | |
| | 03/: | 17/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 03172014A Money Order Credit/Debit Card | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Bytner | | Lisa | | | 1783 |
| Residential Street Address | City | LIGU | | State | Zip Code |
| | City | Fainfield | | | - |
| 457 Dunheim Rd | L | Fairfield | | СТ | 06824 |
| Principal Occupation | | Name of Employ | er | | |
| Public Relations | | Self | | - | |
| 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 or branches of | - | dependent child | | | |
| government the contract is with: | | | x _{No} | | |
| Is this contribution associated with a function where the section 112 Yes Yes | Date | Received | Aggregate Contributions | | |
| | | | | | |
| | 03/: | 17/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 03172014A Money Order Credit/Debit Card | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Rowland | 1 1150 | Frances | | | 1786 |
| | <i>a</i> :- | FIBILES | | a | |
| Residential Street Address | City | | | State | Zip Code |
| 11 Devon Rd | μ | Westport | | СТ | 06880 |
| Principal Occupation | | Name of Employ | rer | | |
| Homemaker | | N/A | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | lobbyist, spouse, or Yes | Amou | int of Contribution |
| | v | 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? | 1 | | | | |
| No Cash Personal Check | 03/ | 17/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 03172014A Money Order Credit/Debit Card | 0.5/. | .,,2017 | φ100.00 | | Ψ±00.00 |

| | | | | | Page 90 of 187 |
|--|--------|----------------------------------|--|---------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | , | , | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| D. Itemized Contributions from | m Ind | lividuala | | | |
| B. Itemized Contributions from | | lividuals | | | |
| Last Name | First | - | | MI | Contribution ID # |
| Rowland | | Stephen | | | 1787 |
| Residential Street Address | City | | | State | Zip Code |
| 11 Devon Rd | | Westport | | СТ | 06880 |
| Principal Occupation | | Name of Employ | rer | | |
| Retired | | N/A | | | |
| 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 government the contract is with: | | | X No | | |
| Is this contribution associated with a fundraicing event listed in Section 112 Yes | Date | Received | Aggregate Contributions | 1 | |
| | | | | | |
| If yes, list Event # 03172014A | 03/3 | 17/2014 | \$100.00 | | \$100.00 |
| | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| DeSantis | | Christy | | | 1788 |
| Residential Street Address | City | | | State | Zip Code |
| 128 Thornhill Rd | | Fairfield | | СТ | 06824 |
| Principal Occupation | | Name of Employ | rer | | |
| Marketing | | Unile | ver | | |
| 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 test o | 0 | dependent child | of a lobbyist? | | |
| 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 # 03172014A | 03/3 | 17/2014 | \$50.00 | | \$50.00 |
| | | | <u>.</u> | | |
| Last Name | First | | | MI | Contribution ID # |
| Atwood | | Jonathan | | | 1789 |
| Residential Street Address | City | | | State | Zip Code |
| 23 Danbury Ave | | Westport | | СТ | 06880 |
| Principal Occupation | | Name of Employ | rer | | |
| VP Sustainable Living | | Unile | ver | | |
| 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 | 0 | dependent child | | | |
| government the contract is with: | | | x _{No} | | |
| Is this contribution associated with a fundraicing at which a the section 112 Yes | Date | Received | Aggregate Contributions | | |
| | | | | | |
| | 03/3 | 17/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 03172014A Money Order Credit/Debit Card | L | | I | | |
| Last Name | First | | | MI | Contribution ID # |
| Atwood | | Lorelei | | | 1790 |
| Residential Street Address | City | | | State | Zip Code |
| 23 Danbury Ave | | Westport | | СТ | 06880 |
| Principal Occupation | | Name of Employ | rer | • | • |
| Homemaker | | N/A | | | |
| | | | obbyist, spouse, or | Amou | int of Contribution |
| Yes X No | 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? | Duite | | | | |
| No Cash Personal Check | 0.2/- | 17/2014 | ¢100.00 | | \$100.00 |
| If yes, list Event # 03172014A Money Order Credit/Debit Card | 03/. | 17/2014 | \$100.00 | | \$100.00 |

| | | | | | Page 91 of 187 |
|---|-------------|--|---|--------------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | , | , | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions from | m Ind | ividuale | | | |
| | | liviuuais | | 1.9 | |
| Last Name | First | . . | | MI | Contribution ID # |
| Koether | | Brian | | | 1791 |
| Residential Street Address | City | | | State | Zip Code |
| 4 Nutmeg Ln | L | Westport | | СТ | 06880 |
| Principal Occupation | | Name of Employ | | | |
| Pilot | | - | ican Airlines | | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | Is contributor a l dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | ant of Contribution |
| If yes, indicate which branch or branches of Executive Legislative | | 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 | 0.2/- | 17/2014 | ¢100.00 | | \$100.00 |
| If yes, list Event # 03172014A Money Order Credit/Debit Card | 03/. | 17/2014 | \$100.00 | | \$100.00 |
| Last Name | First | | | MI | Contribution ID # |
| | First | | | мі | |
| Koether | <i>C</i> '' | Rosamond | | 6 1.1 | 1792 |
| Residential Street Address | City | | | State | Zip Code |
| 4 Nutmeg Ln | L | Westport | | СТ | 06880 |
| Principal Occupation | | Name of Employ | | | |
| Attorney | | | n & Wolf | | |
| 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 ennu (| · – | | |
| government the contract is with: | | | | | |
| Is this contribution associated with a fundraising event listed in Section J1? | Date | Received | Aggregate Contributions | | |
| No Cash Personal Check | | | | | |
| If yes, list Event # 03172014A Money Order Credit/Debit Card | 03/3 | 17/2014 | \$100.00 | | \$100.00 |
| | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Gudis | | Mary Grace | | ~ | 1796 |
| Residential Street Address | City | | | State | Zip Code |
| 5 Prichard Ln | | Westport | | СТ | 06880 |
| Principal Occupation | | Name of Employ | er | | |
| Homemaker | | 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 Sector Yes | Amou | unt of Contribution |
| If yes, indicate which branch or branches of Executive Legislative | | | X No | | |
| government the contract is with: | | D 1 | | | |
| Is this contribution associated with a fundraising event listed in Section J1? Yes | Date | Received | Aggregate Contributions | | |
| No Cash Personal Check | 0.2/ | 7/2014 | ±100.00 | | +100.00 |
| If yes, list Event # 03172014A Money Order Credit/Debit Card | 03/. | 17/2014 | \$100.00 | | \$100.00 |
| Last Name | First | | | MI | Contribution ID # |
| | FIISt | Lauia | | IVII | |
| Traglia | City | Louis | | State. | 1821 Zin Code |
| Residential Street Address | City | | | State | Zip Code |
| 27 Chris Dr | L | Uncasville | or | СТ | 06382 |
| Principal Occupation | | Name of Employ | | | |
| Project Manager | | | nissioning Agents, Inc. | | unt of Contailanti |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | Is contributor a l dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | ant of Contribution |
| If yes, indicate which branch or branches of Executive Legislative | | · · · · · · · · · · · · · · · · · · · | 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 | | |
| Image: Second Stress Image: Second Stress | 0.24 | 0/2014 | +25.00 | | +25 00 |
| If yes, list Event # Money Order Credit/Debit Card | 03/3 | 18/2014 | \$25.00 | | \$25.00 |

| | | | | | Page 92 of 187 |
|--|----------|--|------------------------------|--------|-----------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | , | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions from | n Ind | ividuale | | | |
| Last Name | First | | | MI | Contribution ID # |
| Peressutti | FIISt | Amanda | | IVII | 1965 |
| Residential Street Address | City | Amanua | | State | |
| 29 Farm Hill Rd | City | Didgofield | | CT | Zip Code 06877 |
| Principal Occupation | L | Ridgefield Name of Employ | or. | CI | 00877 |
| consultant | | self | | | |
| | | | obbyist, spouse, or | Amou | int of Contribution |
| Is contributor a principal of a state contractor or prospective state contractor? | o | 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 | 03/1 | 18/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 03162014A Money Order X Credit/Debit Card | 03/1 | 10,2011 | <i><i><i>q</i>100100</i></i> | | <i>4100.00</i> |
| Last Name | First | | | MI | Contribution ID # |
| Barnes | | Melanie | | | 1814 |
| Residential Street Address | City | | | State | Zip Code |
| 1900 Perkins St | | Bristol | | СТ | 06010 |
| Principal Occupation | <u> </u> | Name of Employ | er | | |
| Homemaker | | N/A | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | - | 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 | | |
| rundraising event listed in Section J1? | | | | | |
| No Cash Personal Check | 03/1 | 18/2014 | \$50.00 | | \$50.00 |
| If yes, list Event # 03202014A Money Order Credit/Debit Card | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Lowenthal | | Morton | | | 1779 |
| Residential Street Address | City | | | State | Zip Code |
| 72 Windward Ln | | Stamford | | СТ | 06903 |
| Principal Occupation | | Name of Employ | er | | |
| Retired | | N/A | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | obbyist, spouse, or Yes | Amou | int of Contribution |
| If you indicate which brough as broughes of | 5 | dependent child of | | | |
| government the contract is with: | | | x _{No} | | |
| Is this contribution associated with a for devicing space line for the space of th | Date | Received | Aggregate Contributions | | |
| | | | | | |
| If yes, list Event # | 03/1 | 19/2014 | \$100.00 | | \$100.00 |
| | | | | l | • |
| Last Name | First | | | MI | Contribution ID # |
| Christoffers | | Carol Ann | | | 1771 |
| Residential Street Address | City | | | State | Zip Code |
| 216 Natchaug Dr | L | Meriden | | СТ | 06450 |
| Principal Occupation | | Name of Employ | er | | |
| Retired | | N/A | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | o | Is contributor a l dependent child of | obbyist, spouse, or Yes | Amou | int of Contribution |
| If yes, indicate which branch or branches of | | sependent ennu (| × No | | |
| If yes, indicate which branch or branches of government the contract is with: | | D | | | |
| Is this contribution associated with a fundraising event listed in Section J1? | Date | Received | Aggregate Contributions | | |
| | | 0/2011 | · | | +20.00 |
| If yes, list Event # | 03/1 | 19/2014 | \$20.00 | | \$20.00 |

| | | | | | Page 93 of 187 |
|---|-------|--------------------|---------------------------------------|-------|---------------------|
| L. MONETARY RECEIPT | S (Se | ction A-I) | - | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | , | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions from | n Ind | ividuals | | | |
| Last Name | First | Ividuals | | MI | Contribution ID # |
| Last Name | FIISt | Thomas | | IVII | 1919 |
| Residential Street Address | City | Thomas | | State | |
| | City | Characterid | | | Zip Code |
| 65 Hickory Rd | | Stamford | | СТ | 06903 |
| Principal Occupation | | Name of Employ | | | |
| Police Captain 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 | Allou | 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? | Dute | | Aggregate controlitons | | |
| X No Cash Y Personal Check | 03/1 | 9/2014 | \$50.00 | | \$50.00 |
| If yes, list Event # Money Order Credit/Debit Card | 03/1 | 19/2014 | \$30.00 | | \$30.00 |
| Last Name | First | | | MI | Contribution ID # |
| Heller | | Stephen | | | 1966 |
| Residential Street Address | City | Stephen | | State | Zip Code |
| 17 S Wyoming Ave | City | Ardmore | | PA | 19003 |
| Principal Occupation | | Name of Employ | er | | 19005 |
| physician | | | hase Cancer Center | | |
| | | | 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 Executive Legislative | | | X No | | |
| Is this contribution associated with a Method of contribution: | Date | Received | Aggregate Contributions | | |
| fundraising event listed in Section J1? | | | <i>66 - 6</i> | | |
| No Cash Personal Check | 03/1 | 9/2014 | \$50.00 | | \$50.00 |
| If yes, list Event # Money Order X Credit/Debit Card | 00/1 | | , , , , , , , , , , , , , , , , , , , | | 400100 |
| Last Name | First | | | MI | Contribution ID # |
| Keane | | Brian | | с | 1876 |
| Residential Street Address | City | | | State | Zip Code |
| 53 White Deer Rock | | Middlebury | | СТ | 06762 |
| Principal Occupation | | Name of Employ | er | | |
| Database Programmer | | Self | | | |
| 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 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 | 20/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # Money Order Credit/Debit Card | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Hamzy | | Anita | | | 1967 |
| Residential Street Address | City | | | State | Zip Code |
| 2 Minor Rd . | | Terryville | | СТ | 06786 |
| Principal Occupation | T | Name of Employ | er | | |
| Paralegal | | The H | lamzy Law Firm | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | obbyist, spouse, or Yes | Amou | nt of Contribution |
| | ~ | dependent child of | of a lobbyist? | | |
| government the contract is with: | | | X No | | |
| Is this contribution associated with a fundamining of the section 112 Yes Wethod of contribution: | Date | Received | Aggregate Contributions | | |
| | | | | | |
| If yes, list Event # 03202014A | 03/2 | 20/2014 | \$100.00 | | \$100.00 |

| | | | | | Page 94 of 187 |
|---|------------|------------------|----------------------------|--------|--------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | - | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | Ì | , | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| | T 1 | | | | |
| B. Itemized Contributions from | m Ind | ividuals | | • | |
| Last Name | First | | | MI | Contribution ID # |
| Higgins | | Angela | | М | 1877 |
| Residential Street Address | City | | | State | Zip Code |
| 54 Hampton Park | | Branford | | СТ | 06405 |
| Principal Occupation | | Name of Employ | rer | | |
| Retired | | N/A | | | |
| | | - | obbyist, spouse, 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 # | 03/2 | 20/2014 | \$25.00 | | \$25.00 |
| | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Rowland | | Andrea | | | 1908 |
| Residential Street Address | City | | | State | Zip Code |
| 185 Maple Rd | | Easton | | СТ | 06612 |
| Principal Occupation | | Name of Employ | er | | |
| Teacher | | Regio | n 9 BOE | | |
| | | - | obbyist spouse or | Amou | nt 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: | | n : 1 | i | | |
| Is this contribution associated with a fundraising event listed in Section J1? | Date | Received | Aggregate Contributions | | |
| | | | | | |
| If yes, list Event # 03302014A | 03/2 | 20/2014 | \$100.00 | | \$100.00 |
| | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Trefz | | Eva | | | 1878 |
| Residential Street Address | City | | | State | Zip Code |
| 21 Burritts Lndg S | | Westport | | СТ | 06880 |
| Principal Occupation | | Name of Employ | er | | |
| Homemaker | | N/A | | | |
| 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? | 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 | | - iggregate controlations | | |
| X No Cash Personal Check | 0.2/2 | 20/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # Money Order Credit/Debit Card | 03/2 | 20/2014 | \$100.00 | | \$100.00 |
| | | | • | | |
| Last Name | First | - | | MI | Contribution ID # |
| Gudis | | Gregory | | | 1815 |
| Residential Street Address | City | | | State | Zip Code |
| 5 Prichard Ln | | Westport | | СТ | 06880 |
| Principal Occupation | | Name of Employ | er | | |
| Student | | N/A | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a | obbyist, spouse, or Yes | Amou | nt of Contribution |
| | o | 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 | |
| fundraising event listed in Section J1? | | | | | |
| No Cash Personal Check | 03/ | 20/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 03172014A Money Order Credit/Debit Card | 03/2 | -0/2017 | \$100.00 | | +100.00 |

| | | | | | Page 95 of 187 |
|--|--------|----------------------------|----------------------------|-------|---------------------|
| I. MONETARY RECEIP | ES (Se | ection A-I) | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | , | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions fro | m Ind | lividuale | | | |
| | - | | | 1.0 | G (T) (T) ID // |
| Last Name | First | | | MI | Contribution ID # |
| Gudis Residential Street Address | City | Elliot | | State | 1816 |
| | City | Westwort | | CT | Zip Code 06880 |
| 5 Prichard Ln Principal Occupation | | Westport Name of Employ | 108 | CI | 06880 |
| Student | | Name of Employ | /01 | | |
| | | | lobbyist, spouse, or | Amor | ant of Contribution |
| Is contributor a principal of a state contractor or prospective state contractor? | No | dependent child | Vac | Anot | 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 | | |
| Is this contribution associated with a fundraising event listed in Section J1? Yes | Dute | Received | Aggregate controlutions | | |
| No Cash X Personal Check | 03/ | 20/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 03172014A Money Order Credit/Debit Card | 0.5/ | 20/2014 | \$100.00 | | \$100.00 |
| Last Name | First | | | MI | Contribution ID # |
| Welch | 1.1.50 | Jason | | | 1797 |
| Residential Street Address | City | 505011 | | State | Zip Code |
| 163 Mauren Dr | City | Bristol | | СТ | 06010 |
| Principal Occupation | | Name of Employ | /er | | 00010 |
| Attorney | | Beazl | | | |
| | | | lobbyist spouse or | Amor | ant of Contribution |
| Is contributor a principal of a state contractor or prospective state contractor? | No | 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 | | | | | |
| No Cash Personal Check | 03/ | 20/2014 | \$40.00 | | \$40.00 |
| If yes, list Event # 03202014A Money Order Credit/Debit Card | , | - / - | | | 1 |
| Last Name | First | | | MI | Contribution ID # |
| Torres | | John | | | 1802 |
| Residential Street Address | City | | | State | Zip Code |
| 80 Brothers Way | | Southington | | СТ | 06489 |
| Principal Occupation | - | Name of Employ | /er | | |
| APRN | | Wood | lland Anesthesia | | |
| 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 function of the section of | Date | Received | Aggregate Contributions | 1 | |
| | | | | | |
| | 03/ | 20/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 03202014A | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Martin | | Henri | | | 1803 |
| Residential Street Address | City | | | State | Zip Code |
| 7 Ipswich Rd | | Bristol | | СТ | 06010 |
| Principal Occupation | - | Name of Employ | /er | | |
| Real Estate Broker | | Henri | Martin Real Estate | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a | 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 function use of the second | Date | Received | Aggregate Contributions | 1 | |
| | | | | | |
| | 03/ | 20/2014 | \$50.00 | | \$50.00 |
| If yes, list Event # 03202014A Money Order Credit/Debit Card | | | 1 | 1 | |

| | | | | | Page 96 of 187 |
|---|-------------|------------------|---|----------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | , | , | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions fro | m Ind | lividuala | | | |
| | 1 | liviuuais | | 1.9 | a state ma |
| Last Name | First | B:11 | | MI | Contribution ID # |
| Pesce | <i>a</i> :- | Bill | | <i>a</i> | 1804 |
| Residential Street Address | City | A 11 - 1 | | State | Zip Code |
| 162 Windward Pl | <u> </u> | Southington | | СТ | 06489 |
| Principal Occupation | | Name of Employ | er | | |
| Physician | | Self | -bluid annual an | A | int of Contribution |
| Is contributor a principal of a state contractor or prospective state contractor? | io | dependent child | obbyist, spouse, or of a lobbyist? Yes | Alliou | int 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 | 03/ | 20/2014 | \$50.00 | | \$50.00 |
| If yes, list Event # 03202014A Money Order Credit/Debit Card | 03/ | 20/2014 | \$50.00 | | \$50.00 |
| Last Name | First | | | MI | Contribution ID # |
| Tiscia | 1 11 50 | Ronald | | | 1810 |
| Residential Street Address | City | Konalu | | State | Zip Code |
| 277 Carter Rd | City | Plymouth | | СТ | 06782 |
| Principal Occupation | I | Name of Employ | er | CI | 00702 |
| Distribution Manager | | | Air of CT | | |
| | | | obbyist, spouse, or | Amou | int of Contribution |
| Is contributor a principal of a state contractor or prospective state contractor? | io | dependent child | Vac | 111100 | |
| 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 | 03/3 | 20/2014 | \$25.00 | | \$25.00 |
| If yes, list Event # 03202014A Money Order Credit/Debit Card | 03/1 | 20/2011 | \$25,000 | | \$23100 |
| Last Name | First | | | MI | Contribution ID # |
| Gagarin | | Serge | | | 1811 |
| Residential Street Address | City | | | State | Zip Code |
| 98 Banks Pl | | Southport | | СТ | 06890 |
| Principal Occupation | | Name of Employ | er | | |
| Farmer | | Self | | | |
| 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 | | |
| | | | | | |
| | 03/2 | 20/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # Money Order Credit/Debit Card | 1 | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Ruggio | | Louis | | | 1772 |
| Residential Street Address | City | | | State | Zip Code |
| 150 Holly Dale Rd | | Fairfield | | СТ | 06824 |
| Principal Occupation | | Name of Employ | er | | |
| Retired | | N/A | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | 10 | | obbyist, spouse, or | Amou | int of Contribution |
| | υ | dependent child | of a foodyfst? | | |
| If yes, indicate which branch or branches of government the contract is with: | | | x _{No} | | |
| Is this contribution associated with a Method of contribution: | Date | Received | Aggregate Contributions | | |
| Tundraising event listed in Section J1? | 1 | | | | |
| If yes, list Event # No Cash Credit/Debit Card | 03/2 | 20/2014 | \$25.00 | | \$25.00 |
| | 1 | | | 1 | |

| | | | | | Page 97 of 187 |
|--|-------------|------------------|----------------------------|----------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | · | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| | | | | | |
| B. Itemized Contributions from | m Ind | lividuals | | | |
| Last Name | First | | | MI | Contribution ID # |
| Feltham | | Ethel | | | 1773 |
| Residential Street Address | City | | | State | Zip Code |
| 33 Stone Post Rd | | Lyme | | СТ | 06371 |
| Principal Occupation | | Name of Employ | ver | - | |
| Retired | | N/A | | | |
| 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: Legislative Legislative | Date | Received | Aggregate Contributions | | |
| fundraising event listed in Section J1? | But | reconned | 1661 egate controlations | | |
| X No Cash Personal Check | 0.2/2 | 20/2014 | ±50.00 | | +F0.00 |
| If yes, list Event # Money Order Credit/Debit Card | 03/2 | 20/2014 | \$50.00 | | \$50.00 |
| | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Laskey | | Thomas | | | 1777 |
| Residential Street Address | City | | | State | Zip Code |
| 866 Route 197 | | Woodstock | | СТ | 06281 |
| Principal Occupation | | Name of Employ | /er | | |
| Retired | | N/A | | | |
| 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 | | |
| fundraising event listed in Section J1? | Dute | Received | Aggregate controlations | | |
| X No Cash Personal Check | 0.01 | 20/2014 | +100.00 | | +100.00 |
| If yes, list Event # Money Order Credit/Debit Card | 03/4 | 20/2014 | \$100.00 | | \$100.00 |
| | | | • | | |
| Last Name | First | | | MI | Contribution ID # |
| D'Amato | | Lori | | | 1798 |
| Residential Street Address | City | | | State | Zip Code |
| 29 Patricia Dr | | Bristol | | СТ | 06010 |
| Principal Occupation | | Name of Employ | /er | | |
| Office Manager | | Powe | r Fuels 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 | | | |
| 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? Yes Method of contribution: | | | | | |
| No Cash Rersonal Check | 03/2 | 20/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 03202014A Money Order Credit/Debit Card | | | + | | + |
| Last Name | First | | | MI | Contribution ID # |
| | First | Alam | | IVII | |
| Goldbecker | <i>a</i> :- | Alan | | <i>a</i> | 1778 |
| Residential Street Address | City | | | State | Zip Code |
| 32 Sport Hill Pkwy | L | Easton | | СТ | 06612 |
| Principal Occupation | | Name of Employ | /er | | |
| Retired | | N/A | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | lobbyist, spouse, or | Amou | nt of Contribution |
| | v | dependent child | of a foodylst? | | |
| 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 | 20/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # Money Order Credit/Debit Card | ``' | | \$100.00 | | T = 0 0 . 0 0 |

| | | | | | Page 98 of 187 |
|--|----------|--------------------|----------------------------|-------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ction A-I) | - | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions from | m Ind | ividuals | | | |
| Last Name | First | Ividuals | | MI | Contribution ID # |
| | FIISt | Cara | | MI | 1799 |
| Pavalock Residential Street Address | City | Cara | | State | Zip Code |
| 140 Sims Rd | City | Bristol | | CT | 06010 |
| Principal Occupation | <u> </u> | Name of Employ | TOP | СГ | 00010 |
| Attorney | | Self | | | |
| | | | obbyist, spouse, or | Amou | int of Contribution |
| Is contributor a principal of a state contractor or prospective state contractor? | o | dependent child of | Vac | | |
| 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 | 03/2 | 20/2014 | \$25.00 | | \$25.00 |
| If yes, list Event # 03202014A | 00/1 | | 420.000 | | 420100 |
| Last Name | First | | | MI | Contribution ID # |
| Hamzy | | Rajaa | | | 1807 |
| Residential Street Address | City | . tujuu | | State | Zip Code |
| 298 N Harwinton Ave . | | Terryville | | СТ | 06786 |
| Principal Occupation | | Name of Employ | rer | | 00700 |
| N/A | | Retire | | | |
| | | | obbyist spouse or | Amou | int of Contribution |
| Is contributor a principal of a state contractor or prospective state contractor? | o | dependent child of | Vac | | |
| If yes, indicate which branch or branches of Executive Legislative | | | x _{No} | | |
| government the contract is with: | Date | Received | Aggregate Contributions | | |
| Is this contribution associated with a fundraising event listed in Section J1? Yes | | | | | |
| No Cash Personal Check | 03/2 | 20/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 03202014A Money Order Credit/Debit Card | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Morrison | | Thomas | | | 1776 |
| Residential Street Address | City | | | State | Zip Code |
| 222 Belgo Rd | | Lakeville | | СТ | 06039 |
| Principal Occupation | · | Name of Employ | er | • | |
| Attorney | | Mana | tt, Phelps & Phillips | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | 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 fundraicing event listed in Section 112 Yes | Date | Received | Aggregate Contributions | | |
| | | | | | |
| If yes, list Event # | 03/2 | 20/2014 | \$100.00 | | \$100.00 |
| | <u> </u> | | l | l | |
| Last Name | First | | | MI | Contribution ID # |
| Miller | | Jane | | | 1813 |
| Residential Street Address | City | | | State | Zip Code |
| 8 Hemlock Rd | | Granby | | СТ | 06035 |
| Principal Occupation | | Name of Employ | er | | |
| Senior Program Manager | | Pears | on Inc | | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | | lobbyist, spouse, or Yes | Amou | int of Contribution |
| | ~ | dependent child of | | | |
| government the contract is with: | | | X No | | |
| Is this contribution associated with a fundamining source listed in Section 112 Yes | Date | Received | Aggregate Contributions | | |
| tundraising event listed in Section J1? | | | | | |
| If yes, list Event # | 03/2 | 20/2014 | \$50.00 | | \$50.00 |

| | | | | | Page 99 of 187 |
|---|---------|-------------------------------------|-----------------------------|----------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | , | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions fro | m Ind | lividuale | | | |
| Last Name | First | liviuuais | | MI | Contribution ID # |
| Conlin | FIISt | Thomas | | IVII | 1800 |
| Residential Street Address | City | THOMAS | | State | Zip Code |
| 23 Cold Springs Rd | City | Bristol | | CT | 06010 |
| Principal Occupation | | Name of Employ | /er | | 00010 |
| Attorney | | 1 5 | of Bristol | | |
| | | , | lobbyist spouse or | Amor | unt of Contribution |
| Is contributor a principal of a state contractor or prospective state contractor? | o | 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 | | | | | |
| No Cash Personal Check | 03/3 | 20/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 03202014A Money Order Credit/Debit Card | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Hunt | | Robert | | | 1775 |
| Residential Street Address | City | | | State | Zip Code |
| 130 Mallard Dr | | Avon | | СТ | 06001 |
| Principal Occupation | • | Name of Employ | /er | | • |
| Attorney | | McElr | oy, Deutsch, Mulvaney & Car | penter | |
| 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 | 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 | 20/2014 | \$100.00 | | \$100.00 |
| | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Krawiecki | | Edward | | | 1805 |
| Residential Street Address | City | | | State | Zip Code |
| 203 Pinehurst Rd | | Bristol | | СТ | 06010 |
| Principal Occupation | | Name of Employ | /er | | |
| Attorney | | Self | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | io | 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 | x No | | |
| government the contract is with: | Dete | Received | | | |
| Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution: | Date | Received | Aggregate Contributions | | |
| No Cash X Personal Check | 03/ | 20/2014 | \$50.00 | | \$50.00 |
| If yes, list Event # 03202014A Money Order Credit/Debit Card | 037. | 20/2014 | \$30.00 | | \$30.00 |
| Last Name | First | | | MI | Contribution ID # |
| Hamzy | 1 11 31 | Salma | | NII . | 1801 |
| Residential Street Address | City | Saina | | State | Zip Code |
| 45 Ohio Dr | eny | Bristol | | СТ | 06010 |
| Principal Occupation | - | Name of Employ | /er | <u> </u> | |
| Owner | | | al Diner | | |
| | | | | Amou | int 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 fundmising quant listed in Section 112 Yes Method of contribution: | Date | Received | Aggregate Contributions | 1 | |
| | | | | | |
| | 03/ | 20/2014 | \$50.00 | | \$50.00 |
| If yes, list Event # 03202014A Money Order Credit/Debit Card | 1 | | | 1 | |

| | | | | | Page 100 of 187 |
|--|------------|-----------------|----------------------------|-------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | - | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions fro | m Ind | lividuals | | | |
| Last Name | First | ii viuuais | | MI | Contribution ID # |
| Joerman | First | Wilhelm | | IVII | 1812 |
| Residential Street Address | City | Williein | | State | Zip Code |
| 119 Davenport Ridge Rd | City | Stamford | | CT | 06903 |
| Principal Occupation | | Name of Employ | 10t | | 00903 |
| Real Estate Rental Mgt. | | Self | | | |
| | | | lobbyist, spouse, or | Amor | unt 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 for devicing event listed in Section 112 Yes | Date | Received | Aggregate Contributions |] | |
| fundraising event listed in Section J1? | | | | | |
| If yes, list Event # | 03/2 | 20/2014 | \$100.00 | | \$100.00 |
| | | | | L | |
| Last Name | First | | | MI | Contribution ID # |
| Betts | | George | | | 1809 |
| Residential Street Address | City | | | State | Zip Code |
| 1924 Perkins St | | Bristol | | СТ | 06010 |
| Principal Occupation | | Name of Employ | /er | | |
| Legislator | | | of CT | | |
| 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 avant listed in Section 112 Yes Method of contribution: | Date | Received | Aggregate Contributions | | |
| | | | | | |
| If yes, list Event # 03202014A No Cash Cash Personal Check Order Credit/Debit Card | 03/2 | 20/2014 | \$100.00 | | \$100.00 |
| | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Barnes | <i>a</i> : | Emily | | | 1808 |
| Residential Street Address | City | Duistal | | State | Zip Code |
| 1922 Perkins St | <u> </u> | Bristol | | СТ | 06010 |
| Principal Occupation | | Name of Employ | | | |
| Office Manager Is contributor a principal of a state contractor or prospective state contractor? | | | d Way of West Central CT | Amor | ant of Contribution |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | dependent child | V | Allou | 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? | | | | | |
| No Cash Rersonal Check | 03/2 | 20/2014 | \$50.00 | | \$50.00 |
| If yes, list Event # 03202014A | 00/ | | <i>400.00</i> | | 400.00 |
| Last Name | First | | | MI | Contribution ID # |
| Calandra | | Joseph | | | 1806 |
| Residential Street Address | City | | | State | Zip Code |
| 436 Flanders Rd | Ĵ | Southington | | СТ | 06489 |
| Principal Occupation | - | Name of Employ | /er | | |
| Sales/Business Owner | | ADPI | , LLC | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | | 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 fundaming august listed is Section 112 Yes Yes | Date | Received | Aggregate Contributions | 1 | |
| | 1 | | | | |
| | 03/2 | 20/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 03202014A Money Order Credit/Debit Card | 1 | | | 1 | |

| | | | | | Page 101 of 187 |
|--|----------|--------------------|----------------------------|-------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | Ì | , | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions from | n Ind | lividuals | | | |
| Last Name | First | il v iuuais | | MI | Contribution ID # |
| Belperron | FIISt | Jean-Pierre | | IVII | 1774 |
| Residential Street Address | City | Jean-Piente | | State | Zip Code |
| 436 Morehouse Rd | City | Easton | | CT | 06612 |
| Principal Occupation | <u> </u> | Name of Employ | er | CI | 00012 |
| Retired | | n/a | | | |
| | | | 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? | | | | | |
| No Cash Personal Check | 03/2 | 20/2014 | \$10.00 | | \$10.00 |
| If yes, list Event # Money Order Credit/Debit Card | /- | , | | | + |
| Last Name | First | | | MI | Contribution ID # |
| Mead | | Marjorie | | | 1820 |
| Residential Street Address | City | | | State | Zip Code |
| 131 Mountain Spring Rd | | Farmington | | СТ | 06032 |
| Principal Occupation | <u> </u> | Name of Employ | er | | |
| Retired | | N/A | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | - | 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? | | | | | |
| | 03/2 | 21/2014 | \$50.00 | | \$50.00 |
| If yes, list Event # Money Order Credit/Debit Card | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Berry | | Doug | | | 1970 |
| Residential Street Address | City | | | State | Zip Code |
| 2 Lindbergh Trl | | Rockaway | | NJ | 07866 |
| Principal Occupation | | Name of Employ | er | - | |
| Const. Mgmt. | | Donn | elly Construction | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | obbyist, 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 for devicing event listed in Section 112 Yes | Date | Received | Aggregate Contributions | | |
| | | | | | |
| If yes, list Event # | 03/2 | 21/2014 | \$25.00 | | \$25.00 |
| | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| SanFilippo | | Kristen | | | 1968 |
| Residential Street Address | City | | | State | Zip Code |
| 82 Potomac Dr | | Basking Ridg | e | NJ | 07920 |
| Principal Occupation | | Name of Employ | er | | |
| Fundraiser | | Self | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | ъ | | obbyist, 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 fundraicing event listed in Section 112 Yes | Date | Received | Aggregate Contributions | | |
| undraising event listed in Section J1? | | | | | |
| If yes, list Event # | 03/2 | 21/2014 | \$100.00 | | \$100.00 |

| | | | | | Page 102 of 187 |
|---|-----------|--------------------|----------------------------|-------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions from | n Ind | lividuals | | | |
| Last Name | First | | | MI | Contribution ID # |
| SanFilippo | | Anthony | | | 1969 |
| Residential Street Address | City | , | | State | Zip Code |
| 82 Potomac Dr | | Basking Ridg | e | L | 07920 |
| Principal Occupation | · · · · · | Name of Employ | | - | |
| Sales Exec | | Benef | it Mall | | |
| 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 | | | |
| 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 | 03/2 | 21/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # Money Order X Credit/Debit Card | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Tymniak | | Catherine | | | 1818 |
| Residential Street Address | City | | | State | Zip Code |
| 225 Whites Hill Ln | | Fairfield | | СТ | 06824 |
| Principal Occupation | | Name of Employ | er | | |
| Retired | | N/A | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a l | obbyist, spouse, or Yes | Amou | 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 for the UP Yes | Date | Received | Aggregate Contributions | | |
| fundraising event listed in Section J1? | | | | | |
| | 03/2 | 22/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # Money Order Credit/Debit Card | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Bevacqua | | Melissa | | | 1971 |
| Residential Street Address | City | | | State | Zip Code |
| 66 Hillcrest Rd | | Boonton | | NJ | 07005 |
| Principal Occupation | | Name of Employ | er | | |
| Sales Rep | | Lilly L | JSA | | |
| 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 | 0 | 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 | 23/2014 | \$50.00 | | \$50.00 |
| | I | | | l | |
| Last Name | First | | | MI | Contribution ID # |
| Tibbetts | | Judy | | | 2050 |
| Residential Street Address | City | | | State | Zip Code |
| 9 Tory Hole Rd | | Darien | | СТ | 06820 |
| Principal Occupation | | Name of Employ | | | |
| Real Estate Agent | | | tts Real Estate | | |
| Is contributor a principal of a state contractor or prospective state contractor? | ъ | | 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 | 23/2014 | \$100.00 | | \$100.00 |

| | | | | | Page 103 of 187 |
|--|----------|-----------------|-------------------------------|----------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | - | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions from | n Ind | lividuals | | | |
| Last Name | First | liviuuais | | MI | Contribution ID # |
| Downey | THSt | Kelly | | IVII | 1972 |
| Residential Street Address | City | Kelly | | State | Zip Code |
| 30 Hunting Ridge Ln | City | Wilton | | CT | 06897 |
| Principal Occupation | | Name of Employ | 70 r | CI | 00037 |
| Sales/Marketing | | | s Consumer Lifestyle | | |
| | | | , <u> </u> | Amou | ant of Contribution |
| Is contributor a principal of a state contractor or prospective state contractor? | D | 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 | | |
| Is this contribution associated with a fundraising event listed in Section J1? | Butt | | - iggregate controlations | | |
| No Cash Personal Check | 03/2 | 24/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 03172014A Money Order X Credit/Debit Card | 03/2 | 24/2014 | \$100.00 | | \$100.00 |
| Last Name | First | | | MI | Contribution ID # |
| Burns | 1 1150 | Cameron | | | 1973 |
| Residential Street Address | City | Cameron | | State | Zip Code |
| 200 Woodland St | City | South Glasto | nhury | СТ | 06073 |
| Principal Occupation | | Name of Employ | , | СГ | 00073 |
| | | | ey Foster & Sargent | | |
| Investment Manager Is contributor a principal of a state contractor or prospective state contractor? | | | abbyist shouse or | Amou | ant of Contribution |
| Is contributor a principal of a state contractor or prospective state contractor? | D | 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? | Date | Received | Aggregate Contributions | | |
| No Cash Personal Check | 0.2/2 | 04/2014 | \$50.00 | | \$50.00 |
| If yes, list Event # Money Order X Credit/Debit Card | 03/2 | 24/2014 | \$50.00 | | \$50.00 |
| Last Name | First | | | MI | Contribution ID # |
| Kelly | 1 1150 | Brian | | | 1974 |
| Residential Street Address | City | Dhan | | State | Zip Code |
| 69 Indian Head Rd | City | Riverside | | CT | 06878 |
| Principal Occupation | <u> </u> | Name of Employ | 70 r | СГ | 00878 |
| Consultant | | | ty First Century Fox America, | Inc | |
| | | | lobbyist, spouse, or | | ant of Contribution |
| Is contributor a principal of a state contractor or prospective state contractor? | D | dependent child | Vac | Allot | 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 | riggregate controlations | | |
| No Cash Personal Check | 03/3 | 25/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # Money Order X Credit/Debit Card | 03/2 | 15/2014 | \$100.00 | | \$100.00 |
| Last Name | First | | | MI | Contribution ID # |
| Villecco | 1 1150 | Daniel | | | 2054 |
| Residential Street Address | City | Damei | | State | Zip Code |
| 492 Westland Ave . | City | Cheshire | | CT | 06410 |
| Principal Occupation | | Name of Employ | 70 r | CI | 00410 |
| Auditor | | | um LLP | | |
| | | | | Amor | ant of Contribution |
| Is contributor a principal of a state contractor or prospective state contractor? | D | dependent child | Vac | Aniot | an or contribution |
| 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 | | Appregate Contributions | | |
| X No Cash X Personal Check | 0.2/2 | 07/2014 | ¢100.00 | | ¢100.00 |
| If yes, list Event # Money Order Credit/Debit Card | 03/2 | 27/2014 | \$100.00 | | \$100.00 |

| | | | | | Page 104 of 187 |
|--|---------------------|--|---|-------|---------------------|
| I. MONETARY RECEIPT | <mark>ES (Se</mark> | ction A-I) | - | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions fro | m Ind | ividuals | | | |
| Last Name | First | lividuals | | MI | Contribution ID # |
| | FIISt | Fuend | | W | |
| Seneco | <i>a</i> :- | Frank | | | 1904 |
| Residential Street Address | City | | | State | Zip Code |
| 64 Mountain Brook Rd | L | North Haven | | СТ | 06473 |
| Principal Occupation | | Name of Employ | | | |
| | | Retire | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | lo | Is contributor a l dependent child of | obbyist, spouse, or Second Alaberty Yes | Amou | int of Contribution |
| If yes, indicate which branch or branches of Executive Legislative | | 1 | x _{No} | | |
| government the contract is with: | | D 1 | | - | |
| Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution: | Date | Received | Aggregate Contributions | | |
| X No Cash X Personal Check | | | | | |
| If yes, list Event # Money Order Credit/Debit Card | 03/2 | 27/2014 | \$100.00 | | \$100.00 |
| | 1 | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Elcano | | Mary | | | 1906 |
| Residential Street Address | City | | | State | Zip Code |
| 5606 Namakagan Rd | L | Bethesda | | MD | 20816 |
| Principal Occupation | | Name of Employ | er | | |
| Artist | | N/A | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | ю | 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 for devicing user that die Scating 112 Yes | Date | Received | Aggregate Contributions | | |
| | | | | | |
| If yes, list Event # No Cash Personal Check Money Order Credit/Debit Card | 03/2 | 27/2014 | \$100.00 | | \$100.00 |
| | | | | | - |
| Last Name | First | | | MI | Contribution ID # |
| Halloran | | Lawrence | | | 1907 |
| Residential Street Address | City | | | State | Zip Code |
| 5606 Namakagan Rd | | Bethesda | | MD | 20816 |
| Principal Occupation | | Name of Employ | rer | | |
| N/A | | Retire | ed | | |
| Is contributor a principal of a state contractor or prospective state contractor? | lo | | lobbyist, spouse, or Yes | Amou | int of Contribution |
| If you indicate which branch as branches of | | dependent child of | of a lobbyist? | | |
| 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 # No Cash Personal Check Money Order Credit/Debit Card | 03/2 | 27/2014 | \$100.00 | | \$100.00 |
| | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| DeChello | | Anthony | | R | 1874 |
| Residential Street Address | City | | | State | Zip Code |
| 26 Melissa Dr | | North Haven | | СТ | 06473 |
| Principal Occupation | | Name of Employ | er | - | |
| Attorney | | DeCh | ello Law Firm | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a l | obbyist, spouse, or Yes | Amou | int of Contribution |
| | ю | 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 function 1/2 Yes Method of contribution: | Date | Received | Aggregate Contributions | 1 | |
| | 1 | | | | |
| | 03/2 | 27/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 03272014a Money Order Credit/Debit Card | 1 | | | 1 | |

| | | | | | Page 105 of 187 |
|--|--------|---------------------------------------|----------------------------|-------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | · · · · · · · · · · · · · · · · · · · | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions from | m Ind | ividuals | | | |
| Last Name | First | | | MI | Contribution ID # |
| DeChello | | Jamie | | E | 1875 |
| Residential Street Address | City | Janno | | State | Zip Code |
| 26 Melissa Dr | | North Haven | | ст | 06473 |
| Principal Occupation | | Name of Employ | | _ | |
| Office Manager | | DeCh | ello Law Firm | | |
| | | 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 government the contract is with: | | | X No | | |
| Is this contribution associated with a functional state of the state o | Date | Received | Aggregate Contributions | | |
| | | | | | |
| No Cash Personal Check | 03/2 | 27/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 03272014a Money Order Credit/Debit Card | | · · · · · · · · · · · · · · · · · · · | | | - |
| Last Name | First | | | MI | Contribution ID # |
| Sandillo | | Mark | | | 1858 |
| Residential Street Address | City | | | State | Zip Code |
| 735 Racebrook Rd | | Orange | | СТ | 06477 |
| Principal Occupation | | Name of Employ | rer | | |
| Claims Adjuster | | Apice | lla Advisors | | |
| 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 fundamental section 112 Yes Method of contribution: | Date | Received | Aggregate Contributions | | |
| | | | | | |
| | 03/2 | 27/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 03272014a Money Order Credit/Debit Card | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Benton | | Geraldine | | | 1917 |
| Residential Street Address | City | | | State | Zip Code |
| 213 Farist Rd | | Fairfield | | СТ | 06825 |
| Principal Occupation | | Name of Employ | rer | | |
| Retired | | N/A | | _ | |
| 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 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 # | 03/2 | 27/2014 | \$50.00 | | \$25.00 |
| | I | | | I | |
| Last Name | First | | | MI | Contribution ID # |
| Palumbo | | Richard | | J | 1872 |
| Residential Street Address | City | | | State | Zip Code |
| 339 Kings Hwy | | North Haven | | СТ | 06473 |
| Principal Occupation | | Name of Employ | rer | | |
| Sales | | Huet | | | |
| 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 fundraising event listed in Section 112 Yes | Date | Received | Aggregate Contributions | | |
| | | | | | |
| If yes, list Event # 03272014a No Cash Personal Check Money Order Credit/Debit Card | 03/2 | 27/2014 | \$100.00 | | \$100.00 |

| | | | | | Page 106 of 187 |
|--|----------|-------------------------------------|--|-------------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | - | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | <u>`</u> | , | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions from | m Ind | lividuals | | | |
| Last Name | First | ii viuuais | | MI | Contribution ID # |
| Garea | THSt | Anthony | | IVII | 1859 |
| Residential Street Address | City | Anthony | | State | Zip Code |
| 16 Dennis Cir | City | Hamden | | CT | 06514 |
| Principal Occupation | | Name of Employ | /er | | 00314 |
| Retired | | N/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 government the contract is with: | | | x _{No} | | |
| Is this contribution associated with a forther up of the forther than the forther the fort | Date | Received | Aggregate Contributions | | |
| | | | | | |
| No X Cash Personal Check | 03/2 | 27/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 03272014a Money Order Credit/Debit Card | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Apuzzo | | John | | | 1860 |
| Residential Street Address | City | | | State | Zip Code |
| 54 Country Way | | Madison | | СТ | 06443 |
| Principal Occupation | • | Name of Employ | /er | - | + |
| Financial Analyst | | RBS | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | lobbyist, spouse, or Yes | Amou | unt of Contribution |
| | 0 | dependent child | | | |
| government the contract is with: | | | x _{No} | | |
| Is this contribution associated with a fundration are used to be a second secon | Date | Received | Aggregate Contributions |] | |
| | | | | | |
| If yes, list Event # 03272014a | 03/3 | 27/2014 | \$100.00 | | \$100.00 |
| | | | | I | |
| Last Name | First | | | MI | Contribution ID # |
| Gradzik | | Jo Ann | | | 1862 |
| Residential Street Address | City | | | State | Zip Code |
| 5 Fairy Glen Dr | | North Haven | | СТ | 06473 |
| Principal Occupation | | Name of Employ | | | |
| Sales Consultant | | | a by Executive | | |
| 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 | unt of Contribution |
| If yes, indicate which branch or branches of accurate the contract is with: | | 1 | x _{No} | | |
| government the contract is with: | Data | Received | Aggregate Contributions | - | |
| Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution: | Date | Received | Aggregate Controutions | | |
| No Cash Rersonal Check | 03/ | 27/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 03272014a Money Order Credit/Debit Card | 0.5/1 | 2772011 | \$100.00 | | \$100.00 |
| Last Name | First | | | MI | Contribution ID # |
| Torre | 1 11.51 | John | | | 1863 |
| Residential Street Address | City | 50111 | | State | Zip Code |
| 169 South Tpke | 5 | Wallingford | | СТ | 06492 |
| Principal Occupation | | Name of Employ | /er | <u> </u> | |
| Sales | | | a by Executive | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | | 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 function associated with a function associated with a function as a function of the second secon | Date | Received | Aggregate Contributions | 1 | |
| | | | | | |
| | 03/ | 27/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 03272014a Money Order Credit/Debit Card | 1 | | | 1 | |

| | | | | | Page 107 of 187 |
|--|--------|-------------------------------------|---|-------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | · · · · · · | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions from | m Ind | lividuals | | | |
| Last Name | First | | | MI | Contribution ID # |
| Mastrangelo | | Patricia | | | 1864 |
| Residential Street Address | City | | | State | Zip Code |
| 655 Cedar Grove Rd | | Orange | | СТ | 06477 |
| Principal Occupation | | Name of Employ | er | | 1 |
| Homemaker | | 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 | 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 | | |
| | | | | | |
| If yes, list Event # 03272014a | 03/2 | 27/2014 | \$100.00 | | \$100.00 |
| | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| DePalma | | JoAnne | | F | 1865 |
| Residential Street Address | City | | | State | Zip Code |
| 6 Fox Run | L | Guilford | | СТ | 06437 |
| Principal Occupation | | Name of Employ | | | |
| Investment Advisor | | | ole Wealth Management | | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | Is contributor a dependent child | obbyist, spouse, or of a lobbyist? Yes | Amou | int of Contribution |
| If yes, indicate which branch or branches of Executive Legislative | | F | X No | | |
| government the contract is with: | Data | Received | | | |
| fundraising event listed in Section J1? | Date | Received | Aggregate Contributions | | |
| No Cash Personal Check | 03/ | 27/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 03272014a Money Order Credit/Debit Card | 0.5/. | 27/2014 | \$100.00 | | \$100.00 |
| Last Name | First | | | MI | Contribution ID # |
| Hopkins | | Greg | | | 1867 |
| Residential Street Address | City | 5 | | State | Zip Code |
| 17 Tanglewood Dr | | Branford | | СТ | 06405 |
| Principal Occupation | | Name of Employ | er | | |
| Sales Manager | | AT&T | | | |
| 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 | | | |
| If yes, indicate which branch or branches of 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 | | |
| | | | | | |
| If yes, list Event # 03272014a No Cash Personal Check Money Order Credit/Debit Card | 03/2 | 27/2014 | \$100.00 | | \$100.00 |
| | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Laydon | | Lucille | | | 1868 |
| Residential Street Address | City | | | State | Zip Code |
| 15 Hansen Farm Rd | | North Haven | | СТ | 06473 |
| Principal Occupation | | Name of Employ | | | |
| Clerical Work | | | / Sand & Gravel Corp | | |
| 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 ennu (| × No | | |
| government the contract is with: | - | n · · | | | |
| Is this contribution associated with a fundraising event listed in Section J1? Yes | Date | Received | Aggregate Contributions | | |
| No No Cash Personal Check | 0.7 | 17/2014 | #100 00 | | ¢100.00 |
| If yes, list Event # 03272014a Money Order Credit/Debit Card | 03/. | 27/2014 | \$100.00 | | \$100.00 |

| | | | | | Page 108 of 187 |
|--|------------|---------------------------------------|--|-------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions from | m Ind | ividuals | | | |
| Last Name | First | i i i u u u i j | | MI | Contribution ID # |
| Gozzi | Filst | Bill | | IV11 | 1869 |
| Residential Street Address | City | DIII | | State | Zip Code |
| 102 New England Rd | City | Guilford | | CT | 06437 |
| Principal Occupation | - | Name of Employ | 7.0 r | СГ | 00437 |
| Farmer | | Self | | | |
| | | | obbyist, spouse, or | Amou | 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 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 | 27/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 03272014a Money Order Credit/Debit Card | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Linta | | Joe | | | 1870 |
| Residential Street Address | City | | | State | Zip Code |
| 4 Devon Ct | | Branford | | СТ | 06405 |
| Principal Occupation | | Name of Employ | rer | • | |
| Owner | | JLS | | | |
| 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 | 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 # 03272014a | 03/2 | 27/2014 | \$100.00 | | \$100.00 |
| Leet News | Einet | | | Г ма | Contribution ID # |
| Last Name | First | Mi ala a al | | MI | Contribution ID # |
| Sirochman | <i>a</i> : | Michael | | | 1871 |
| Residential Street Address | City | | | State | Zip Code |
| 133 Estelle Rd | L | East Haven | | СТ | 06512 |
| Principal Occupation | | Name of Employ | | | |
| Realtor | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | dependent child | obbyist, spouse, or Second Sec | Amou | int of Contribution |
| If yes, indicate which branch or branches of reversment the contract is with: | | 1 | 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 | | |
| No Cash X Personal Check | 0.2/ | 07/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 03272014a Money Order Credit/Debit Card | 03/2 | 27/2014 | \$100.00 | | \$100.00 |
| Last Name | First | | | MI | Contribution ID # |
| Simko | FIISt | David | | IVII | 1873 |
| Residential Street Address | City | Daviu | | Stata | |
| | City | Llamdan | | State | Zip Code |
| 925 Dunbar Hill Rd | | Hamden | 70 r | СТ | 06514 |
| Principal Occupation | | Name of Employ | | | |
| Business Owner | | | o Assoc. | A | int of Contribution |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | Is contributor a dependent child | bobbyist, spouse, or Second a lobbyist? Yes | Amou | int of Contribution |
| If yes, indicate which branch or branches of Executive Legislative | | · · · · · · · · · · · · · · · · · · · | , | | |
| government the contract is with: | D i | Dessional | · | | |
| Is this contribution associated with a fundraising event listed in Section J1? Yes | Date | Received | Aggregate Contributions | | |
| No No Cash Personal Check | 0.2 | 17/2014 | ±100.00 | | ¢100.00 |
| If yes, list Event # 03272014a No Money Order Credit/Debit Card | 03/2 | 27/2014 | \$100.00 | | \$100.00 |

| | | | | | Page 109 of 187 |
|--|--------|---------------------------------------|----------------------------|-------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions fro | m Ind | lividuals | | | |
| Last Name | First | | | MI | Contribution ID # |
| Apuzzo | | Regina | | | 1861 |
| Residential Street Address | City | itogina | | State | Zip Code |
| 224 Village Pond Rd | 5 | Guilford | | ст | 06437 |
| Principal Occupation | | Name of Employ | er | | |
| Real Estate | | 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 government the contract is with: | | | x _{No} | | |
| Is this contribution associated with a function that the second s | Date | Received | Aggregate Contributions | • | |
| | | | | | |
| No Cash X Personal Check | 03/3 | 27/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 03272014a Money Order Credit/Debit Card | | | | | - |
| Last Name | First | | | MI | Contribution ID # |
| Apuzzo | | Christopher | | м | 1866 |
| Residential Street Address | City | | | State | Zip Code |
| 224 Village Pond Rd | | Guilford | | ст | 06437 |
| Principal Occupation | | Name of Employ | rer | | |
| Energy Consultant | | Apuzz | zo Electric | | |
| 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 | | |
| Is this contribution associated with a fundraising event listed in Section J1? Yes | | | | | |
| No Cash X Personal Check | 03/3 | 27/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 03272014a Money Order Credit/Debit Card | | · · · · · · · · · · · · · · · · · · · | | | |
| Last Name | First | | | MI | Contribution ID # |
| Wiedeman | | James | | | 2053 |
| Residential Street Address | City | | | State | Zip Code |
| 13 Clearview Dr | | Sandy Hook | | СТ | 06482 |
| Principal Occupation | | Name of Employ | rer | | |
| Auditor | | Marcu | um LLP | | |
| 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} | | |
| Is this contribution associated with a function 112 Yes Method of contribution: | Date | Received | Aggregate Contributions | | |
| | | | | | |
| X No Cash X 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 # |
| Matthews | | Frank | | | 1824 |
| Residential Street Address | City | | | State | Zip Code |
| 40 Founders Way | | Milford | | СТ | 06460 |
| Principal Occupation | | Name of Employ | er | | |
| Retired | | N/A | | | |
| 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 | | | |
| 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 | |
| | | | | | |
| | 03/ | 27/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 03272014a Money Order Credit/Debit Card | 1 | | | 1 | |

| | | | | | Page 110 of 187 |
|--|--------|-------------------------------------|----------------------------|-------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | - | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions from | m Ind | lividuals | | | |
| Last Name | First | liviuuais | | MI | Contribution ID # |
| Garen | FIISt | Ivan | | IVII | 1826 |
| Residential Street Address | City | IVall | | State | Zip Code |
| 16 Dennis Cir | City | Hamden | | CT | 06514 |
| Principal Occupation | L | Name of Employ | or | СГ | 00514 |
| Tiler | | Self | | | |
| | | | 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 | | |
| fundraising event listed in Section J1? | | | | | |
| No Cash Personal Check | 03/3 | 27/2014 | \$50.00 | | \$50.00 |
| If yes, list Event # 03272014a Money Order Credit/Debit Card | 00/ | ., | 400100 | | 400100 |
| Last Name | First | | | MI | Contribution ID # |
| Small | | Bob | | | 1827 |
| Residential Street Address | City | | | State | Zip Code |
| 528 Treat Ln | | Orange | | СТ | 06477 |
| Principal Occupation | | Name of Employ | er | _ | |
| General Contractors | | Elm C | City Energy Solutions | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | 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 function with the function of the funct | Date | Received | Aggregate Contributions | | |
| | | | | | |
| | 03/2 | 27/2014 | \$40.00 | | \$40.00 |
| If yes, list Event # 03272014a Money Order Credit/Debit Card | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Mezzanotte | | John | | | 1829 |
| Residential Street Address | City | | | State | Zip Code |
| 54 Chestnut Hill Rd | | Killingworth | | СТ | 06419 |
| Principal Occupation | | Name of Employ | er | - | • |
| СРА | | Marcu | ım | | |
| 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 | | | |
| government the contract is with: | | | x _{No} | | |
| Is this contribution associated with a fundamining super listed in Section 112 Yes | Date | Received | Aggregate Contributions | | |
| | | | | | |
| If yes, list Event # 03272014a No Cash Personal Check Money Order Credit/Debit Card | 03/2 | 27/2014 | \$100.00 | | \$100.00 |
| | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Candido | | Christopher | | | 1830 |
| Residential Street Address | City | | | State | Zip Code |
| 630 Orange St | | New Haven | | СТ | 06311 |
| Principal Occupation | | Name of Employ | er | | |
| Restauranteur | | Self | | | |
| 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 (| | | |
| 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 # 03272014a | 03/2 | 27/2014 | \$100.00 | | \$100.00 |

| | | | | | Page 111 of 187 |
|---|---------|----------------------------------|--|-------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | - | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions from | m Ind | lividuals | | | |
| Last Name | First | | | MI | Contribution ID # |
| Lombardi | 1 11 50 | Alfred | | | 1832 |
| Residential Street Address | City | 7 in Cu | | State | Zip Code |
| 39 Featherbed Ln | | Branford | | СТ | 06405 |
| Principal Occupation | | Name of Employ | /er | | |
| Consulting Engineer | | | el Horton Assoc. Inc | | |
| | | | 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 functional function of the function of | Date | Received | Aggregate Contributions | | |
| | | | | | |
| No Cash Rersonal Check | 03/2 | 27/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 03272014a Money Order Credit/Debit Card | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Starzec | | Joseph | | | 1833 |
| Residential Street Address | City | | | State | Zip Code |
| 12 Ramblewood Dr | | Branford | | СТ | 06405 |
| Principal Occupation | | Name of Employ | ver | - | |
| Golf Professional | | Pine (| Orchard | | |
| 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 | 0 | dependent child | 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 # 03272014a | 03/2 | 27/2014 | \$100.00 | | \$100.00 |
| | | | | | 1 |
| Last Name | First | | | MI | Contribution ID # |
| Beiner | | John | | | 1834 |
| Residential Street Address | City | | | State | Zip Code |
| 51 Hotchhill Ln | | Madison | | СТ | 06443 |
| Principal Occupation | | Name of Employ | | | |
| MD | | | rthopedics | | |
| 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 sovernment 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 | | |
| No Cash Personal Check | 03/ | 27/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 03272014a Money Order Credit/Debit Card | 03/1 | 27/2014 | \$100.00 | | \$100.00 |
| Last Name | First | | | MI | Contribution ID # |
| Naccarato | 1 11.51 | Vincent | | | 1835 |
| Residential Street Address | City | | | State | Zip Code |
| 107 Johnson Pond Ln | 5 | Westbrook | | СТ | 06498 |
| Principal Occupation | - | Name of Employ | /er | | |
| Tax Agent | | | of CT | | |
| | | | labbruist anougo ar | 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 functional function of the function of | Date | Received | Aggregate Contributions | | |
| | | | | | |
| | 03/2 | 27/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 03272014a Money Order Credit/Debit Card | 1 | | | 1 | |

| | | | | | Page 112 of 187 |
|--|--------|-------------------------------------|----------------------------|----------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | - | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions from | m Ind | lividuals | | | |
| Last Name | First | | | MI | Contribution ID # |
| Dendes | | John | | | 1836 |
| Residential Street Address | City | 50111 | | State | Zip Code |
| 5 Thimble Farms Rd | | Branford | | ст | 06405 |
| Principal Occupation | | Name of Employ | ver | <u> </u> | |
| President/CEO | | Paws | on Insurance | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a | lobbyist, spouse, or | Amot | 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 fortier that Yes Method of contribution: | Date | Received | Aggregate Contributions | 1 | |
| | | | | | |
| | 03/3 | 27/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 03272014a Money Order Credit/Debit Card | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| McDonald | | Douglas | | | 1837 |
| Residential Street Address | City | | | State | Zip Code |
| 111 Cosey Beach Ave . | | East Haven | | СТ | 06512 |
| Principal Occupation | - | Name of Employ | /er | - | • |
| Security Consultant | | 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 we indicate which have been been after a feature of the second s | 0 | dependent child | | | |
| government the contract is with: | | | x _{No} | | |
| Is this contribution associated with a fundration of the section 112 Yes Yes | Date | Received | Aggregate Contributions |] | |
| | | | | | |
| If yes, list Event # 03272014a | 03/3 | 27/2014 | \$100.00 | | \$100.00 |
| | I | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Mastrangelo | | Elissa | | | 1838 |
| Residential Street Address | City | | | State | Zip Code |
| 35 Hilltop Rd | | East Haven | | СТ | 06513 |
| Principal Occupation | | Name of Employ | /er | | |
| Nurse | | | University | | |
| 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 ennu | | | |
| 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 | 0.2/ | 27/2014 | ±100.00 | | +100.00 |
| If yes, list Event # 03272014a No Money Order Credit/Debit Card | 03/. | 27/2014 | \$100.00 | | \$100.00 |
| | | | | | |
| Last Name | First | Kavia | | MI | Contribution ID # |
| O'Reilly Decidential Street Address | City | Kevin | | Charles | 1839 Zin Code |
| Residential Street Address | City | Duppfoud | | State | Zip Code |
| 7 Ash Rd Principal Occupation | | Branford Name of Employ | 108 | СТ | 06405 |
| Parole Officer | | | | | |
| | | | lobbyist, spouse, or | Ama | ant of Contribution |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | dependent child | Vac | Amou | an of Contribution |
| If yes, indicate which branch or branches of accomment the contract is with: | | | × No | | |
| government the contract is with: | Date | Received | Aggregate Contributions | 1 | |
| fundraising event listed in Section J1? | Date | | | | |
| No Cash Personal Check | 03/ | 27/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 03272014a Money Order Credit/Debit Card | 03/. | 21/2014 | \$100.00 | | Ψ100.00 |

| | | | | | Page 113 of 187 |
|--|----------|-----------------|--|-------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions from | m Ind | lividuals | | | |
| Last Name | First | | | MI | Contribution ID # |
| Barile | | Cheryl | | | 1840 |
| Residential Street Address | City | enery: | | State | Zip Code |
| 80 Simpson Ave . | , | Wallingford | | ст | 06492 |
| Principal Occupation | | Name of Employ | er | | |
| Hairdresser | | Self E | Employed | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | 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} | | |
| Is this contribution associated with a fundamental section 112 Yes Method of contribution: | Date | Received | Aggregate Contributions | 1 | |
| | | | | | |
| | 03/2 | 27/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 03272014a Money Order Credit/Debit Card | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Turlis | | Sylviann | | | 1841 |
| Residential Street Address | City | | | State | Zip Code |
| 504 Center St | | 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? | io. | | obbyist, spouse, or Yes | Amou | ant 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 fundraising event listed in Section 112 Yes | Date | Received | Aggregate Contributions | | |
| | | | | | |
| If yes, list Event # 03272014a | 03/2 | 27/2014 | \$100.00 | | \$100.00 |
| | 1 | | | l | I |
| Last Name | First | | | MI | Contribution ID # |
| Turlis | | Edward | | | 1842 |
| Residential Street Address | City | | | State | Zip Code |
| 504 Center St | <u> </u> | Wallingford | | СТ | 06492 |
| Principal Occupation | | Name of Employ | er | | |
| | | N/A | | A | ant of Contribution |
| Is contributor a principal of a state contractor or prospective state contractor? | io | dependent child | obbyist, spouse, or Second Sec | Amou | int of Contribution |
| If yes, indicate which branch or branches of Executive Legislative | | * | x _{No} | | |
| government the contract is with: | Date | Received | Aggregate Contributions | | |
| fundraising event listed in Section J1? | Dute | Received | Aggregate contributions | | |
| No Cash Rersonal Check | 03/3 | 27/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 03272014a Money Order Credit/Debit Card | 03/1 | 2772011 | <i><i><i></i></i></i> | | \$100.00 |
| Last Name | First | | | MI | Contribution ID # |
| Cote | 1 11.50 | Jason | | | 1843 |
| Residential Street Address | City | 500011 | | State | Zip Code |
| 142 Rising Trail Dr | , | Middletown | | СТ | 06457 |
| Principal Occupation | • | Name of Employ | er | | |
| Test Supervisor | | | & Whitney | | |
| | | | obbyist, spouse, or | Amou | ant of Contribution |
| Yes X N | io | dependent child | Vac | | |
| 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? Yes | | | | | |
| No Cash Personal Check | 03/2 | 27/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 03272014a Money Order Credit/Debit Card | 1 | | 1 | 1 | |

| | | | | | Page 114 of 187 |
|--|----------|--|----------------------------|-------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions from | m Ind | lividuals | | | |
| Last Name | First | | | MI | Contribution ID # |
| Strass | | Summer | | | 1845 |
| Residential Street Address | City | Gaining | | State | Zip Code |
| 142 Rising Trail Dr | | Middletown | | СТ | 06457 |
| Principal Occupation | - | Name of Employ | er | | |
| Marketing Coordinator | | Marcu | Jm | | |
| | | 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 fundamental structure of the second str | Date | Received | Aggregate Contributions | | |
| | | | | | |
| No Cash Personal Check | 03/2 | 27/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 03272014a Money Order Credit/Debit Card | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Welsh | | Jeffrey | | | 1844 |
| Residential Street Address | City | | | State | Zip Code |
| 60 Commerce St | | Clinton | | СТ | 06413 |
| Principal Occupation | | Name of Employ | er | - | |
| Investment Advisor | | Bard | Financial Services, 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 | | | |
| If yes, indicate which branch or branches of government the contract is with: | | | x _{No} | | |
| Is this contribution associated with a fundamental section 112 Yes Method of contribution: | Date | Received | Aggregate Contributions | | |
| | | | | | |
| If yes, list Event # 03272014a | 03/2 | 27/2014 | \$100.00 | | \$100.00 |
| in yes, ist Event # US272014a Money order Card Debrie and | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Devoe | | Joanne | | | 1848 |
| Residential Street Address | City | | | State | Zip Code |
| 65 Anderson Ave . | | West Haven | | СТ | 06516 |
| Principal Occupation | | Name of Employ | rer | | |
| Controller | | Marcu | lm | | |
| 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 upper listed in Section 112 Yes | Date | Received | Aggregate Contributions | | |
| fundraising event listed in Section J1? | | | | | |
| If yes, list Event # 03272014a No Cash Personal Check Money Order Credit/Debit Card | 03/2 | 27/2014 | \$100.00 | | \$100.00 |
| | 1 | | | | I |
| Last Name | First | | | MI | Contribution ID # |
| Dowling | | Gina | | | 1849 |
| Residential Street Address | City | | | State | Zip Code |
| 11 Cassella Dr | <u> </u> | Wallingford | | СТ | 06492 |
| Principal Occupation | | Name of Employ | | | |
| Assistant Controller | | Marcu | | ı . | |
| 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 | | | X No | | |
| government the contract is with: | | D : 1 | i | | |
| Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution: | Date | Received | Aggregate Contributions | | |
| No Cash Personal Check | 0.01 | 2/2014 | +100.00 | | +100.00 |
| If yes, list Event # 03272014a No Money Order Credit/Debit Card | 1 03/2 | 27/2014 | \$100.00 | | \$100.00 |

| | | | | | Page 115 of 187 |
|--|--------|-------------------------------------|--|-------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | - | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions from | m Ind | lividuals | | | |
| Last Name | First | | | MI | Contribution ID # |
| Vespoli | | Michael | | | 1850 |
| Residential Street Address | City | | | State | Zip Code |
| 385 Clinton Ave . | | New Haven | | СТ | 06513 |
| Principal Occupation | | Name of Employ | ver | | |
| CEO/Owner | | Vesp | oli | | |
| 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 fundraising event listed is Section 112 Yes | Date | Received | Aggregate Contributions | 1 | |
| | | | | | |
| | 03/ | 27/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 03272014a Money Order Credit/Debit Card | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Pellini | | Michael | | | 1851 |
| Residential Street Address | City | | | State | Zip Code |
| 18 Halls Rd | | Westbrook | | СТ | 06498 |
| Principal Occupation | - | Name of Employ | /er | • | |
| VP | | Unde | rwater Construction Corp. | | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | | lobbyist, spouse, or Yes | Amou | int of Contribution |
| If we indicate which have been been after a feature of the second s | 0 | dependent child | of a lobbyist? | | |
| government the contract is with: | | | x _{No} | | |
| Is this contribution associated with a fundration of the section 112 Yes Yes | Date | Received | Aggregate Contributions | | |
| | | | | | |
| If yes, list Event # 03272014a | 03/ | 27/2014 | \$100.00 | | \$100.00 |
| | | | | - | |
| Last Name | First | | | MI | Contribution ID # |
| Katz | | Mike | | | 1852 |
| Residential Street Address | City | | | State | Zip Code |
| 55 Wilford Rd | | North Branfo | | СТ | 06471 |
| Principal Occupation | | Name of Employ | | | |
| Co-Owner | | | t Fitness | | |
| 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 enna | | | |
| government the contract is with: | _ | | X No | 1 | |
| 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 # 03272014a Money Order Credit/Debit Card | 03/. | 27/2014 | \$100.00 | | \$100.00 |
| | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Tamborrino | ~ | Kelly | | | 1853 |
| Residential Street Address | City | F · C · · | | State | Zip Code |
| 428 Old Mill Rd | | Fairfield | | СТ | 06824 |
| Principal Occupation | | Name of Employ | | | |
| Couselor | | | Canaan Public Schools | A | int of Contribution |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | dependent child | lobbyist, spouse, or Second Second Yes | Amot | int of Contribution |
| If yes, indicate which branch or branches of Executive Legislative | | | × 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 | 0.27 | 27/2014 | ¢100.00 | | ¢100.00 |
| If yes, list Event # 03272014a Money Order Credit/Debit Card | 03/ | 27/2014 | \$100.00 | | \$100.00 |

| | | | | | Page 116 of 187 |
|--|--------|---------------------------------------|----------------------------|-------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | - | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | · · · · · · · · · · · · · · · · · · · | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions from | m Ind | lividuals | | | |
| Last Name | First | | | MI | Contribution ID # |
| Tamborrino | | Nick | | | 1854 |
| Residential Street Address | City | | | State | Zip Code |
| 428 Old Mill Rd | , | Fairfield | | ст | 06824 |
| Principal Occupation | | Name of Employ | er | | |
| Pharmacist | | Yale I | New Haven Health | | |
| 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? | | |
| If yes, indicate which branch or branches of government the contract is with: | | | x _{No} | | |
| Is this contribution associated with a function table of the second seco | Date | Received | Aggregate Contributions | | |
| | | | | | |
| No Cash Personal Check | 03/2 | 27/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 03272014a Money Order Credit/Debit Card | | | | | - |
| Last Name | First | | | MI | Contribution ID # |
| Cole | | James | | | 1855 |
| Residential Street Address | City | | | State | Zip Code |
| 93 Beacon Rd | | Bethany | | ст | 06524 |
| Principal Occupation | | Name of Employ | er | | Ł |
| Realton | | Self | | | |
| 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 fortier that Yes Yes | Date | Received | Aggregate Contributions | | |
| | | | | | |
| No Cash Personal Check | 03/3 | 27/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 03272014a Money Order Credit/Debit Card | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Sandillo | | Maria | | | 1857 |
| Residential Street Address | City | | | State | Zip Code |
| 735 Racebrook Rd | | Orange | | СТ | 06477 |
| Principal Occupation | | Name of Employ | er | | 4 |
| Public Insurance Adjuster | | Apice | lla Advisors | | |
| 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 function used of the second secon | Date | Received | Aggregate Contributions | | |
| | | | | | |
| No Cash X Personal Check | 03/3 | 27/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 03272014a Money Order Credit/Debit Card | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Miller | | James | | | 1847 |
| Residential Street Address | City | | | State | Zip Code |
| 11 Stephen Ct | | North Haven | | СТ | 06473 |
| Principal Occupation | | Name of Employ | rer | | • |
| Accounting | | Marcu | ım | | |
| 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 function table of the second seco | Date | Received | Aggregate Contributions | 1 | |
| | | | | | |
| | 03/3 | 27/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 03272014a Money Order Credit/Debit Card | 1 | | 1 | 1 | |

| | | | | | Page 117 of 187 |
|--|--------|--------------------|--|-------|-----------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions fro | m Ind | lividuals | | | |
| Last Name | First | | | MI | Contribution ID # |
| Torello | | Nicholas | | | 1856 |
| Residential Street Address | City | | | State | Zip Code |
| 43 Hotchkiss Grove Rd | | Branford | | СТ | 06405 |
| Principal Occupation | 1 | Name of Employ | er | | |
| Owner | | Torell | lo Tire | | |
| 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 find-raising event listed in Section 112 Yes Method of contribution: | Date | Received | Aggregate Contributions | | |
| | | | | | |
| | 03/2 | 27/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 03272014a Money Order Credit/Debit Card | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Kolokowski | | Megan | | | 1846 |
| Residential Street Address | City | | | State | Zip Code |
| 3 Turnberry Rd | | Wallingford | | СТ | 06492 |
| Principal Occupation | | Name of Employ | rer | | |
| Marketing Manager | | Marcu | ım | | |
| 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 test of te | 0 | dependent child of | of a lobbyist? | | |
| government the contract is with: | | | x _{No} | | |
| Is this contribution associated with a fundamining quant listed in Section 112 Yes | Date | Received | Aggregate Contributions | | |
| | | | | | |
| If yes, list Event # 03272014a | 03/2 | 27/2014 | \$100.00 | | \$100.00 |
| | 1 | | | 1 | I |
| Last Name | First | | | MI | Contribution ID # |
| Palumbo | | Raymond | | | 1831 |
| Residential Street Address | City | | | State | Zip Code |
| 115 Shore Rd | | Clinton | | СТ | 06413 |
| Principal Occupation | | Name of Employ | | | |
| VP/COO Is contributor a principal of a state contractor or prospective state contractor? | | | rwater Construction Corp. | A | int of Contribution |
| Is contributor a principal of a state contractor or prospective state contractor? | o | dependent child of | obbyist, spouse, or Second Sec | Amot | int of Contribution |
| If yes, indicate which branch or branches of sovernment the contract is with Executive Legislative | | * | x _{No} | | |
| government the contract is with: | Date | Received | Aggregate Contributions | | |
| fundraising event listed in Section J1? | Dute | Received | Aggregate contributions | | |
| No Cash X Personal Check | 03/3 | 27/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 03272014a Money Order Credit/Debit Card | 0.5/1 | 2772011 | <i><i><i></i></i></i> | | <i>4100.00</i> |
| Last Name | First | | | MI | Contribution ID # |
| Ringel | 1 100 | Marisa | | | 1823 |
| Residential Street Address | City | - Idillod | | State | Zip Code |
| 214 Hulls Hwy | | Southport | | СТ | 06890 |
| Principal Occupation | ' | Name of Employ | er | l | |
| Presentation Specialist | | | yre Hotels | | |
| | | | - hhuist success on the second second | Amou | int of Contribution |
| Yes X N | 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 function 112 Yes Method of contribution: | Date | Received | Aggregate Contributions | | |
| | | | | | |
| | 03/2 | 27/2014 | \$150.00 | | \$100.00 |
| If yes, list Event # 03272014a Money Order Credit/Debit Card | 1 | | | 1 | |

| | | | | | Page 118 of 187 |
|---|--------|---------------------------------------|----------------------------|-------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions from | m Ind | lividuals | | | |
| Last Name | First | | | МІ | Contribution ID # |
| Nicita | | Peter | | | 1828 |
| Residential Street Address | City | | | State | Zip Code |
| 5 Centerwood Rd | 5 | Burlington | | СТ | 06013 |
| Principal Occupation | - | Name of Employ | er | | |
| Finance/Accounting | | | red Autogroup | | |
| | | | abbyist spays 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 government the contract is with: | | | x _{No} | | |
| Is this contribution associated with a function 1/2 Yes Method of contribution: | Date | Received | Aggregate Contributions | · | |
| | | | | | |
| No Cash Personal Check | 03/2 | 27/2014 | \$50.00 | | \$50.00 |
| If yes, list Event # 03272014a Money Order Credit/Debit Card | Ĺ | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Bolat | | Rasit | | | 1825 |
| Residential Street Address | City | | | State | Zip Code |
| 59 Jodi Dr | | Wallingford | | ст | 06492 |
| Principal Occupation | | Name of Employ | rer | | <u>!</u> |
| Retired | | N/A | | | |
| 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 | | |
| Is this contribution associated with a function 1/2 Yes Method of contribution: | Date | Received | Aggregate Contributions | | |
| | | | | | |
| No Cash X Personal Check | 03/2 | 27/2014 | \$50.00 | | \$50.00 |
| If yes, list Event # 03272014a Money Order Credit/Debit Card | | · · · · · · · · · · · · · · · · · · · | | | · |
| Last Name | First | | | MI | Contribution ID # |
| Engel | | Johanna | | | 1979 |
| Residential Street Address | City | | | State | Zip Code |
| 9 Cricklewood Rd | | Redding | | СТ | 06896 |
| Principal Occupation | | Name of Employ | rer | | <u>.</u> |
| RETIRED | | N/A | | | |
| 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? | | | | | |
| If yes list Event # No Cash Personal Check Money Order Credit/Debit Card | 03/2 | 28/2014 | \$50.00 | | \$50.00 |
| If yes, list Event # Money Order X Credit/Debit Card | 1 | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Scannell | | David | | | 1977 |
| Residential Street Address | City | | | State | Zip Code |
| 122 Woods End Rd | | New Canaan | | СТ | 06840 |
| 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 | unt 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? | | | | | |
| No In Inc. | 03/2 | 28/2014 | \$50.00 | | \$50.00 |
| If yes, list Event # Money Order X Credit/Debit Card | 1 | | | 1 | |

| | | | | | Page 119 of 187 |
|---|----------|----------------------------------|---|-------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | - | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions from | m Ind | lividuals | | | |
| Last Name | First | | | MI | Contribution ID # |
| carriera | 1 11.51 | tony | | | 1976 |
| Residential Street Address | City | cony | | State | Zip Code |
| 26 Barberry Rd . | eny | Southport | | СТ | 06890 |
| Principal Occupation | - | Name of Employ | /er | | |
| Builder | | | on Street Association 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? | | | | | |
| If yes_list Event # | 03/3 | 28/2014 | \$200.00 | | \$100.00 |
| If yes, list Event # Money Order X Credit/Debit Card | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Bier | | Brian | | | 1978 |
| Residential Street Address | City | | | State | Zip Code |
| 39 Christine Ter | | Milford | | СТ | 06460 |
| Principal Occupation | - | Name of Employ | /er | | |
| Remodeling Contractor | | Garia | n Property Management, Inc | | |
| 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 | 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 JI? | | | | | |
| If yes, list Event # | 03/ | 28/2014 | \$100.00 | | \$100.00 |
| | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Crowder | | Dottie | | | 1916 |
| Residential Street Address | City | | | State | Zip Code |
| 26 Rena Pl | <u> </u> | Fairfield | | СТ | 06825 |
| Principal Occupation | | Name of Employ | /er | | |
| Retired | | N/A | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | Is contributor a dependent child | lobbyist, spouse, or Second Alababian Yes | Amou | int of Contribution |
| If yes, indicate which branch or branches of Executive Legislative | | | | | |
| 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/ | 28/2014 | \$10.00 | | \$10.00 |
| If yes, list Event # Money Order Credit/Debit Card | 0.57 | 20/2014 | \$10.00 | | \$10.00 |
| Last Name | First | | | MI | Contribution ID # |
| Fox | First | Gregory | | NII . | 1975 |
| Residential Street Address | City | Clegoly | | State | Zip Code |
| 50 Southport Pl . | City | Southport | | СТ | 06890 |
| Principal Occupation | I | Name of Employ | /er | | 00000 |
| Sales VP | | Wellp | | | |
| | | | | 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 | | | × No | | |
| Is this contribution associated with a Method of contribution: | Date | Received | Aggregate Contributions | 1 | |
| fundraising event listed in Section J1? | 1 | | | | |
| No Cash Personal Check | 03/ | 28/2014 | \$250.00 | | \$100.00 |
| If yes, list Event # Money Order K Credit/Debit Card | '' | | | | |

| | | | | | Page 120 of 187 |
|---|----------|--|----------------------------|-------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | - | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions from | m Ind | ividuals | | | |
| Last Name | First | | | MI | Contribution ID # |
| Garim | 1 1150 | Elie | | | 1903 |
| Residential Street Address | City | Life | | State | Zip Code |
| 171 Mayfield Dr | eny | Trumbull | | СТ | 06611 |
| Principal Occupation | <u> </u> | Name of Employ | rer | 0. | 00011 |
| Retail | | Self | | | |
| | | | 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 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 | 03/2 | 28/2014 | \$50.00 | | \$50.00 |
| If yes, list Event # Money Order Credit/Debit Card | | • | | | |
| Last Name | First | | | MI | Contribution ID # |
| Benton | | Lisa | | | 1922 |
| Residential Street Address | City | | | State | Zip Code |
| 24 Waterford Ln | | Shelton | | СТ | 06484 |
| Principal Occupation | | Name of Employ | rer | | |
| Marriage & Family Therapist | | Christ | tian Couseling Center | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a l | obbyist, spouse, or | Amou | int of Contribution |
| | 0 | dependent child of | · _ | | |
| If yes, indicate which branch or branches of government the contract is with: | | | 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 # |
| Benton | | Brad | | | 1923 |
| Residential Street Address | City | | | State | Zip Code |
| 24 Waterford Ln | | Shelton | | СТ | 06484 |
| Principal Occupation | | Name of Employ | er | | |
| Graphic Designer | | 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 fundraicing quart listed in Section 112 Yes | Date | Received | Aggregate Contributions | | |
| fundraising event listed in Section J1? | | | | | |
| If yes, list Event # | 03/2 | 28/2014 | \$50.00 | | \$50.00 |
| | 1 | | | | I |
| Last Name | First | | | MI | Contribution ID # |
| Feeley | | Denise | | | 2041 |
| Residential Street Address | City | | | State | Zip Code |
| 18 Davison Rd | L | Moodus | | СТ | 06469 |
| Principal Occupation | | Name of Employ | rer | | |
| | | | | | |
| 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 | | _openaent ennu (| · · | | |
| government the contract is with: | | D · 1 | No No | | |
| Is this contribution associated with a fundraising event listed in Section J1? | Date | Received | Aggregate Contributions | | |
| No Cash Personal Check | 0.01 | 0/2014 | +100.00 | | +100.00 |
| If yes, list Event # Money Order Credit/Debit Card | 03/2 | 28/2014 | \$100.00 | | \$100.00 |

| | | | | | Page 121 of 187 |
|--|----------|--------------------|----------------------------|-------|---------------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions from | m Ind | ividuals | | | |
| Last Name | First | | | MI | Contribution ID # |
| Davis | 1 1150 | Corey | | | 1980 |
| Residential Street Address | City | corcy | | State | Zip Code |
| 122 Buckley Hwy | eny | Stafford Spri | inas | СТ | 06076 |
| Principal Occupation | <u> </u> | Name of Employ | 5 | | |
| Police Officer | | | of Glastonbury | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | 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? | | | | | |
| If ves. list Event # | 03/2 | 28/2014 | \$10.00 | | \$10.00 |
| If yes, list Event # Money Order X Credit/Debit Card | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| MCWEENEY | | JOHN | | | 1981 |
| Residential Street Address | City | | | State | Zip Code |
| 34 Pine St | | Watertown | | СТ | 06795 |
| Principal Occupation | | Name of Employ | rer | | |
| accountant | | | mployed | | |
| 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 fundraising event listed in Section J1? | Date | Received | Aggregate Contributions | | |
| Cash Personal Check | | | | | |
| If yes, list Event # No Money Order X Credit/Debit Card | 03/2 | 28/2014 | \$100.00 | | \$100.00 |
| | | | | | C (1 C D) |
| Last Name Walker | First | Michelle | | MI | Contribution ID # 1982 |
| Residential Street Address | City | MICHEIE | | State | Zip Code |
| 415 Main St | City | Fairfield | | CT | 06516 |
| Principal Occupation | <u> </u> | Name of Employ | er | CI | 00510 |
| Mental Health Counselor/HR Manager | | | eline Wellness Center | | |
| | | | obbyist, spouse, or | Amou | int of Contribution |
| Yes X No | 0 | 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 | Received | Aggregate Contributions | | |
| lundraising event listed in Section 31? | | | | | |
| If yes list Event # | 03/2 | 29/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # Money Order X Credit/Debit Card | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Canosa | | Rabab | | | 2055 |
| Residential Street Address | City | | | State | Zip Code |
| 124 Meadow View Ter . | | New Haven | | СТ | 06512 |
| Principal Occupation | | Name of Employ | er | - | - |
| | | | | - | |
| 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 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 # | 03/2 | 29/2014 | \$100.00 | | \$100.00 |

| | | | | | Page 122 of 187 |
|--|--------|-------------------------------------|----------------------------|--------|---------------------|
| I. MONETARY RECEIPT | S (S | ection A-I) | - | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | Ì | , | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| | T | | | | |
| B. Itemized Contributions from | m Inc | lividuals | | - | |
| Last Name | First | | | MI | Contribution ID # |
| Morano | | Leonard | | | 1918 |
| Residential Street Address | City | | | State | Zip Code |
| 24 Wallace St | | Bridgeport | | СТ | 06604 |
| Principal Occupation | | Name of Employ | rer | | |
| Sign Co | | Sign | Maint. Service Co. | | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | | obbyist, spouse, or Yes | Amou | unt of Contribution |
| If yes, indicate which branch or branches of | 0 | dependent child | of 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? | | | | | |
| | 03/ | 29/2014 | \$25.00 | | \$25.00 |
| If yes, list Event # Money Order Credit/Debit Card | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Morgan | | Leon | | | 1983 |
| Residential Street Address | City | | | State | Zip Code |
| 43 Forest Brook Rd | , | Guilford | | СТ | 06437 |
| Principal Occupation | I | Name of Employ | er | | 00437 |
| RETIRED | | | | | |
| | | N/A | obbyist, spouse, or | A.m.o. | ant 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 Executive Legislative | | 1 | · — | | |
| government the contract is with: | 1.5. | | | | |
| Is this contribution associated with a fundraising event listed in Section J1? | Date | Received | Aggregate Contributions | | |
| | | | | | |
| If yes, list Event # | 03/ | 29/2014 | \$75.00 | | \$50.00 |
| | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Holmes | | Susan | | М | 1905 |
| Residential Street Address | City | | | State | Zip Code |
| 17 Teresa Rd | | Manchester | | СТ | 06040 |
| Principal Occupation | | Name of Employ | rer | | |
| N/A | | N/A | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | obbyist, spouse, or Yes | Amou | unt of Contribution |
| | 0 | dependent child | of 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 | | |
| | | | | | |
| 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 # |
| Knag | 1 1150 | MaryAnn | | M | 1895 |
| Residential Street Address | City | MaryAnn | | | |
| | City | Deview | | State | Zip Code |
| 27 Miller Rd | I | Darien | | СТ | 06820 |
| Principal Occupation | | Name of Employ | | | |
| Teacher | | Teach | | i | |
| 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 | | acpendent child | | | |
| government the contract is with: | | | x _{No} | | |
| Is this contribution associated with a fundraising event listed in Section 112 Yes Method of contribution: | Date | Received | Aggregate Contributions | | |
| | | | | | |
| If yes, list Event # 03302014A No Money Order Credit/Debit Card | 03/ | 30/2014 | \$100.00 | | \$100.00 |
| - Money Order - Creat/Debit Calu | 1 | | 1 | 1 | |

| | | | | | Page 123 of 187 |
|--|----------|--|----------------------------|-------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | - | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | Ì | , | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions from | m Ind | lividuals | | | |
| Last Name | First | lividuals | | MI | Contribution ID # |
| Davis | FIISt | Charles | | W | 1890 |
| Residential Street Address | City | Chanles | | State | Zip Code |
| 86 Griffin Rd | City | Broad Brook | | CT | 06016 |
| Principal Occupation | <u> </u> | Name of Employ | | CI | 00010 |
| IT Security | | 1.2 | lartford | | |
| | | - | 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. | Date | Received | Aggregate Contributions | | |
| Is this contribution associated with a fundraising event listed in Section J1? | | | | | |
| No Cash Personal Check | 03/3 | 30/2014 | \$25.00 | | \$25.00 |
| If yes, list Event # 03302014A Money Order Credit/Debit Card | | · · · · · · · · · · · · · · · · · · · | | | |
| Last Name | First | | | MI | Contribution ID # |
| Davis | | Mystica | | L | 1891 |
| Residential Street Address | City | | | State | Zip Code |
| 86 Griffin Rd | | Broad Brook | | СТ | 06016 |
| Principal Occupation | | Name of Employ | er | | |
| Nurse | | ECHN | I & EWBOE | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a l | obbyist, spouse, or | Amou | int of Contribution |
| There is the twenty 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 fundraising avent listed is Section 112 Yes | Date | Received | Aggregate Contributions | | |
| | | | | | |
| If yes, list Event # 03302014A | 03/3 | 30/2014 | \$25.00 | | \$25.00 |
| | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Morris | | Robert | | | 1991 |
| Residential Street Address | City | | | State | Zip Code |
| 98 Riverside Ave | L | Riverside | | СТ | 06878 |
| Principal Occupation | | Name of Employ | rer | | |
| RETIRED | | N/A | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | Is contributor a l dependent child of | obbyist, spouse, or Yes | Amou | int of Contribution |
| If yes, indicate which branch or branches of Executive Legislative | | | · | | |
| government the contract is with: Legislative Legislative | Data | Received | | | |
| fundraising event listed in Section J1? | Date | Received | Aggregate Contributions | | |
| No Cash Personal Check | 03/3 | 30/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # Money Order X Credit/Debit Card | 05/5 | 50/2014 | \$100.00 | | \$100.00 |
| Last Name | First | | | MI | Contribution ID # |
| Wollen | 1 1150 | Dori | | | 1993 |
| Residential Street Address | City | DOIT | | State | Zip Code |
| 8 Cedar Hill Ln | eny | Easton | | СТ | 06612 |
| Principal Occupation | - | Name of Employ | rer | 0. | 00012 |
| RETIRED | | N/A | | | |
| | | - | 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 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 | 03/3 | 30/2014 | \$40.00 | | \$20.00 |
| If yes, list Event # Money Order X Credit/Debit Card | I İ | | | 1 | |

| | | | | | Page 124 of 187 |
|---|------------|---------------------------------------|--------------------------------|-------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | , , , , , , , , , , , , , , , , , , , | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| | T 1 | | | | |
| B. Itemized Contributions from | m Ind | lividuals | | | |
| Last Name | First | | | MI | Contribution ID # |
| Tasi | | Ida | | | 1881 |
| Residential Street Address | City | | | State | Zip Code |
| 70 Weathervane Dr | | Easton | | СТ | 06612 |
| 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 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 Cash Personal Check | 03/ | 30/2014 | \$50.00 | | \$50.00 |
| If yes, list Event # 03302014A Money Order Credit/Debit Card | 05/. | 50/2014 | \$50.00 | | 450.00 |
| Lood Norme | Einst | | | | Contribution ID # |
| Last Name | First | | | MI | Contribution ID # |
| Tasi | | Lisa | | | 1882 |
| Residential Street Address | City | | | State | Zip Code |
| 70 Weathervane Dr | | Easton | | СТ | 06612 |
| Principal Occupation | | Name of Employ | /er | | |
| Medical Coder | | Ascer | nsion Health | | |
| 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 | | |
| government the contract is with | Date | Received | Aggregate Contributions | 1 | |
| fundraising event listed in Section J1? | | | 88 · 8 · · · · · · · · · · · · | | |
| No Cash Personal Check | 0.2/ | 30/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 03302014A Money Order Credit/Debit Card | 0.5/. | 50/2014 | \$100.00 | | \$100.00 |
| | First | | | MI | |
| Last Name | FIISt | | | | Contribution ID # |
| Herrman | | Carolyn | | A | 1883 |
| Residential Street Address | City | | | State | Zip Code |
| 75 Kellers Farm Rd | | Easton | | СТ | 06612 |
| Principal Occupation | | Name of Employ | /er | | |
| Homemaker | | Home | emaker | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | 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: | | | × No | | |
| | Date | Received | Aggregate Contributions | 1 | |
| fundraising event listed in Section J1? | | | | | |
| No Cash Personal Check | 03/ | 30/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 03302014A | 0.5/1 | 50,2011 | \$100,000 | | \$100.00 |
| Last Name | First | | | MI | Contribution ID # |
| | FIISt | - | | | |
| Herrman | | Thomas | | A | 1880 |
| Residential Street Address | City | | | State | Zip Code |
| 75 Kellers Farm Rd | L | Easton | | СТ | 06612 |
| Principal Occupation | | Name of Employ | /er | | |
| Student | | Stude | ent | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | 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} | | |
| government the contract is with | Date | Received | Aggregate Contributions | 1 | |
| fundraising event listed in Section J1? | | | | | |
| No Cash Personal Check | 03/ | 30/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 03302014A Money Order Credit/Debit Card | | 50/2017 | \$100.00 | | ¥100.00 |

| | | | | | Page 125 of 187 |
|--|--------|---------------------------------------|------------------------------|-------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | · · · · · · · · · · · · · · · · · · · | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions from | m Ind | lividuals | | | |
| Last Name | First | | | MI | Contribution ID # |
| Capozziello | | Peggy | | | 1914 |
| Residential Street Address | City | 3 3 7 | | State | Zip Code |
| 469 Brooklawn Ave | | Fairfield | | ст | 06825 |
| Principal Occupation | | Name of Employ | er | | |
| Manager | | Bridg | eport Wrecking | | |
| | | - | 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 | | |
| fundraising event listed in Section J1? | | | | | |
| X Cash Personal Check | 03/3 | 30/2014 | \$10.00 | | \$10.00 |
| If yes, list Event # Money Order Credit/Debit Card | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Riling | | James | | s | 1884 |
| Residential Street Address | City | | | State | Zip Code |
| 265 N Park Ave | | Easton | | СТ | 06612 |
| Principal Occupation | | Name of Employ | rer | | • |
| Director of Credit | | Leasi | ng Technologies Intrunctiona | I | |
| 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 functional field in Section 112 Yes Method of contribution: | Date | Received | Aggregate Contributions | | |
| | | | | | |
| No Cash X Personal Check | 03/3 | 30/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 03302014A Money Order Credit/Debit Card | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Johnston | | John | | L | 1886 |
| Residential Street Address | City | | | State | Zip Code |
| 375 Center Rd | | Easton | | СТ | 06612 |
| Principal Occupation | | Name of Employ | rer | | |
| Real Estate | | Real | Estate | | |
| 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 | · _ | | |
| 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 | | |
| | | | | | |
| | 03/3 | 30/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 03302014A Money Order Credit/Debit Card | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Johnston | | Justine | | | 1893 |
| Residential Street Address | City | | | State | Zip Code |
| 375 Center Rd | | Easton | | СТ | 06612 |
| Principal Occupation | | Name of Employ | er | | |
| Homemaker | | Home | emaker | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | lobbyist, 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 function associated with a function associated with a function and the second seco | Date | Received | Aggregate Contributions | 1 | |
| | | | | | |
| | 03/3 | 30/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 03302014A Money Order Credit/Debit Card | 1 | | | 1 | |

| | | | | | Page 126 of 187 |
|---|----------|-----------------|----------------------------|--------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | ŕ | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| | | | | | |
| B. Itemized Contributions fro | m Ind | lividuals | | | |
| Last Name | First | | | MI | Contribution ID # |
| Centrella | | Scott | | S | 1879 |
| Residential Street Address | City | | | State | Zip Code |
| 40 Old Stonewall Rd | | Easton | | СТ | 06612 |
| Principal Occupation | | Name of Employ | /er | | |
| Attorney | | DMO | C | | |
| | | | labbruist anouss 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: | | D 1 | | - | |
| Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution: | Date | Received | Aggregate Contributions | | |
| | | | | | |
| If yes, list Event # 03302014A No Cash Personal Check Credit/Debit Card | 03/3 | 30/2014 | \$200.00 | | \$100.00 |
| | <u> </u> | | I | L | |
| Last Name | First | | | MI | Contribution ID # |
| МсКау | | Douglas | | J | 1897 |
| Residential Street Address | City | | | State | Zip Code |
| 83 Gardiner St | | Darien | | ст | 06820 |
| Principal Occupation | - | Name of Employ | /er | | |
| Attorney | | | Edison of NY | | |
| | | | lobbyist, spouse, or | 4 may | int of Contribution |
| Is contributor a principal of a state contractor or prospective state contractor? | ю | dependent child | Van | Alliot | 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 fundarizing event listed in Section 112 Yes | Date | Received | Aggregate Contributions | | |
| | | | | | |
| If yes, list Event # 03302014A | 03/3 | 30/2014 | \$100.00 | | \$100.00 |
| | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Pierz | | Joyce | | | 1900 |
| Residential Street Address | City | | | State | Zip Code |
| 282 Pine Creek Ave | | Fairfield | | СТ | 06824 |
| Principal Occupation | | Name of Employ | /er | | |
| 1 1 | | Self F | Employed | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | lobbyist, spouse, or | Amor | int of Contribution |
| Is contributor a principal of a state contractor or prospective state contractor? | ю | dependent child | - V | Anot | ant of Contribution |
| If yes, indicate which branch or branches of Executive Legislative | | | x _{No} | | |
| government the contract is with: | 1 - | | · | - | |
| Is this contribution associated with a fundraising event listed in Section J1? Yes | Date | Received | Aggregate Contributions | | |
| | | | | | |
| If yes, list Event # No Cash Personal Check Money Order Credit/Debit Card | 03/3 | 30/2014 | \$100.00 | | \$100.00 |
| | | | l | L | |
| Last Name | First | | | MI | Contribution ID # |
| Hosley | | William | | | 1992 |
| Residential Street Address | City | | | State | Zip Code |
| 30 Old Abbe Rd | 1 | Enfield | | СТ | 06082 |
| Principal Occupation | · | Name of Employ | /er | • | |
| Cultural Resource Developer | | TD | | | |
| | | | lobbyist, spouse, or | Amor | int of Contribution |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | dependent child | Vac | Aniot | |
| If yes, indicate which branch or branches of Executive Legislative | | | | | |
| government the contract is with: | | | | | |
| Is this contribution associated with a fundamining over third in Section 112 Yes Method of contribution: | Date | Received | Aggregate Contributions | | |
| | 1 | | | | |
| If yes, list Event # 04052014A No Cash Personal Check Credit/Debit Card | 03/3 | 30/2014 | \$75.00 | | \$25.00 |
| | 1 | | 1 | | |

| | | | | | Page 127 of 187 |
|--|----------|--------------------|----------------------------|-------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | - | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | Ì | , | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions from | n Ind | lividuals | | | |
| Last Name | First | lividuals | | MI | Contribution ID # |
| Penkoff | FIISt | Cynthia | | IVII | 1996 |
| Residential Street Address | City | Cynthia | | State | Zip Code |
| 101 Columbine Dr | City | Trumbull | | CT | 06611 |
| Principal Occupation | <u> </u> | Name of Employ | er | CI | 00011 |
| Realtor | | | vell Banker | | |
| | | | obbyist spouse or | Amou | nt 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? | | | | | |
| No Cash Personal Check | 03/3 | 30/2014 | \$10.00 | | \$10.00 |
| If yes, list Event # Money Order X Credit/Debit Card | ,- | | | | + |
| Last Name | First | | | MI | Contribution ID # |
| Meyer | | William | | | 2045 |
| Residential Street Address | City | - | | State | Zip Code |
| 3 St George Pl | | Westport | | СТ | 06880 |
| Principal Occupation | <u> </u> | Name of Employ | er | | |
| Retired | | N/A | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | - | 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? | | | | | |
| | 03/3 | 30/2014 | \$30.00 | | \$30.00 |
| If yes, list Event # Money Order Credit/Debit Card | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Cahill | | Nina | | | 1987 |
| Residential Street Address | City | | | State | Zip Code |
| 321 Taintor Dr | | Southport | | СТ | 06890 |
| Principal Occupation | | Name of Employ | er | - | |
| consultant | | self | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | obbyist, spouse, or Yes | Amou | nt of Contribution |
| If yas indicate which branch or branches of | 5 | 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 # | 03/3 | 30/2014 | \$100.00 | | \$100.00 |
| | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Cahill | | Michael | | | 1988 |
| Residential Street Address | City | | | State | Zip Code |
| 321 Taintor Dr | | Southport | | СТ | 06890 |
| Principal Occupation | | Name of Employ | er | | |
| Executive | | | n, Inc. | i | |
| 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 foodyist? | | |
| government the contract is with: | | | X No | | |
| Is this contribution associated with a fundraising event listed in Section J1? | Date | Received | Aggregate Contributions | | |
| Cash Personal Check | | | | | |
| If yes, list Event # | 03/3 | 30/2014 | \$100.00 | | \$100.00 |

| | | | | | Page 128 of 187 |
|--|----------|--|----------------------------|-------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | - | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | Ì | , | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions from | m Ind | ividuals | | | |
| Last Name | First | il i i u u u i s | | MI | Contribution ID # |
| Burnim | 1 1150 | Peter | | IVII | 1986 |
| Residential Street Address | City | reter | | State | Zip Code |
| 698 Old Post Rd | City | Fairfield | | СТ | 06824 |
| Principal Occupation | | Name of Employ | er | | 00024 |
| RETIRED | | N/A | | | |
| | | | 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 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 | 03/3 | 30/2014 | \$300.00 | | \$100.00 |
| If yes, list Event # Money Order X Credit/Debit Card | | | 1 | | |
| Last Name | First | | | MI | Contribution ID # |
| Zarghani | | Taymore | | | 1899 |
| Residential Street Address | City | | | State | Zip Code |
| 36 Shields Rd | | Darien | | СТ | 06820 |
| Principal Occupation | <u> </u> | Name of Employ | er | | • |
| Bond Broker | | Tullet | t Preban | | |
| 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 fundamental state of the second state of the se | Date | Received | Aggregate Contributions | | |
| | | | | | |
| | 03/3 | 30/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 03302014A Money Order Credit/Debit Card | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| McNamara | | John | | А | 1896 |
| Residential Street Address | City | | | State | Zip Code |
| 69 St Nicholas Rd | | Darien | | СТ | 06820 |
| Principal Occupation | | Name of Employ | er | | |
| Finance | | Caith | ness Energy | _ | |
| 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 | ° | dependent child of | | | |
| government the contract is with: | | | x _{No} | | |
| Is this contribution associated with a fundamining struct listed in Section 112 Yes | Date | Received | Aggregate Contributions | | |
| | | | | | |
| If yes, list Event # 03302014A | 03/3 | 30/2014 | \$100.00 | | \$100.00 |
| | - | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Vanacore | | Mark | | | 1989 |
| Residential Street Address | City | | | State | Zip Code |
| 42 St Nicholas Rd | L | Darien | | СТ | 06820 |
| Principal Occupation | | Name of Employ | | | |
| Portfolio Manager | | | oridge Capital | | |
| 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 | | sependent ennu (| × No | | |
| government the contract is with: | | D | | | |
| Is this contribution associated with a fundraising event listed in Section J1? | Date | Received | Aggregate Contributions | | |
| Cash Personal Check | | | | | +400.00 |
| If yes, list Event # | 03/3 | 30/2014 | \$100.00 | | \$100.00 |

| | | | | | Page 129 of 187 |
|--|------------|------------------|----------------------------|-------|---------------------|
| I. MONETARY RECEIPT | ES (Se | ection A-I) | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | , , | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| | T 1 | | | | |
| B. Itemized Contributions fro | m Inc | lividuals | | • | |
| Last Name | First | | | MI | Contribution ID # |
| Vanacore | | Tricia | | | 1990 |
| Residential Street Address | City | | | State | Zip Code |
| 42 St Nicholas Rd | | Darien | | СТ | 06820 |
| Principal Occupation | | Name of Employ | /er | | |
| N/A | | N/A | | | |
| | | - | lobbyist, spouse, or | Amou | int of Contribution |
| Is contributor a principal of a state contractor or prospective state contractor? | ło | dependent child | Van | | |
| If yes, indicate which branch or branches of Executive Legislative | | | x _{No} | | |
| government the contract is with: | L D (| D 1 1 | i | | |
| Is this 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 Money Order Credit/Debit Card | 03/3 | 30/2014 | \$100.00 | | \$100.00 |
| | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Rowland | | Katherine | | | 1995 |
| Residential Street Address | City | | | State | Zip Code |
| 185 Maple Rd | | Easton | | СТ | 06612 |
| Principal Occupation | | Name of Employ | ver | | |
| Student | | Stude | ont | | |
| | | | lobbyist spouse or | Amou | int of Contribution |
| Is contributor a principal of a state contractor or prospective state contractor? | ło | dependent child | Vac | | |
| If yes, indicate which branch or branches of Executive Legislative | | | x _{No} | | |
| government the contract is with: | L D / | D 1 | | | |
| Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution: | Date | Received | Aggregate Contributions | | |
| | | | | | |
| If yes, list Event # No Cash Personal Check Money Order X Credit/Debit Card | 03/3 | 30/2014 | \$100.00 | | \$100.00 |
| | | | | | 1 |
| Last Name | First | | | MI | Contribution ID # |
| Fuimara | | Vincent | | | 1997 |
| Residential Street Address | City | | | State | Zip Code |
| 21 Tashua Ln | | Trumbull | | СТ | 06611 |
| Principal Occupation | | Name of Employ | /er | • | |
| General contractor | | Self e | emloyed | | |
| 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? | ło | dependent child | - V | | |
| 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 | Received | Aggregate Contributions | | |
| No Cash Personal Check | 0.2/ | 20/2014 | ¢100.00 | | +100.00 |
| If yes, list Event # Money Order X Credit/Debit Card | 03/. | 30/2014 | \$100.00 | | \$100.00 |
| | 1 | | | | 1 |
| Last Name | First | | | MI | Contribution ID # |
| Mase | | Vincent | | | 1911 |
| Residential Street Address | City | | | State | Zip Code |
| 3 Gail Dr | | Northford | | СТ | 06472 |
| Principal Occupation | | Name of Employ | /er | | |
| Attorney | | Self | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a | lobbyist, spouse, or Yes | Amou | int of Contribution |
| | NO | dependent child | of a fobbyist? | | |
| If yes, indicate which branch or branches of government the contract is with Executive Legislative | | | x _{No} | | |
| | Date | Received | Aggregate Contributions | 1 | |
| fundraising event listed in Section J1? | | | 300 | | |
| X No Cash X Personal Check | 0.27 | 30/2014 | ¢100.00 | | \$100.00 |
| If yes, list Event # Money Order Credit/Debit Card | 03/ | 30/2014 | \$100.00 | | φ100.00 |

| | | | | | Page 130 of 187 |
|---|-------------|------------------|------------------------------|-------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | - | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | Ì | , | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| | - | | | | |
| B. Itemized Contributions from | m Inc | lividuals | | | • |
| Last Name | First | | | MI | Contribution ID # |
| Capozziello-Angelico | | Kim | | | 1915 |
| Residential Street Address | City | | | State | Zip Code |
| 80 Morehouse Rd | | Easton | | СТ | 06612 |
| Principal Occupation | | Name of Employ | rer | | |
| Owner | | Scrup | bles | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a | obbyist, spouse, or | 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 Executive Legislative | | | X No | | |
| government the contract is with: | Data | Received | Aggregate Contributions | | |
| fundraising event listed in Section J1? | Date | Received | Aggregate Contributions | | |
| X Cash Personal Check | | | | | |
| If yes, list Event # Money Order Credit/Debit Card | 03/ | 30/2014 | \$10.00 | | \$10.00 |
| | | | I | 1 | • |
| Last Name | First | | | MI | Contribution ID # |
| Bowditch | | Wendy | | А | 1885 |
| Residential Street Address | City | | | State | Zip Code |
| 70 Todds Way | | Easton | | СТ | 06612 |
| Principal Occupation | - | Name of Employ | er | - | • |
| Money Market Broker | | JM Lu | ımmis & Co | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a | obbyist, spouse, or | 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 Executive Legislative | | | X No | | |
| | Date | Received | Aggregate Contributions | | |
| fundraising event listed in Section J1? | Duite | Received | riggregate controlations | | |
| No Cash Personal Check | 0.2/ | 20/2014 | ¢100.00 | | ±100.00 |
| If yes, list Event # 03302014A Money Order Credit/Debit Card | 0.5/. | 30/2014 | \$100.00 | | \$100.00 |
| | | | • | | |
| Last Name | First | | | MI | Contribution ID # |
| George | | Victor | | S | 1887 |
| Residential Street Address | City | | | State | Zip Code |
| 126 Far Horizon Dr | | Easton | | СТ | 06612 |
| 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 | 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 Personal Check | 03/ | 30/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 03302014A | 00/ | 50,2021 | <i><i><i>q</i>200100</i></i> | | 4 200.00 |
| Last Name | First | | | MI | Contribution ID # |
| | First | M/111 | | | |
| | <i>C</i> '' | William | | A | 1888 |
| Residential Street Address | City | | | State | Zip Code |
| 293 Lyons Plain Rd | | Weston | | СТ | 06883 |
| Principal Occupation | | Name of Employ | | | |
| Partner | | | Private Wealth Management | | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | | lobbyist, spouse, or Yes | Amou | ant 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 fundration are shown in Section 112 Yes | Date | Received | Aggregate Contributions | 1 | |
| | | | | | |
| | 03/ | 30/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 03302014A Money Order Credit/Debit Card | 1 | | 1 | 1 | |

| | | | | | Page 131 of 187 |
|--|--------|------------------------------|----------------------------|-------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | - | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | , | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions from | m Ind | lividuals | | | |
| Last Name | First | liviuuais | | MI | Contribution ID # |
| Pietri | FIISt | Leo | | IVII | 1889 |
| Residential Street Address | City | Leo | | State | Zip Code |
| 159 Alsacc St | City | Bridgoport | | CT | 06604 |
| Principal Occupation | L | Bridgeport Name of Employ | or | СГ | 00004 |
| 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 Executive Legislative | | | x _{No} | | |
| government the contract is with: | Date | Received | Aggregate Contributions | | |
| fundraising event listed in Section J1? | | | | | |
| No Cash Personal Check | 03/3 | 30/2014 | \$50.00 | | \$50.00 |
| If yes, list Event # 03302014A | 00/ | | 400100 | | 400100 |
| Last Name | First | | | MI | Contribution ID # |
| Brooder | | Cathy | | | 1894 |
| Residential Street Address | City | / | | State | Zip Code |
| 30 Stonehill Dr | | Killingworth | | СТ | 06419 |
| Principal Occupation | | Name of Employ | er | _ | |
| N/A | | N/A | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | obbyist, spouse, or | Amou | 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 functional function of the second | Date | Received | Aggregate Contributions | | |
| | | | | | |
| No Cash X Personal Check | 03/3 | 30/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 03302014A Money Order Credit/Debit Card | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Brooder | | Ralph | | | 1892 |
| Residential Street Address | City | | | State | Zip Code |
| 30 Stonehill Dr | | Killingworth | | СТ | 06419 |
| Principal Occupation | - | Name of Employ | er | - | |
| Owner | | JMS N | letal Products | | |
| 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 fundamental section 112 Yes Method of contribution: | Date | Received | Aggregate Contributions | | |
| | | | | | |
| If yes, list Event # 03302014A | 03/3 | 30/2014 | \$200.00 | | \$200.00 |
| | I | | | | • |
| Last Name | First | | | MI | Contribution ID # |
| Johnston | | Robert | | М | 1898 |
| Residential Street Address | City | | | State | Zip Code |
| 8 Meadowbrook Rd | | Darien | | СТ | 06820 |
| Principal Occupation | | Name of Employ | er | | |
| Innvestment Banking | | Pacia | Crest | | |
| 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 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 # 03302014A | 03/3 | 30/2014 | \$100.00 | | \$100.00 |

| | | | | | Page 132 of 187 |
|---|--------|--|--------------------------------|-------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | • | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions from | n Ind | lividuals | | | |
| Last Name | First | | | MI | Contribution ID # |
| Halloran | | Diana | | | 1984 |
| Residential Street Address | City | | | State | Zip Code |
| 272 N Park Ave | | Easton | | СТ | 06612 |
| Principal Occupation | | Name of Employ | er | - | |
| Town Clerk | | Town | of Easton | | |
| Is contributor a principal of a state contractor or prospective state contractor? | D | Is contributor a l 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 fundraising event listed is Section 112 Yes | Date | Received | Aggregate Contributions | | |
| fundraising event listed in Section J1? | 0.01 | 0.004.4 | +100.00 | | +100.00 |
| If yes, list Event # 03302014A Money Order X Credit/Debit Card | 03/3 | 30/2014 | \$100.00 | | \$100.00 |
| Last Name | First | | | MI | Contribution ID # |
| Halloran | | Richard | | | 1985 |
| Residential Street Address | City | | | State | Zip Code |
| 272 N Park Ave | | Easton | | СТ | 06612 |
| Principal Occupation | | Name of Employ | er | | |
| Options Trader | | Timbe | er Hill/Interactive Brokers | | |
| Is contributor a principal of a state contractor or prospective state contractor? | o | Is contributor a l dependent child of | obbyist, spouse, or Yes | Amou | int of Contribution |
| If yes, indicate which branch or branches of | | dependent ennu (| · – | | |
| government the contract is with: | | D : 1 | | | |
| Is this contribution associated with a fundraising event listed in Section J1? Yes | Date | Received | Aggregate Contributions | | |
| No Cash Personal Check | 02/3 | 30/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 03302014A Money Order X Credit/Debit Card | 05/. | 50/2014 | \$100.00 | | \$100.00 |
| Last Name | First | | | MI | Contribution ID # |
| Barrack | | Evelyn | | | 1994 |
| Residential Street Address | City | | | State | Zip Code |
| 781 Weed St . | | New Canaan | | СТ | 06840 |
| Principal Occupation | | Name of Employ | er | - | - |
| na | | na | | | |
| 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 | | | |
| government the contract is with: | | | X No | | |
| Is this contribution associated with a fundraising event listed in Section J1? | Date | Received | Aggregate Contributions | | |
| No Cash Personal Check | 03/3 | 30/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # Money Order X Credit/Debit Card | 05/5 | 50/2014 | \$100.00 | | \$100.00 |
| Last Name | First | | | MI | Contribution ID # |
| Cody | | Brett | | | 1998 |
| Residential Street Address | City | | | State | Zip Code |
| 53 Cherry St Unit R3 | | Milford | | СТ | 06460 |
| Principal Occupation | | Name of Employ | er | - | |
| Communications Director | | State | of CT General Assembly | - | |
| Is contributor a principal of a state contractor or prospective state contractor? | 。 | | obbyist, spouse, or Yes | Amou | nt of Contribution |
| If yes, indicate which branch or branches of | | dependent child of | of a foodyfst? | | |
| government the contract is with: | | | X No | | |
| Is this contribution associated with a fundraising event listed in Section J1? | Date | Received | Aggregate Contributions | | |
| No Cash Personal Check | 0.2 /2 | 21/2014 | #100.00 | | ¢100.00 |
| If yes, list Event # No Money Order X Credit/Debit Card | 03/3 | 31/2014 | \$100.00 | | \$100.00 |

| | | | | | Page 133 of 187 |
|--|----------|--------------------|----------------------------|-------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ction A-I) | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions from | m Ind | ividuals | | | |
| Last Name | First | | | MI | Contribution ID # |
| Michener | | gRAHAM | | | 1999 |
| Residential Street Address | City | 5 | | State | Zip Code |
| 225 S Gate Ln | | Southport | | СТ | 06890 |
| Principal Occupation | <u> </u> | Name of Employ | er | | |
| Executive Recruiter | | RSR F | Partners | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a l | obbyist, spouse, or | Amou | ant of Contribution |
| | 0 | dependent child of | | | |
| If yes, indicate which branch or branches of government the contract is with: | | | X No | | |
| Is this contribution associated with a Method of contribution: | 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 # Money Order X Credit/Debit Card | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Owens | | Deborah | | | 2004 |
| Residential Street Address | City | | | State | Zip Code |
| 166 Colonial Dr | | Fairfield | | СТ | 06824 |
| Principal Occupation | <u> </u> | Name of Employ | rer | | |
| Editor | | Creat | ive Concepts LLC | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a l | obbyist, spouse, or Yes | Amou | ant of Contribution |
| | 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 for the UP Yes | Date | Received | Aggregate Contributions | | |
| fundraising event listed in Section J1? | | | | | |
| | 03/3 | 31/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # Money Order X Credit/Debit Card | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Bartlett | | Jason | | | 2007 |
| Residential Street Address | City | | | State | Zip Code |
| 101 E Common Rd | | Easton | | СТ | 06612 |
| Principal Occupation | | Name of Employ | rer | | |
| Corporate Marketing | | Xerox | (| | |
| 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 branch as branches of | ° I | dependent child of | | | |
| government the contract is with: | | | X No | | |
| Is this contribution associated with a for darking source 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 # |
| bohan | | james | | | 2012 |
| Residential Street Address | City | | | State | Zip Code |
| station st | | Southport | | СТ | 06890 |
| Principal Occupation | | Name of Employ | rer | | |
| RETIRED | | N/A | | | |
| 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 | of a lobbyist? | | |
| government the contract is with: | | | X No | | |
| Is this contribution associated with a funderising event listed is Section 112 Yes | Date | Received | Aggregate Contributions | | |
| | | | | | |
| If yes, list Event # | 03/3 | 31/2014 | \$100.00 | | \$100.00 |

| | | | | | Page 134 of 187 |
|---|------------------|------------------|----------------------------|-------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions from | m Ind | lividuals | | | |
| Last Name | First | | | MI | Contribution ID # |
| Wasmer | 1 100 | Pedro | | | 2015 |
| Residential Street Address | City | 1 0010 | | State | Zip Code |
| 642 Bougainvillea Rd . | | Naples | | FL | 34102 |
| Principal Occupation | - | Name of Employ | /er | | |
| RETIRED | | N/A | | | |
| | | | lobbyist, spouse, or | Amou | int 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 | | |
| fundraising event listed in Section J1? | | | | | |
| 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 # |
| Sanders | | Stanley | | | 2016 |
| Residential Street Address | City | | | State | Zip Code |
| 12 Pumpkin Patch Rd | | Woodbridge | | СТ | 06525 |
| Principal Occupation | Name of Employer | | | | |
| Police Officer | | Town | of Greenwich | | |
| 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 | | |
| 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 Money Order Credit/Debit Card | 03/3 | 31/2014 | \$50.00 | | \$50.00 |
| If yes, list Event # Money Order X Credit/Debit Card | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Garrett | | Mark | | | 2019 |
| Residential Street Address | City | | | State | Zip Code |
| 38W210 Henricksen Rd | | St Charles | | IL | 60175 |
| Principal Occupation | | Name of Employ | /er | | |
| Managing Partner | | Avian | it Group, LLC | | |
| 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 | |
| | | | | | |
| If yes list Event # 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 # |
| Corona | | Thomas | | | 2025 |
| Residential Street Address | City | | | State | Zip Code |
| 269 Riverside Dr | | Fairfield | | СТ | 06824 |
| Principal Occupation | | Name of Employ | ver | | |
| Financial industry | | Tradi | tion NA | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | lobbyist, spouse, or Yes | Amou | ant of Contribution |
| | U | dependent child | of a fobbyist? | | |
| If yes, indicate which branch or branches of government the contract is with: | | | × No | | |
| Is this contribution associated with a Nethod of contribution: | Date | Received | Aggregate Contributions | 1 | |
| | | | | | |
| | 03/3 | 31/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 03172014A Money Order X Credit/Debit Card | 1 | | | 1 | |

| | | | | | Page 135 of 187 |
|---|--------|--------------------|----------------------------|-------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | - | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | , | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions from | m Ind | lividuals | | | |
| Last Name | First | lividuals | | MI | Contribution ID # |
| Stalling | FIISt | Marie | | IVII | 2031 |
| Residential Street Address | City | Marie | | State | Zip Code |
| 5 Brookfield Ave | City | Fairfield | | CT | 06825 |
| Principal Occupation | | Name of Employ | er | CI | 00023 |
| Homemaker | | Not | | | |
| | | | obbyist, spouse, 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 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 | 03/3 | 31/2014 | \$45.00 | | \$10.00 |
| If yes, list Event # Money Order X Credit/Debit Card | 00/ | | ÷.0.00 | | 410100 |
| Last Name | First | | | MI | Contribution ID # |
| Stalling | | Marie | | | 2028 |
| Residential Street Address | City | | | State | Zip Code |
| 5 Brookfield Ave | | Fairfield | | СТ | 06825 |
| Principal Occupation | | Name of Employ | er | _ | |
| Homemaker | | Not | | | |
| 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? | | | | | |
| If yes list Event # | 03/3 | 31/2014 | \$45.00 | | \$25.00 |
| If yes, list Event # Money Order X Credit/Debit Card | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Stalling | | Marie | | | 2029 |
| Residential Street Address | City | | | State | Zip Code |
| 5 Brookfield Ave | | Fairfield | | СТ | 06825 |
| Principal Occupation | | Name of Employ | er | - | |
| Homemaker | | N/A | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | obbyist, spouse, or | Amou | int 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 fundraising event listed in Section 112 Yes | Date | Received | Aggregate Contributions | | |
| | | | | | |
| If yes, list Event # | 03/3 | 31/2014 | \$45.00 | | \$10.00 |
| | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| McPhee | | John | | | 2033 |
| Residential Street Address | City | | | State | Zip Code |
| 20 Saint Nicholas Rd | | Darien | | СТ | 06820 |
| Principal Occupation | | Name of Employ | rer | | |
| President | | - | n Within Reach | | |
| 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 | 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 # 03302014A | 03/3 | 31/2014 | \$100.00 | | \$100.00 |

| | | | | | Page 136 of 187 |
|--|--------|--|--------------------------------|-------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions from | m Ind | lividuals | | | |
| Last Name | First | | | MI | Contribution ID # |
| Bauer | 1 1.50 | Adam | | | 2048 |
| Residential Street Address | City | Addin | | State | Zip Code |
| 317 Groveland Ave Unit 413 | eny | Minneapolis | | MN | 55403 |
| Principal Occupation | - | Name of Employ | er | | |
| Communication Manager | | | o Health, Inc. | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | obbyist, spouse, or | Amou | unt of Contribution |
| | 0 | dependent child of | of a lobbyist? 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? | | | | | |
| | 03/3 | 31/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # Money Order Credit/Debit Card | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Lively | | Jim | | | 2051 |
| Residential Street Address | City | | | State | Zip Code |
| 581 Whitney Ave . | | Trumbull | | СТ | 06611 |
| Principal Occupation | | Name of Employ | er | | • |
| Retired | | N/A | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | | obbyist, spouse, or Yes | Amou | ant of Contribution |
| 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 work listed in faction 112 Yes | Date | Received | Aggregate Contributions | | |
| fundraising event listed in Section J1? | | | | | |
| If yes, list Event # | 03/3 | 31/2014 | \$75.00 | | \$75.00 |
| | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Lively | | Jayna | | | 2052 |
| Residential Street Address | City | | | State | Zip Code |
| 581 Whitney Ave . | | Trumbull | | СТ | 06611 |
| Principal Occupation | | Name of Employ | | | |
| Accounting | | | Employed | | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | Is contributor a l dependent child of | obbyist, spouse, or Sector Yes | Amou | unt of Contribution |
| If yes, indicate which branch or branches of Executive Legislative | | | · . | | |
| 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 | 03/3 | 31/2014 | \$75.00 | | \$75.00 |
| If yes, list Event # Money Order Credit/Debit Card | 03/3 | 51/2014 | \$75.00 | | \$75.00 |
| Last Name | First | | | MI | Contribution ID # |
| Banks | 1 1150 | David | | Н | 1901 |
| Residential Street Address | City | Davia | | State | Zip Code |
| 202 Old Academy Rd | Chy | Fairfield | | СТ | 06824 |
| Principal Occupation | | Name of Employ | er | 0. | |
| | | Retire | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | obbyist, spouse, or | Amou | unt of Contribution |
| Yes X No | 0 | dependent child of | Vac | | |
| If yes, indicate which branch or branches of government the contract is with: | | | x _{No} | | |
| Is this contribution associated with a Method of contribution: | Date | Received | Aggregate Contributions | | |
| fundraising event listed in Section J1? | | | | | |
| X No Cash X Personal Check | 03/3 | 31/2014 | \$50.00 | | \$50.00 |
| If yes, list Event # Money Order Credit/Debit Card | I . | | | | |

| | | | | | Page 137 of 187 |
|--|---------|------------------|--|---------|---------------------|
| I. MONETARY RECEI | PTS (S | ection A-I) | - | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission | ı) | | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions f | rom Ind | lividuals | | | |
| Last Name | First | | | MI | Contribution ID # |
| Gillis | Plist | Janet | | NII . | 1902 |
| Residential Street Address | City | | | State | |
| | City | | | | Zip Code |
| 86 Mona Ter | | Fairfield | | СТ | 06824 |
| Principal Occupation | | Name of Employ | | | |
| | | Retire | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | No | dependent child | lobbyist, spouse, or of a lobbyist? Yes | Amou | ant of Contribution |
| If yes, indicate which branch or branches of | | r | | | |
| government the contract is with: | | | i | | |
| Is this contribution associated with a fundraising event listed in Section J1? | Date | Received | Aggregate Contributions | | |
| Induitising event instead in Section 31. | | | | | |
| If yes, list Event # No Money Order Credit/Debit Card | 1 03/ | 31/2014 | \$50.00 | | \$50.00 |
| | _ | | | | • |
| Last Name | First | | | MI | Contribution ID # |
| Perkins | | Evan | | | 1921 |
| Residential Street Address | City | | | State | Zip Code |
| 1372 Post Rd | | Westport | | СТ | 06880 |
| Principal Occupation | | Name of Employ | /er | | |
| Owner | | Hond | a of Westport | - | |
| 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 the test of t | 110 | dependent child | of a lobbyist? | | |
| government the contract is with: | | | x _{No} | | |
| Is this contribution associated with a fundation of the section 112 Yes | Date | Received | Aggregate Contributions | | |
| fundraising event listed in Section J1? | | | | | |
| If yes, list Event # | 03/ | 31/2014 | \$100.00 | | \$100.00 |
| | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Costantini | | Enrico | | | 2006 |
| Residential Street Address | City | | | State | Zip Code |
| 5 Barry Pl | | Trumbull | | СТ | 06611 |
| Principal Occupation | - | Name of Employ | /er | - | - |
| Attorney | | Kevin | Kelly & Associates, P.C. | | |
| Is contributor a principal of a state contractor or prospective state contractor? | No | 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 | | |
| Tundraising 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 | 1 | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Coykendall | | John | | | 2023 |
| Residential Street Address | City | | | State | Zip Code |
| 28 Island Way | | Westport | | СТ | 06880 |
| Principal Occupation | ! | Name of Employ | /er | - | |
| Principal | | Deloi | | | |
| | 1 | | | Amor | ant of Contribution |
| Is contributor a principal of a state contractor or prospective state contractor? | No | dependent child | Vac | 1 11100 | |
| If yes, indicate which branch or branches of everyment the contract is with Executive Legislative | | | x No | | |
| | Data | Received | Aggregate Contributions | · | |
| fundraising event listed in Section J1? | Date | iterived | Agregate Contributions | | |
| Cash Personal Check | 02/ | 31/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # Money Order X Credit/Debit Card | 1 03/ | 51/2014 | \$100.00 | | Ψ±00.00 |

| | | | | | Page 138 of 187 |
|--|------------------|--|----------------------------|-------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | - | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | Ì | , | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions from | m Ind | lividuals | | | |
| Last Name | First | lividuals | | MI | Contribution ID # |
| Ogilvy | FIISt | David | | IVII | 2013 |
| Residential Street Address | City | Daviu | | State | Zip Code |
| 417 Field Point Rd | City | Greenwich | | CT | 06830 |
| Principal Occupation | <u>ا</u> | Name of Employ | or | CI | 00030 |
| Realtor | | | l Ogilvy & Associates | | |
| | | | 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} | | |
| Is this contribution associated with a Method of contribution: | Date | Received | Aggregate Contributions | | |
| fundraising event listed in Section J1? | | | | | |
| 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 # |
| Jahncke | | Red | | | 2008 |
| Residential Street Address | City | | | State | Zip Code |
| 553 North St | | Greenwich | | СТ | 06830 |
| Principal Occupation | Name of Employer | | | | |
| Consultant | | The T | ownsend Group Intl, LLC | | |
| 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 function that the second s | Date | Received | Aggregate Contributions | | |
| | | | | | |
| If yes, list Event # 04052014A | 03/3 | 31/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # 04052014A Money Order X Credit/Debit Card | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| helfer | | alan | | | 2005 |
| Residential Street Address | City | | | State | Zip Code |
| 17 Timbermill Rd | | Sandy Hook | | | 06482 |
| Principal Occupation | | Name of Employer | | | |
| Insurance Agent | | Helfe | r Insurance Inc | | |
| 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 for draining source line of a Sociation 112 Yes | Date | Received | Aggregate Contributions | | |
| fundraising event listed in Section J1? | | | | | |
| If yes, list Event # | 03/3 | 31/2014 | \$100.00 | | \$100.00 |
| | I | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Rowland | | Andrew | | | 2047 |
| Residential Street Address | City | | | State | Zip Code |
| 185 Maple Rd | | Easton | | СТ | 06612 |
| Principal Occupation | | Name of Employ | | | |
| | | Stude | | | |
| 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 | | sependent ennu (| × No | | |
| government the contract is with: | | n 1 1 | | | |
| Is this contribution associated with a fundraising event listed in Section J1? | Date | Received | Aggregate Contributions | | |
| | | | · | | +20.00 |
| If yes, list Event # | 03/3 | 31/2014 | \$30.00 | | \$30.00 |

| | | | | | Page 139 of 187 |
|---|--------------|--|--|-------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | - | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | <u>`</u> | , | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions from | m Ind | lividuals | | | |
| Last Name | First | ii (iuuui) | | MI | Contribution ID # |
| Flatley | THSt | Bill | | 1VII | 2003 |
| Residential Street Address | City | DIII | | State | Zip Code |
| 5 Fox Hill Ln | City | Darien | | CT | 06820 |
| Principal Occupation | | Name of Employ | er | | 00020 |
| RETIRED | | N/A | | | |
| | | - | obbyist, spouse, or | Amor | unt 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 | | |
| 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 # |
| Bobroske | | Theodore | | | 2049 |
| Residential Street Address | City | | | State | Zip Code |
| 45 Soundview Dr | | Easton | | СТ | 06612 |
| Principal Occupation | • | Name of Employ | er | | • |
| Banker | | Webs | ter Private Bank | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a l | obbyist, spouse, or Yes | Amou | unt of Contribution |
| The second se | 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 draining work list d is for the 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 # |
| Benton | | Leonard | | | 1920 |
| Residential Street Address | City | | | State | Zip Code |
| 549 Villa Ave . | | Fairfield | | СТ | 06825 |
| Principal Occupation | | Name of Employ | | | |
| Sales | | | a of Westport | | |
| 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 |
| If yes, indicate which branch or branches of | | dependent enna (| · _ | | |
| 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 X Personal Check | 0.00 | 24 /204 4 | ±100.00 | | +50.00 |
| If yes, list Event # Money Order Credit/Debit Card | 03/. | 31/2014 | \$100.00 | | \$50.00 |
| | F ' (| | | 1.0 | |
| Last Name | First | Michael | | MI | Contribution ID # |
| Molgano Residential Street Address | City | Michael | | State | 2002 |
| 10 Hazelwood Ln | City | Stamford | | CT | Zip Code |
| Principal Occupation | I | Stamford Name of Employ | 7er | | 06905 |
| Legislator | | 1 1 | of Connecticut | | |
| | | | obbyist spouse or | Amor | ant of Contribution |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | dependent child of | Vac | Aniot | an or controution |
| If yes, indicate which branch or branches of Executive Legislative | | | x _{No} | | |
| government the contract is with: Lecture Legislative | Date | Received | Aggregate Contributions | | |
| fundraising event listed in Section J1? | | | 00-00-10-10-00-00-00-00-00-00-00-00-00-0 | | |
| No Cash Personal Check | 03/ | 31/2014 | \$25.00 | | \$25.00 |
| If yes, list Event # Money Order X Credit/Debit Card | | | Ψ20.00 | | 410.00 |

| | | | | | Page 140 of 187 |
|--|--------|--|---|-------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | - | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions from | m Ind | lividuals | | | |
| Last Name | First | | | MI | Contribution ID # |
| Boeschenstein | 1 1150 | Stephen | | | 2011 |
| Residential Street Address | City | Stephen | | State | Zip Code |
| 30 Valley Rd | eny | New Canaan | | СТ | 06840 |
| Principal Occupation | | Name of Employ | er | 0. | 00010 |
| Executive | | | vich Partners, 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 | | |
| If yes, indicate which branch or branches of government the contract is with: | | | x _{No} | | |
| In this contribution approximately with a Mathed of contribution: | Date | Received | Aggregate Contributions | | |
| fundraising event listed in Section J1? | | | | | |
| No Cash Personal Check | 03/3 | 31/2014 | \$25.00 | | \$25.00 |
| If yes, list Event # Money Order X Credit/Debit Card | , | , | | | • |
| Last Name | First | | | MI | Contribution ID # |
| Ponzio | | John | | | 2014 |
| Residential Street Address | City | | | State | Zip Code |
| 24 Salem Rd | | Trumbull | | СТ | 06611 |
| Principal Occupation | | Name of Employ | er | | |
| Treasurer | | Town | of Trumbull | | |
| 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 restrict the section of the | 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 # |
| Berry | | Anne | | | 2056 |
| Residential Street Address | City | | | State | Zip Code |
| 2 Lindbergh Trl | | Rockaway | | NJ | 07866 |
| Principal Occupation | | Name of Employ | er | | |
| Decorator | | EDG, | Inc. | | |
| 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 fundraising event listed in Section J1? Yes Method of contribution: | Date | Received | Aggregate Contributions | | |
| | | | | | |
| If yes, list Event # | 03/3 | 31/2014 | \$100.00 | | \$100.00 |
| | 1 | | | 1 | |
| Last Name | First | | | MI | Contribution ID # |
| Roggeveen | | Robert | | | 2018 |
| Residential Street Address | City | | | State | Zip Code |
| 45 Arlington Rd | L | West Hartfor | | СТ | 06107 |
| Principal Occupation | | Name of Employ | er | | |
| RETIRED | | N/A | -11 | | ant of Court 1 at |
| 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 Executive Legislative | | | X No | | |
| | D-t | Dessived | | | |
| Is this contribution associated with a fundraising event listed in Section J1? | Date | Received | Aggregate Contributions | | |
| No Cash Personal Check | 0.2 / | 21/2014 | ±100.00 | | ¢E0.00 |
| If yes, list Event # Money Order X Credit/Debit Card | 03/3 | 31/2014 | \$100.00 | | \$50.00 |

| | | | | | Page 141 of 187 |
|---|----------|--|----------------------------|---------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | • | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions from | m Ind | lividuals | | | |
| Last Name | First | lividuals | | MI | Contribution ID # |
| LaFrance | Filst | Susan | | 1411 | 2001 |
| Residential Street Address | City | Susan | | State | Zip Code |
| 45 Woolsley Ave | City | Trumbull | | CT | 06611 |
| Principal Occupation | <u> </u> | Name of Employ | er | CI | 00011 |
| Administration | | Fairfie | | | |
| | | - | obbyist spouse or | Amou | nt of Contribution |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | dependent child of | Vac | | |
| If yes, indicate which branch or branches of government the contract is with: | | | 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 | 03/3 | 31/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # Money Order X Credit/Debit Card | | | 1 | | |
| Last Name | First | | | MI | Contribution ID # |
| McKinney | | John | | | 1909 |
| Residential Street Address | City | | | State | Zip Code |
| 986 S Pine Creek Rd | | Fairfield | | СТ | 06824 |
| Principal Occupation | | Name of Employ | er | | |
| State Senator | | State | of CT | | |
| 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 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 # |
| McKinney | | Matthew | | | 1910 |
| Residential Street Address | City | | | State | Zip Code |
| 986 S Pine Creek Rd | L_ | Fairfield | | СТ | 06824 |
| Principal Occupation | | Name of Employ | er | | |
| Student | | N/A | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | Is contributor a l dependent child of | obbyist, spouse, or Yes | Amou | int of Contribution |
| If yes, indicate which branch or branches of Executive Legislative | | dependent ennu (| × 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 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 |
| | | | | 1.9 | |
| Last Name | First | Cravaan | | MI | Contribution ID # |
| McKinney Residential Street Address | City | Graysen | | State | 1912 Zip Code |
| 986 S Pine Creek Rd | City | Fairfield | | CT | 06824 |
| Principal Occupation | <u>ا</u> | Name of Employ | or | CI | 00024 |
| Student | | N/A | | | |
| | | - | obbyist, spouse, or | Amou | int of Contribution |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | dependent child of | Vac | 1 11100 | |
| 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 | 03/3 | 31/2014 | \$20.00 | | \$20.00 |
| If yes, list Event # Money Order Credit/Debit Card | , | | + | 1 | |

| | | | | | Page 142 of 187 |
|--|-------------|--|--|-------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions fro | m Ind | ividuals | | | |
| Last Name | First | i i i u u u i j | | MI | Contribution ID # |
| McKinney | First | Kate | | IVII | 1913 |
| Residential Street Address | City | Kale | | State | |
| 986 S Pine Creek Rd | City | | | | Zip Code |
| | L | Fairfield | | СТ | 06824 |
| Principal Occupation | | Name of Employ | er | | |
| Student | | N/A | | | |
| 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: | Data | Received | i | | |
| fundraising event listed in Section J1? | Date | Received | Aggregate Contributions | | |
| X No Cash X Personal Check | | | 100.00 | | |
| If yes, list Event # Money Order Credit/Debit Card | 03/3 | 31/2014 | \$20.00 | | \$20.00 |
| | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Tibbetts | C'i | Judy | | | 2021 |
| Residential Street Address | City | | | State | Zip Code |
| 9 Tory Hole Rd | L | Darien | | СТ | 06820 |
| Principal Occupation | | Name of Employ | er | | |
| real estate sales rentals management | | self | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | ю | Is contributor a l dependent child of | 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 event listed in Section J1? Yes Method of contribution: | Date | Received | Aggregate Contributions | | |
| No Cash Personal Check | | | | | |
| If yes, list Event # No Money Order X Credit/Debit Card | 03/3 | 31/2014 | \$200.00 | | \$5.00 |
| | | | | | 0 . 1 . D / |
| Last Name | First | Terrate a | | MI | Contribution ID # |
| Tibbetts | <i>a</i> :- | Judy | | | 2022 |
| Residential Street Address | City | D . | | State | Zip Code |
| 9 Tory Hole Rd | | Darien | | СТ | 06820 |
| Principal Occupation | | Name of Employ | er | | |
| real estate sales, etc. | | self | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | io | dependent child of | obbyist, spouse, or Yes | Amou | int of Contribution |
| If yes, indicate which branch or branches of Executive Legislative | | 1 | x No | | |
| government the contract is with: | Data | Received | | | |
| fundraising event listed in Section J1? | Date | Received | Aggregate Contributions | | |
| No Cash Personal Check | 0.2/7 | 21/2014 | \$200.00 | | \$95.00 |
| If yes, list Event # Money Order X Credit/Debit Card | 03/. | 31/2014 | \$200.00 | | \$95.00 |
| Last Name | First | | | MI | Contribution ID # |
| Moynihan | First | Kevin | | IV11 | 2026 |
| Residential Street Address | City | Revin | | State | Zip Code |
| 135 Oenoke Rdg | City | New Canaan | | CT | 06840 |
| Principal Occupation | | Name of Employ | | СГ | 00040 |
| RETIRED | | Name of Employ | ~ | | |
| | | | obbyist, spouse, or | Amor | int of Contribution |
| Is contributor a principal of a state contractor or prospective state contractor? | io | dependent child of | Vac | Amou | an or contribution |
| If yes, indicate which branch or branches of government the contract is with Executive Legislative | | | X No | | |
| In this contribution approximated with a Mathad of contribution. | Date | Received | Aggregate Contributions | | |
| fundraising event listed in Section J1? | Date | Received | Aggregate Contributions | | |
| Cash Personal Check | 03/2 | 31/2014 | \$150.00 | | \$50.00 |
| If yes, list Event # Money Order X Credit/Debit Card | 03/3 | 51/2014 | \$10.00 | | Ψ00.00 |

| I. MONETTARY.RECENTS (Section A-1) NAME OF COMMITTE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Marking For Governor Relievance Section 1 Miriam Relievance Section 1 Miriam Relievance Section 1 Miriam Note of Employer NA Control Number of Employer NA Relievance Section 1 Number of Employer NA Relievance Section 1 Number of Employer NA Relievance Section 1 Number of Employer NA NA Annoted FormAutor |
|--|
| Mckinney For Governor April 10 Plang - Orginal B. Itemized Contributions from Individuals Last Name First Mt Combadion ID # Moyalhan First Mt Combadion ID # Resident Store: Address City State Zp Code 1325 Denoke Rdg City Name of Employer N/A Incombador angenetic of prospective state centractor? Name of Employer N/A If yes, indicate which branch or branches of prospective state centractor? Name of Employer N/A If advanced to the contract in which Exerctive Legistative Name of Employer Indicating event listed in Socion 17: No Code Pressonal Chock 20/31/2014 \$100.00 State Name Code First Mt Coentribution D # Odden |
| Intensity if or contributions B. Itemized Contributions from Individuals Last Name Mat Combination (D # 2027 Existemal Birer Address City State Combination (D # 2027 Existemal Birer Address City State City Bringel Compatibility of proceedings Name of Taplayer AFTIRED Name of Taplayer AFTIRED Amount of Contribution It contributes a principal of state contractor or prospective state contractor? I vs. indicate which branch or branche of processive in a state contractor is with the dubta state contract is with the contribute and the dubta state contract is with the contribute and the dubta state contract is with the contribute and the dubta state contract is the dubta state contract if it with the contraction and the dubta state contract if it is been with the dubta state contract if it is been with the dubta state contract if it is been with the dubta state contract if it is been with the dubta state contract if it is been with the dubta state |
| Las Name Find Milliam Million Contribution ID # Redefinition Revert Adress City State Zay Code 135 Oenoke Rdg City New Canaan City Principal Cocquidan Katine of Employer City State City Restingender Adress City Name of Employer City State City It operating and the contractor or prospective state contractor? Legislative Name of Employer Amount of Contribution It operating and the state of the contraction or prospective state contractor? Legislative Data Reserved Aggregate Contributions It als contributed and section J1? Vest Method of contributions: Data Reserved Aggregate Contributions It als contributed and section J1? Vest Method of contributions: Data Reserved Aggregate Contributions It as Name City City City Data Reserved Aggregate Contributions It as Name City No City City State Zity Cole It as Name City No City State Zity Cole It as Name City No State Zity Cole City It as Name City No State Z |
| Las Name Find Milliam Million Contribution ID # Redefinition Revert Adress City State Zay Code 135 Oenoke Rdg City New Canaan City Principal Cocquidan Katine of Employer City State City Restingender Adress City Name of Employer City State City It operating and the contractor or prospective state contractor? Legislative Name of Employer Amount of Contribution It operating and the state of the contraction or prospective state contractor? Legislative Data Reserved Aggregate Contributions It als contributed and section J1? Vest Method of contributions: Data Reserved Aggregate Contributions It als contributed and section J1? Vest Method of contributions: Data Reserved Aggregate Contributions It as Name City City City Data Reserved Aggregate Contributions It as Name City No City City State Zity Cole It as Name City No City State Zity Cole It as Name City No State Zity Cole City It as Name City No State Z |
| Maynthan Miriam 2027 Reidential Steer, Addess City State Zip, Code Principal Occupation Name of Employer Name of Employer Name of Employer RETIRED Name of Employer NA Amount of Contribution Is contributed a principal of state contractor or prospective state contractor? Iver, indicate which branch of transformer Iver, indicate which branch of transformer Amount of Contribution Individual which branch of transformer Fraccular in transformer Iver, indicate which branch of transformer Amount of Contribution on the object in the obje |
| Residential Street Address City State Zip Code 135 Cerroloc Rdg New Canaan City New Canaan City O6840 Principal Occupation New of Employer None of Employer None City None City O6840 Is contributer a principal of a state contractor or prospective state contractor? Is contributer a lobbysit, spoate, or dynamic address Is contributer a byte address None Solution Solution Solution Is contributer a byte address None Solution Is contributer address Solution Is contributer address Solution Solu |
| 135 Oenoke Rdg New Canaan CT 06840 Principal Occupation Name of Employer NA Is contributer a principal of a state contractor or prospective state contractor? yrs No Is contributer a biolysit? Yrs No Is contributer a principal of a state contractor or prospective state contractor? Legislative No Is contributer a biolysit? Yrs No Is the controls with a machine of manabes of momentation the contract with a biolysit? Method of contribution: Is described in Section 317 Yrs No O3/31/2014 \$100.00 \$50.00 Last Name Gene First Mil Contribution 1D # 2024 Residential Street Address City State Zap Code 16 scentributer a principal of a state contractor? Yrs No Gene 11 Marshall State City State Zap Code 03/31/2014 \$2024 City or 06877 No Gene Gene 12 rescalar City No Gene City or 06877 No Gene 13 rescalar a principal of a state contractor or prospective state contractor? Yrs No Gene Gene 14 rescalar a principal of a state contractor or prospective state contractor? Yrs No Gene G |
| Principal Occupation Name of Employer No RETIRED Is contributer a principal of a state contractor or prospective state contractor? Vis No If yes, indicate which branch or branches of contribution: Tregislative Date Received Aggregate Contributions Is contributer a principal of a state contractor or prospective state contractor? Vis Date Received Aggregate Contributions If yes, link which branch or branches of contribution: Method of contribution: Date Received Aggregate Contributions It ask Name Code Cash Personal Check: 03/31/2014 \$100.00 It ask Name Odeen First Mit Contribution ID # Ordeen Cash Cash Interport State Zip Code Ode Cash Principal Check: No State Zip Code Ode Cash Cash Interport No State Zip Code State Check Contribution ID # 2024 State Zip Code Ode First Marshall Mit Contributer and babysis, spoare, or dependent child of a lobbysis? Yis Is contributer a babysis, spoare, |
| RETIRED N/A Is contribute a principal of a state contractor or prospective state contractor? Is contribute a principal of a state contractor or prospective state contractor? Is contribute a principal of a state contractor or prospective state contractor? Is contribute a principal of a state contractor or prospective state contractor? Date Received Aggregate Contributions Annount of Contribution on prospective state contractor or prospective state contractor? N/A Last Nume First MI Contribution D2 /// 2024 Residential Streent Atterss C(H) State Z/B Code No Beneficient Contractor or prospective state contractor? Name of Employer Contribution D2 /// 2024 State Contribution D2 // 2024 State Z/B Code Principal Oscupation Name of Employer Clifford Paper State Z/B Code Is contribute a principal of a state contractor or prospective state contractor? Yes No Amount of Contribution D /// 203/31/2014 S25.00 Is contribute a principal of a state contractor or prospective state contractor? Yes No Amount of Contribution D /// 203/31/2014 S |
| Is contributor a principal of a state contractor or prospective state contractor? Yes No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Amount of Contribution If yes, indicate which branch or branches of a lobbyist, spouse, or dependent child of a lobbyist? No Is contributions No Is discontributions associated whita functioning event listed in Section 11? No No State contributions Amount of Contribution I ask Name Cash Personal Check Date Received Aggregate Contributions State contributions I ask Name Cash Personal Check Mit Contribution 1D # 2024 Readdratial Street Address Cash Personal Check Marshall Mit Contribution 1D # I ask Name First Mit Contribution 1D # 2024 Readdratial Street Address Cifford Paper State contractor or prospective state contractor? I secontributor a lobbyist, spouse, or dependent child of a lobbyist? No I secontributor a lobbyist, spouse, or dependent child of a lobbyist? No I secontributor a lobbyist, spouse, or dependent child of a lobbyist? No If yes, indicate which branch or branches of state contractor or prospective state contribution I secontributora a lobbyist, spouse, or dependent chil |
| If yes, indicate which branch or branches of associated with a fundationing cert this with: Executive Legislative Image: Specific certification is a section if it is with: Image: Specific certification is certification if it is with: Image: Specific certification is certification if it is with: Image: Specific certification is certification if it is with: Image: Specific certification is certification if it is with: Image: Specific certification is certification if it is with: Image: Specific certification is certification if it is cerifica |
| assertment the contract is with. □ Exploitive □ Legislative □ Legislative □ Legislative b dis contributions □ No □ Yes □ Method of contributions: □ Date Received □ Aggregate Contributions I yes, list Event # □ No □ Cach □ Credit/Debit Card 03/31/2014 \$100.00 \$50.00 Last Name First MI Contribution ID # 2024 Residential Street Address City State Zp Code 300 West Ln Principal Occupation Name of Employer CitifFord Paper Sales City Yes Name of Employer CitifFord Paper I yes, indicate which branch or branches of or prospective state contractor? □ yes No I scontributions No B this contributor a sociated with a fundariaing event listed in Section J1? □ No □ Cach Decomposite Card Aggregate Contributions I yes, indicate which branch or branches of or prospective state contractor? □ yes ☑ No I scontributions I scontributions I tryes, indicate which branch or branches of indication Section J1? □ No □ Cach Personal Check 03/31/2014 \$25.00 \$25.00 I t |
| bits contribution associated with a fundrating event listed in Section 11? ↓ Yes Method of contribution: Date Received Aggregate Contributions I stars Name Cash Personal Check 03/31/2014 \$100.00 \$50.00 I stars Name Mil Contribution ID # 2024 Reindential Street Address City State Zip Code 300 West Ln Ridgefield CT 06877 Principal Cocupation No Excertivel Legislative No J Yes, indicate which hench or branches of sortinuotion: Excertivel Legislative No Aggregate Contributions I start Street Address City Sales City Code City Code City Code Findation which hench or branches of sortinuotion: Executive Legislative No Amount of Contribution I start Schell Citsh Personal Check 03/31/2014 \$25.00 \$25.00 I yes, indicate which hench or branches of sortinuotion: Executive Legislative No Schell |
| fundnaising event listed in Section J1? Ves Cash Personal Check. 03/31/2014 \$100.00 \$50.00 Last Name First MI Contribution ID # Odeen Parshall 2024 Residential Street Address City State Zip Code 300 West Ln Nome of Employer Citifford Paper 66877 Principal Occupation Name of Employer Citifford Paper 66877 Is contributor a principal of a state contractor or prospective state contractor? ves No Is contributor a bobbysits, spoase, or dependent child of a lobbysit? Yes I yes, list Event # Method of contribution Date Received Aggregate Contributions Amount of Contribution ID # I tryes, list Event # Ves Method of contribution Date Received Aggregate Contributions I tryes, list Event # No Crait Dubbits, spoase, or dependent child of a lobbysit? Mit Contribution ID # 2030 S25.00 \$25.00 \$25.00 \$25.00 Last Name Crait Mathod of contribution First Mit Contribution ID # Schell State City State Zip Code I yes, list Event # No Eschirburg Address City State Zip Code 11 May St First State Zip Code City State Zip Code Principal Occupation Name of Employer State Zip Code City State Zip Code 11 May St First Lisa |
| If yes, list Event # No Money Order If credit/Debit Card 03/31/2014 \$100.00 \$50.00 Last Name First MI Contribution ID # 2024 Residential Street Address City State Zip Code 300 West Ln Nume of Employer Citfford Paper CT 06877 Is contributor a principal of a state contractor or prospective state contractor? Ves No Is contributor a lobbyist, spoase, or dependent child of a lobbyist? Amount of Contribution dependent child of a lobbyist? If yes, indicate which branch or branches of gaverment the contract story Legislative Date Received Aggregate Contributions Amount of Contribution diverses If yes, indicate which branch or prospective state contractor? Yes Credit/Debit Card 03/31/2014 \$25.00 \$25.00 Is this contribution associated with a function in the original story Yes Credit/Debit Card 03/31/2014 \$25.00 \$25.00 Last Name Cash Personal Check 03/31/2014 \$25.00 \$25.00 Last Name Cash Ves Mil Contribution ID # 2030 Residential Street Address City Fairfield |
| If yes, list Event # Money Order Credu/Debit Card Mil Contribution ID # Last Name First Mil Contribution ID # 2024 Residential Street Address City State Zip Code 300 West Ln Ridgefield CT 06877 Principal Occupation Name of Employer Clifford Paper Is contributor a principal of a state contractor or prospective state contractor? yes No Is contributor a lobbyist; spose, or dependent child of a lobbyist; spose, |
| Odeen Marshall 2024 Residential Street Address City State Zip Code 300 West Ln Ridgefield CT 06877 Principal Occupation Name of Employer Cifford Paper 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 superment the contract is with: Executive Legislative Date Received Aggregate Contributions Indurtasing event listed in Section 11? Ves Method of contribution: Date Received Aggregate Contributions \$25.00 It sus name City Schell Schell MI Contribution ID # Is an Name Schell City State Zip Code It marks the contractor or prospective state contractor? Ves City State Zip Code It yes, isit Event # No Erst MI Contribution ID # 2030 Residential Street Address City State Zip Code City Gartner Is contributor a principal Occupation Name of Employer Gartner Yes Amount of Contribution Indicate which branch or branches of Exec |
| Residential Street Address City State Zip Code 300 West Ln Ridgefield CT 06877 Principal Occupation Name of Employer Clifford Paper 1s contributor a principal of a state contractor or prospective state contractor? Is contributor a bobyist, spoase, or dependent child of a lobbyist? Yes If yes, indicate which branch or branches of government the contract is with: Executive Legislative State Zip Code Is this contribution associated with a fundraising event listed in Section 11? Ves Method of contribution: Date Received Aggregate Contributions \$25.00 Last Name First MI Contribution 1D # 2030 Residential Street Address City State Zip Code 111 May St Fairfield CT 06825 Principal Occupation Name of Employer State Zip Code If yes, indicate which branch or branches of government the contract is with: Executive Lisa MI Contribution 1D # Schell Residential Street Address City State Zip Code CT 06825 Principal Occupation Miter Gartner State |
| Residential Street Address City State Zip Code 300 West Ln Ridgefield CT 06877 Principal Occupation Name of Employer Clifford Paper 1s contributor a principal of a state contractor or prospective state contractor? Is contributor a bobyist, spoase, or dependent child of a lobbyist? Yes If yes, indicate which branch or branches of government the contract is with: Executive Legislative State Zip Code Is this contribution associated with a fundraising event listed in Section 11? Ves Method of contribution: Date Received Aggregate Contributions \$25.00 Last Name First MI Contribution 1D # 2030 Residential Street Address City State Zip Code 111 May St Fairfield CT 06825 Principal Occupation Name of Employer State Zip Code If yes, indicate which branch or branches of government the contract is with: Executive Lisa MI Contribution 1D # Schell Residential Street Address City State Zip Code CT 06825 Principal Occupation Miter Gartner State |
| 300 West Ln Ridgefield CT 06877 Principal Occupation Name of Employer Clifford Paper Clifford Paper 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 dependent child of a lobbyist? Yes Amount of Contribution dependent child of a lobbyist? Yes Amount of Contribution dependent child of a lobbyist? Yes Amount of Contribution dependent child of a lobbyist? Yes Amount of Contribution dependent child of a lobbyist? Yes Amount of Contribution dependent child of a lobbyist? Yes Amount of Contribution dependent child of a lobbyist? Is this contribution associated with a findraising event listed in Section J1? Yes Method of contribution: Date Received Aggregate Contributions \$25.00 Last Name Cash Personal Check 03/31/2014 \$25.00 \$25.00 Last Name City State Zip Code City State Zip Code 111 May St Fairfield Name of Employer Gartner Is contribution a lobbyist, spouse, or dependent child of a lobbyist, spouse, or dependent child of a lobbyist? Yes Mount of Contribution dependent child of a lobbyist? |
| Principal Occupation Name of Employer Sales Clifford Paper 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 a lobbyist? If yes, indicate which branch or branches of government the contract is with: Executive Legislative Date Received Aggregate Contributions Is discontribution associated with a fundamising event listed in Section J1? No Cash Personal Check. 03/31/2014 \$25.00 \$25.00 It so this contributor a principal of a state contractor or prospective state contractor? No Credit/Debit Card 03/31/2014 \$25.00 \$25.00 Last Name First Lisa MI Contribution ID # 2030 Residential Street Address City Fairfield CT 06825 Principal Occupation Writer 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 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 a generatic hild of a lobbyist; |
| Sales Clifford Paper 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 government the contract is with: Executive Legislative Is contributor a lobbyist? Yes No Is this contribution associated with a fundamising event listed in Section J1? Yes Method of contribution: Date Received Aggregate Contributions \$25.00 \$25.00 Last Name City State Zip Code City State Zip Code Of 6825 Principal Occupation Writer Schell 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 If yes, indicate which branch or branches of government the contract is with: Executive Legislative Sontributor a lobbyist, spouse, or dependent child of a lobbyist, spouse, or dependent child of a lobbyist? MI Contribution ID # Is contributor a principal of a state contractor or prospective state contractor? Yes No Is contributor a lobbyist, spouse, or dependent child of a lobbyist; Amount of Contribution 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 government the contract is with: Executive Legislative If yes, indicate which branch or branches of government the contract is with: Executive Legislative If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contractor? Yes Is contributor a principal of a state contractor? Yes No If yes, indicate which branch or branches of government the contract is with: Executive Legislative Date Received Aggregate Contributions \$25.00 If yes, indicate which branch or branches of government the contractor or prospective state contractor? Yes No Is contributor a lobbyist, spouse, or government the contract is with: Amount of Contribution degregate Contributions If yes, indicate which branch or branches of government the contract is with: Executive Legislative Xes No Is the contribution associated with a fundraising event listed in Section J1? Yes Method of contribution: Date Received Aggregate Contributions |
| government the contract is with: Executive Legislative K No Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Date Received Aggregate Contributions fundraising event listed in Section J1? No Cash Personal Check 03/31/2014 \$25.00 Last Name Cash Personal Check 03/31/2014 \$25.00 \$25.00 Last Name First MI Contribution ID # Schell City State Zip Code 111 May St Fairfield CT 06825 Principal Occupation Name of Employer Schell State Zip Code If yes, indicate which branch or branches of government the contract is with: Executive Legislative So Amount of Contribution dependent child of a lobbyist; spouse, or dependent child of a lobbyist; Yes Amount of Contribution dependent child of a lobbyist; 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: Personal Check < |
| Is this 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 03/31/2014 \$25.00 \$25.00 Last Name First MI Contribution ID # 2030 Residential Street Address City State Zip Code 111 May St Fairfield CT 06825 Principal Occupation Name of Employer Gartner Is contributor a principal of a state contractor or prospective state contractor? Yes No Is contributor a lobbyist; spouse, or dependent child of a lobbyist? Amount of Contribution If yes, indicate which branch or branches of government the contract is with: Executive Legislative Date Received Aggregate Contributions Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution: Date Received Aggregate Contributions Aggregate Contributions |
| Indicatisting event listed in Section J1? Image: cash definition and contribution: Personal Check or Credit/Debit Card 03/31/2014 \$25.00 If yes, list Event # No Image: cash definition of contribution of contribution: Personal Check or Credit/Debit Card 03/31/2014 \$25.00 Last Name First MI Contribution ID # Schell Lisa 2030 Residential Street Address City State Zip Code 111 May St Fairfield CT 06825 Principal Occupation Name of Employer Gartner Is contributor a principal of a state contractor or prospective state contractor? Yes No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Amount of Contribution If yes, indicate which branch or branches of government the contract is with: Executive Legislative Amount of Contribution Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution: Date Received Aggregate Contributions S25.00 No Cash Personal Check 03/31/2014 \$25.00 \$25.00 |
| If yes, list Event # No Money Order Credit/Debit Card 03/31/2014 \$25.00 Last Name First MI Contribution ID # Schell Lisa 2030 Residential Street Address City State Zip Code 111 May St Fairfield CT 06825 Principal Occupation Name of Employer Gartner Is contributor a principal of a state contractor or prospective state contractor? Yes No Is contribution 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 Date Received 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 \$25.00 |
| If yes, list Event # Money Order Credit/Debit Card Last Name First MI Contribution ID # Schell Lisa 2030 Residential Street Address City State Zip Code 111 May St Fairfield CT 06825 Principal Occupation Name of Employer Gartner Is contributor a principal of a state contractor or prospective state contractor? Yes X No If yes, indicate which branch or branches of government the contract is with: Executive Legislative X No Is this contribution J1? Yes Method of contribution: Date Received Aggregate Contributions Fairfield State 525.00 |
| Schell Lisa 2030 Residential Street Address City State Zip Code 111 May St Fairfield CT 06825 Principal Occupation Name of Employer Gartner Writer Gartner Is contributor a principal of a state contractor or prospective state contractor? Yes No If yes, indicate which branch or branches of government the contract is with: Executive Legislative No Amount of Contribution Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution: Date Received Aggregate Contributions No Cash Personal Check 03/31/2014 \$25.00 \$25.00 |
| Residential Street Address City State Zip Code 111 May St Fairfield CT 06825 Principal Occupation Name of Employer Gartner 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 Xo Amount of Contribution associated with a fundraising event listed in Section J1? Method of contribution: Date Received Aggregate Contributions 4ggregate Contributions No Cash Personal Check 03/31/2014 \$25,00 \$25,00 |
| 111 May St Fairfield CT 06825 Principal Occupation Name of Employer Gartner Writer Gartner Is contributor a principal of a state contractor or prospective state contractor? Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Amount of Contribution 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 No Cash Personal Check 03/31/2014 \$25.00 \$25.00 |
| Principal Occupation Name of Employer Writer Gartner 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 No Cash Personal Check 03/31/2014 \$25.00 \$25.00 |
| Writer Gartner 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 government the contract is with: Executive Legislative Is contributor a lobbyist? No Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution: Date Received Aggregate Contributions 03/31/2014 \$25.00 \$25.00 |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with a fundraising event listed in Section J1? No No Cash Personal Check O3/31/2014 S contributor a lobbyist, spouse, or dependent child of a lobbyist? No Amount of Contribution Method of contribution: Date Received O3/31/2014 S contribution abbyist, spouse, or dependent child of a lobbyist? No Amount of Contribution S contribution S contribution abbyist, spouse, or dependent child of a lobbyist? No S contribution abbyist, spouse, or Amount of Contribution S contribution S contribution abbyist, spouse, or dependent child of a lobbyist? S contribution S contribution abbyist, spouse, or S contribution abbyist, spouse, or S contribution abbyist, spouse, or S contribution S contribution abbyist, spouse, or S contribution S contribution abbyist, spouse, or S contribution S contribution |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative If yes |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative Image: 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? Yes Method of contribution: Date Received Aggregate Contributions No Cash Personal Check 03/31/2014 \$25.00 \$25.00 |
| government the contract is with: Executive Legislative No Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution: Date Received Aggregate Contributions No Cash Personal Check 03/31/2014 \$25.00 \$25.00 |
| Is this contribution associated with a fundraising event listed in Section J1? No Cash Personal Check 03/31/2014 \$25.00 \$25.00 |
| Personal Check 03/31/2014 \$25.00 |
| |
| |
| |
| Last Name First MI Contribution ID # |
| Abrahams Mike 2046 |
| Residential Street Address City State Zip Code |
| 985 Church Hill Rd Fairfield CT 06825 |
| |
| Principal Occupation Name of Employer |
| Principal Occupation Name of Employer Manager Honda of Westport |
| Manager Honda of Westport Is contributor a principal of a state contractor or prospective state contractor? Is contributor a lobbyist, spouse, or Is contributor a lobbyist, spouse, or |
| Manager Honda of Westport 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? |
| Manager Honda of Westport Is contributor a principal of a state contractor or prospective state contractor? Is contributor a lobbyist, spouse, or Is contributor a lobbyist, spouse, or |
| Manager Honda of Westport 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? Yes Amount of Contribution If yes, indicate which branch or branches of government the contract is with: Executive Legislative Is contribution a lobbyist? No Is this contribution associated with a No Method of contribution: Date Received Aggregate Contributions |
| Manager Honda of Westport 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? Yes If yes, indicate which branch or branches of government the contract is with: Executive Legislative Is contributor a lobbyist? No |

| | | | | | Page 144 of 187 |
|--|----------|--|----------------------------|-------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| B. Itemized Contributions from | m Ind | ividuals | | | |
| Last Name | First | | | MI | Contribution ID # |
| briggs | 1 11.50 | brandi | | | 2020 |
| Residential Street Address | City | brunu | | State | Zip Code |
| 2 Rainey Ln | eny | Westport | | СТ | 06880 |
| Principal Occupation | <u> </u> | Name of Employ | er | | |
| lawyer | | n/a | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | 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? | | | | | |
| If yes list Event # | 03/3 | 31/2014 | \$100.00 | | \$100.00 |
| If yes, list Event # Money Order X Credit/Debit Card | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Freeman | | William | | | 2044 |
| Residential Street Address | City | | | State | Zip Code |
| 60 Morehouse Rd | | Easton | | СТ | 06612 |
| Principal Occupation | <u> </u> | Name of Employ | er | | |
| Retired | | N/A | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a l | obbyist, spouse, or | Amou | int of Contribution |
| There is the twenty 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 for draining super list d is for the 112 Yes | Date | Received | Aggregate Contributions | | |
| fundraising event listed in Section J1? | | | | | |
| If yes, list Event # | 03/3 | 31/2014 | \$100.00 | | \$100.00 |
| | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Tooker | | Jennifer | | | 2009 |
| Residential Street Address | City | | | State | Zip Code |
| 56 Sylvan Rd N | L | Westport | | СТ | 06880 |
| Principal Occupation | | Name of Employ | rer | | |
| RETIRED | | N/A | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | Is contributor a l dependent child of | obbyist, spouse, or Yes | Amou | 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 J1? | Date | Received | Aggregate Contributions | | |
| No Cash Personal Check | | | | | |
| If yes, list Event # No Money Order X Credit/Debit Card | 03/3 | 31/2014 | \$100.00 | | \$100.00 |
| | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Engel | | Johanna | | ~ | 2010 |
| Residential Street Address | City | D 11 | | State | Zip Code |
| 9 Cricklewood Rd | L | Redding | | СТ | 06896 |
| Principal Occupation | | Name of Employ | er | | |
| RETIRED | | N/A | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | dependent child of | 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: | Det | Dessived | i | | |
| Is this contribution associated with a fundraising event listed in Section J1? | Date | Received | Aggregate Contributions | | |
| Cash Personal Check | 0.2/2 | 21/2014 | ¢100.00 | | ¢E0.00 |
| If yes, list Event # Money Order X Credit/Debit Card | 03/3 | 31/2014 | \$100.00 | | \$50.00 |

| | | | | | Page 145 of 187 |
|---|--------|------------------|----------------------------|-------|---------------------|
| I. MONETARY RECEIPT | 'S (Se | ection A-I) | - | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | Ì | , | TYPE OF REPORT | | |
| Mckinney For Governor | | | April 10 Filing - Original | | |
| D Itemined Contributions for | | P | | | |
| B. Itemized Contributions from | | ividuals | | 1 | 1 |
| Last Name | First | | | MI | Contribution ID # |
| O'Reilly | | Michael | | | 2000 |
| Residential Street Address | City | | | State | Zip Code |
| PO Box 2132 | | Westport | | СТ | 06880 |
| Principal Occupation | | Name of Employ | er | | |
| Sales | | Parac | ligm Associates | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a | obbyist, spouse, or | 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 Executive Legislative | | | x _{No} | | |
| government the contract is with: | Data | Received | Aggregate Contributions | | |
| fundraising event listed in Section J1? | Date | Received | Aggregate Contributions | | |
| Cash Personal Check | | | | | |
| If yes, list Event # No Money Order Credit/Debit Card | 03/3 | 31/2014 | \$25.00 | | \$25.00 |
| | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Hynes | | Thomas | | | 2017 |
| Residential Street Address | City | | | State | Zip Code |
| 67 Fawnfield Rd | | Stamford | | СТ | 06903 |
| Principal Occupation | | Name of Employ | er | | • |
| Wealth Management | | HHG | & Co | | |
| | | | | 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 Executive Legislative | | | x _{No} | | |
| government the contract is with: | D. | Received | | | |
| Is this contribution associated with a fundraising event listed in Section J1? | Date | Received | Aggregate Contributions | | |
| Cash Personal Check | | | | | |
| If yes, list Event # | 03/3 | 31/2014 | \$100.00 | | \$100.00 |
| | 1 | | | 1 | 1 |
| Last Name | First | | | MI | Contribution ID # |
| Coykendall | | Alan | | | 2043 |
| Residential Street Address | City | | | State | Zip Code |
| 15 Whispering Rod Rd | | Unionville | | СТ | 06085 |
| Principal Occupation | | Name of Employ | er | - | - |
| Retired | | N/A | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | 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? | Duit | | - iggregate controlations | | |
| No Cash Personal Check | 02/ | 21/2014 | ¢50.00 | | #E0.00 |
| If yes, list Event # Money Order Credit/Debit Card | 03/. | 31/2014 | \$50.00 | | \$50.00 |
| | | | | | 1 |
| Last Name | First | | | MI | Contribution ID # |
| Davis | | Nolan | | | 2032 |
| Residential Street Address | City | | | State | Zip Code |
| 86 Griffin Rd | | Broad Brook | | СТ | 06016 |
| Principal Occupation | | Name of Employ | rer | | |
| Consultant | | McKir | nney For Governor | | |
| 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 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? | | | 388 Sonatoatono | | |
| No Cash Personal Check | 0.27 | 21/2014 | 4E0.00 | | ¢20.00 |
| If yes, list Event # 03302014A Money Order X Credit/Debit Card | 03/. | 31/2014 | \$50.00 | | \$20.00 |

| | | | | | | | | | | Page 146 of 187 |
|--|----------------|-----------|---------|---------|----------------------------------|-----------|------------------------------|-------------------------|----------------------|------------------|
| | | | | | | | | Total of Section | B | \$44,394.11 |
| TOTAL OF ALL CONTRIBUTIONS FROM IND | IVIDUALS | | (Sect | ions A | + B) (T | otal on L | ine 14 of Su | mmary Page) | | \$44,394.11 |
| I. N | IONETA | RY REO | CEIPT | rs (Se | ection A-I) | | | | | |
| NAME OF COMMITTEE (Provide Complete Name as Re | egistered wit | th Commis | sion) | | | | | TYPE OF R | EPO | RT |
| Mckinney For Governor | | | | | | | | April 10 Filing - Origi | nal | |
| C1. Con | ntribution | s from Ot | ther Co | ommit | tees | | | | | |
| Name of Committee | | | | | Name of Treasu | irer | | | | |
| Address Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # | | | | | | | Yes No | Am | ount of Contribution | |
| City | State Zi | p Code | | Date Re | Received Aggregate Contributions | | | | | |
| | | | | | | | Т | otal of Section C1 | | |
| I. MONET | FARY RE | ECEIPT | S (Sec | tion A | A-I) | | | | | |
| NAME OF COMMITTEE | | | | | | | | TYPE OF REPORT | Г | |
| Mckinney For Governor | | | | | | | April 10 F | iling - Original | | |
| C2. Reimbursements, I | Payments, | or Surpl | us Dist | ributi | ons from ot | her Co | mmittees | i | | |
| Name of Committee | | | | | Name of Treasu | ırer | | | | |
| Address | Address Date R | | | | | | Date Receive | ed | An | nount of Receipt |
| City | State | Zip Co | ode | | Reimburse Payment fo | | nared expense ad services | • | | |
| | | | | | | | Т | otal of Section C2 | | |

Page 147 of 187

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | | |
|--|-----------------|-------------------------|-----------|------------|-----------|---|--|--|--|--|
| NAME OF COMMITTEE | | | | TYPE (| OF REPORT | | | | | |
| Mckinney For Governor | April 10 Filing | ı - Original | | | | | | | | |
| D. Loans Received this Period | | | | | | | | | | |
| Name of Lender | | Source of Loan: Bank | Candidate | Individual | Other | Date of Receipt | | | | |
| Street Address | City | | | 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 | | | State | Zip Code | | | | | |
| Total of Section D | | | | | | | | | | |

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | |
|------------------------------------|---------------------------|-----------------------------|---------------------|-------------------|----------|--|--|--|--|
| NAME OF COMMITTEE | | | | TYPE OF | REPORT | | | | |
| Mckinney For Governor | | | | April 10 Filing - | Original | | | | |
| E. Personal I | Funds of the Candidate Re | ceived this Period (Candida | te Committees ONLY) | | | | | | |
| Date of Receipt | Method of Payment Cash | Personal Check | Credit/Debit Card | | Amount | | | | |
| Total of Section E | | | | | | | | | |

| I. Monetary Receipts (Section A-I) | | | | | | | | | | | |
|--|------|-------|-----------|--------------------------|--------|--|--|--|--|--|--|
| NAME OF COMMITTEE | | | | TYPE OF REPOR | Т | | | | | | |
| Mckinney For Governor | | | Ap | ril 10 Filing - Original | | | | | | | |
| G. Interest from Deposits in Authorized Accounts | | | | | | | | | | | |
| Name of Institution | | | Date Rece | ived | Amount | | | | | | |
| | | | | | | | | | | | |
| Street Address | City | State | • | Zip Code | | | | | | | |
| | | | | | | | | | | | |
| | | | | Total of Section G | | | | | | | |

Page 148 of 187

| I. MONETARY RECEIPTS (Section A-K) | | | | | | | | | | |
|------------------------------------|--------------|------------------|------------------|----------------------------|--------|--|--|--|--|--|
| NAME OF COMMITTEE | | | | TYPE OF REPOR | Т | | | | | |
| Mckinney For Governor | | | , | April 10 Filing - Original | | | | | | |
| H. Public Grant | | | | | | | | | | |
| 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 | | | | | | | |
| Mckinney For Governor | | | 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 | | | | | | | |

Page 149 of 187

| II | I. FUNDRAISING EVENT A | ACTIV | TTY (| (Sections J1 - J | 3) | | | |
|--|-------------------------------------|--------|-----------|--|-----------------------------|--|--------------|-------------------|
| NAME OF COMMITTEE | | | | | | TYPE OF R | EPORT | |
| Mckinney For Governor | | | | | | April 10 Filing - Origina | al | |
| | J1. Fundraising Event | Inform | ation | | | | | |
| Fundraising Event # Date of Fundraiser Letter 01/18/2014 A | Description Meet and Greet Event | | | | | | | |
| Location: Street Address 71 Main St | • | | | | City New Cana | an | State CT | Zip Code 06840 |
| Was this fundraising event hosted at a personal resid | lence? | x | Yes No | | | tions not Considered Contr chases made by host(s) for | | ind |
| Did this fundraiser include items donated by a busin donated by an individual of up to \$100? | ess entity of up to \$200 or items | X | Yes No | If yes, to to Section J3 complete required info | | ions not Considered Contri | ibutions and | |
| Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100? | of donated items with | x | Yes No | (If yes, enter Total Red | ceipts here.) | | | \$0.00 |
| Fundraising Event # Date of Fundraiser Letter 01/29/2014 A | Description Home Fundraiser | | | | | | | |
| Location: Street Address 6 Black Oack Dr | | | | | City West Grar | ıby | State CT | Zip Code |
| Was this fundraising event hosted at a personal resid | lence? | X | Yes No | | | tions not Considered Contr chases made by host(s) for | | ind |
| Did this fundraiser include items donated by a busin donated by an individual of up to \$100? | ess entity of up to \$200 or items | x | Yes No | If yes, to to Section J3 complete required info | | ions not Considered Contri | butions and | |
| Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100? | of donated items with | x | Yes No | (If yes, enter Total Red | ceipts here.) | | | \$0.00 |
| Fundraising Event # Date of Fundraiser Letter 01/30/2014 A | Description Cocktail Event | | | | | | | |
| Location: Street Address 179 Davis St | | | | | ^{City} Oakville | | State CT | Zip Code |
| Was this fundraising event hosted at a personal resid | lence? | x | Yes No | | | tions not Considered Contr chases made by host(s) for | | ind |
| Did this fundraiser include items donated by a busin donated by an individual of up to \$100? | ess entity of up to \$200 or items | x | Yes No | If yes, to to Section J3 complete required info | | ions not Considered Contri | butions and | |
| Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100? | of donated items with | x | Yes No | (If yes, enter Total Red | ceipts here.) | | | \$0.00 |

Page 150 of 187

| П | . FUNDRAISING EVENT A | сті | ITY | (Sections J1 - J | 3) | | | |
|--|------------------------------------|-------|-----------|--|-------------------|--|-------------|----------|
| NAME OF COMMITTEE | | | | | | TYPE OF R | EPORT | |
| Mckinney For Governor | | | | | | April 10 Filing - Original | I | |
| | J1. Fundraising Event I | nform | ation | | | | | |
| Fundraising Event # Date of Fundraiser 02/25/2014 A | Description Cocktail Event | | | | | | | |
| Location: Street Address 640 Silver Sands Rd | | | | | City East Have | n | State CT | Zip Code |
| Was this fundraising event hosted at a personal resid | ence? | 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 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 02/25/2014 B | Description Luncheon Event | | | | | | | |
| Location: Street Address Straits Turnpike | | | | | City Watertow | n | State CT | Zip Code |
| Was this fundraising event hosted at a personal resid | ence? | 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 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 03/13/2014 A | Description Cocktail Event | | | | | | | |
| Location: Street Address 1700 Stratford Ave | | | | | City Stratford | | State CT | Zip Code |
| Was this fundraising event hosted at a personal resid | ence? | 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 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 |

Page 151 of 187

| п | . FUNDRAISING EVENT A | CTIV | TTY | (Sections J1 - J | 3) | | | |
|---|------------------------------------|-------|-----------|--|--------------------|--|-------------|----------|
| NAME OF COMMITTEE | | | | | | TYPE OF RE | PORT | |
| Mckinney For Governor | | | | | | April 10 Filing - Original | | |
| | J1. Fundraising Event I | nform | ation | | | | | |
| Fundraising Event # Date of Fundraiser 03/16/2014 A | Description Cocktail Event | | | | | | | |
| Location: Street Address 269 West Ln | | | | | City Ridgefield | | State CT | Zip Code |
| Was this fundraising event hosted at a personal residence? X Yes if yes, go to Section J3 In-Kind De complete required information for invitations. No invitations. | | | | | | | | 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 Contribu | tions 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 03/17/2014 A | Description Cocktail Event | | | | | | | 1 |
| Location: Street Address 55 Myrtle Ave | | | | | City Westport | | State CT | Zip Code |
| Was this fundraising event hosted at a personal resid | lence? | X | Yes No | | | tions not Considered Contribu chases made by host(s) for for | | nd |
| Did this fundraiser include items donated by a busin donated by an individual of up to \$100? | ess entity of up to \$200 or items | X | Yes No | If yes, to to Section J3 complete required info | | ions not Considered Contribu | tions 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 03/20/2014 A | Description Cocktail Event | | | | | | | |
| Location: Street Address 182 Main St | | | | | City Bristol | | State CT | Zip Code |
| Was this fundraising event hosted at a personal resid | lence? | X | Yes No | | | tions not Considered Contribu- chases made by host(s) for foo | | 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 Contribu | tions 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 |

Page 152 of 187

| II. FUNDRAISING EVENT ACTIVITY (Sections J1 - J3) | | | | | | | | | | | |
|---|-------------------------------------|-------|-----------|--|------------------|---|-------------|----------|--|--|--|
| NAME OF COMMITTEE | | | | | | TYPE OF RE | PORT | | | | |
| Mckinney For Governor | | | | | | April 10 Filing - Original | | | | | |
| | J1. Fundraising Event I | nform | ation | | | | | | | | |
| Fundraising Event # Date of Fundraiser Letter 03/27/2014 a | Description Cocktail Event | | | | | | | | | | |
| Location: Street Address 702 State St | | | | | City New Have | n | State CT | Zip Code | | | |
| Was this fundraising event hosted at a personal residence? Yes if yes, go to Section J3 In-Kind De complete required information for invitations. X No invitations. | | | | | | | | 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 Contribu | itions 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 Ree | ceipts here.) | [| | \$0.00 | | | |
| Fundraising Event # Date of Fundraiser 03/30/2014 B | Description Meet and Greet Event | | | | | | | 1 | | | |
| Location: Street Address 80 Saint Nicholas Rd | | | | | City Darien | | State CT | Zip Code | | | |
| Was this fundraising event hosted at a personal resid | lence? | x | Yes No | | | tions not Considered Contribu- 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 Contribu | itions 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 03/30/2014 A | Description Cocktail Event | | | | | | | • | | | |
| Location: Street Address 77 Morning Glory Dr | | | | | City Easton | | State CT | Zip Code | | | |
| Was this fundraising event hosted at a personal resid | lence? | X | Yes No | | | tions not Considered Contribu- 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 Contribu | itions 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 | | | |

Page 153 of 187

| II. FUNDRAISING EVENT ACTIVITY (Sections J1 - J3) | | | | | | | | | | | |
|--|--------------------------------|----------|-----------|--------------------------|------------------|---|-------|-------------|-------------------|--|--|
| NAME OF COMMITTEE | | | | | | TYPE OF | REPOF | RТ | | | |
| Mckinney For Governor | | | | | | April 10 Filing - Origi | nal | | | | |
| J1. Fundraising Event Information | | | | | | | | | | | |
| Fundraising Event # Date of Fundraiser 04/05/2014 A | Description Home Fundraiser | | | | | | | | | | |
| Location: Street Address 242 Toby Hill Rd | | | | | City Westbroo | k | | State CT | Zip Code 06498 | | |
| Was this fundraising event hosted at a personal resid | lence? | X Y | lo | | | tions not Considered Con chases made by host(s) fo | | | ıd | | |
| Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100? X No Yes 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 | Y X N | Tes Io | (If yes, enter Total Rec | eipts here.) | | | | \$0.00 | | |
| | | | | | То | tal of Section J1 | | | \$0.00 | | |

| Page | 154 | of | 187 |
|------|-----|----|-----|
|------|-----|----|-----|

| | II. FUNDRAISI | NG EVENT ACTIVITY (S | Sectio | ns J1 - J3) | | | |
|--|--|-----------------------------|--------------|-----------------|------------------------------|-------------|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPO | | | | | | ORT | |
| Mckinney For Governor | | | | A | pril 10 Filing - Original | | |
| | J3. In-Kind Donat | ions Not Considered Contrib | utions | | | | |
| Name of the Donor | | | | | | | |
| Melissa Migliaccio | | | | | | | |
| Street Address | | | City | | | State | Zip Code |
| Black Oak Drive | | | Wes | st Granby | | СТ | 06090 |
| Donation Given by: | Description of Donation Fundraiser food | | | | | | arket Value of Donation |
| Business Entity | | | | | | | |
| Sole Proprietorship | 01/29/2014 01292014A \$372 | | | | | | \$372.22 |
| Name of the Donor Tom Bremer | | | | | | | |
| Street Address 750 Burr St | | | City Fair | field | | State CT | Zip Code 06825 |
| Donation Given by: | Description of Donation Fundraiser Food | | | | | | arket Value of Donation |
| Business Entity Sole Proprietorship | Date Received 01/29/2014 | Event # 12152013A | | Aggregate value | e for this event \$226.29 | | \$226.29 |
| Name of the Donor Denise Fenton | | | | | | | |
| Street Address 77 Morning Glory Dr | | | City Eas | ton | | State CT | Zip Code 06612 |
| Donation Given by: | Description of Donation | | | | | | arket Value of Donation |
| Business Entity Sole Proprietorship | Date Received 03/30/2014 | Event # 03302014A | | Aggregate value | e for this event \$331.91 | | \$331.91 |
| | | | | | Total of Section J3 | | \$930.42 |

Page 155 of 187

| NAME OF COMMITTEE | TYPE OF REPORT | | | | | |
|--------------------------|----------------------------|--|--|--|--|--|
| Mckinney For Governor | April 10 Filing - Original | | | | | |
| | | | | | | |
| K. In-Kind Contributions | | | | | | |

| Name | | | | | | | | | | |
|--|------------------|-----------|--|-------------|-------------------------|------|-------------|--------------------------|-------|-------------------------------------|
| Street Address | | | | | | City | | | State | Zip Code |
| Is this contribution associated with a ful listed in Section J1? If yes, list Event# | indraising event | Yes No | | Description | of In-Kind Contribution | | | | • | |
| Is Contributor a lobbyist, spouse, or de of a lobbyist? | pendent child | Yes No | contractor? indicate which branch or branches of | | | - | ecutive | Yes No Legislative | | arket Value of this Contribution |
| Type of Contributor: | | | | | Date Received | | Aggregate c | ontributions | | |
| Individual | Committee | | Sole Proprie | etorship | | | | | | |
| | | | | | | | Total | of Section K | | |

| III. Non Monetary Receipts (Sections K - M) | | | | | | | | |
|--|------|------------|-----------|----------|----------------------------|----------------------|--|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered v | PORT | | | | | | | |
| Mckinney For Governor | | | | | April 10 Filing - Original | | | |
| L. Refundable Deposit to | | | | | | | | |
| Last Name of Individual | | First Name | MI Date I | | Deposit Made | | | |
| Residential Street Address | Ci | City | | Zip Code | | Amount of Deposit | | |
| Name of Telephone company | | | | | | | | |
| Street Address | City | City State | | y State | | Zip Code | | |
| Total of Section L | | | | | | | | |

Page 156 of 187

| III NONMONETADV DECEIDTO | |
|---------------------------|------------------|
| III. NONMONETARY RECEIPTS | (Sections K - M) |

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

Page 157 of 187

| IV. EXPENDITURES (Sections N - S) | | | | | | | | |
|--|-------------------------------------|----------------------------------|----------------------|---|---|--|--|--|
| NAME OF COMMITTEE (Prov | E OF REPORT | | | | | | | |
| Mckinney For Governor | - Original | | | | | | | |
| | N. Expenses Paid By Co | mmittee | | | | | | |
| Name of Payee Date of Payment VoterTrove Inc. 01/06/2014 | | | | | | ment neck # <u>1036</u> bit Card | | |
| Street Address 921 Cavalry Ride Trl | | City Austin | | | State TX | Zip Code 78732 | | |
| Purpose of Expend A-WEB | Description Email Liscense | | | | | Amount | | |
| Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co | ¥ | \$1,550.00 | | | | | | |
| Name of Payee Date of Payment One Smart Conference 01/06/2014 | | | | | | Method of Payment X Check # 1037 Debit Card Debit Card | | |
| Street Address 7026 Surrey Dr | | City Woodstock | ¢ | | State GA | Zip Code 30189 | | |
| Purpose of Expend OVHD | Description Teleconference calls | | | | | Amount | | |
| Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co | X No | Expenditure # (if applicable) | Event # | ¥ | \$46.44 | | | |
| Name of Payee U S Post Office | | | Date of Pay 01/13/20 | | Method of Payment X Check # 1039 Debit Card | | | |
| Street Address 1300 Post Rd Ste 5 | | | | | State CT | Zip Code 06824 | | |
| Purpose of Expend Misc * | Description P O Box Rental | | | | | Amount | | |
| Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co | x _{No} | Expenditure # (if applicable) | Event # | ¥ | | \$74.00 | | |

Page 158 of 187

| IV. EXPENDITURES (Sections N - S) | | | | | | | | | |
|---|--------------------------------|------------------------|-------------------|--------------------------|---|---|--|--|--|
| NAME OF COMMITTEE (Prov | TYPE | PE OF REPORT | | | | | | | |
| Mckinney For Governor April 10 Filing | | | | | | | - Original | | |
| | N. Expenses Paid By Co | ommit | tee | | | | | | |
| Name of PayeeDate of PaymentTusk Productions, LLC01/13/2014 | | | | | | | ment neck # <u>1038</u> bit Card | | |
| Street Address 38 Lakewood Dr | | | State NJ | Zip Code 07834 | | | | | |
| Purpose of Expend CNSLT | Description | | | | | | Amount | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | | | | | \$5,000.00 | | | |
| Name of Payee Date of Paymen Tom Flynn 01/21/2014 | | | | | | Method of Payment X Check # 1040 Debit Card | | | |
| Street Address 87 Coral Dr | | | City Fairfield | | | State CT | Zip Code 06524 | | |
| Purpose of Expend RCW | Description Office Supplies | | | | | | Amount | | |
| Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co | X No | Expendit (if applic | | Event # | ¥ | \$38.28 | | | |
| Name of Payee Nolan Davis | | | | Date of Pay. 01/22/20 | | Method of Payment X Check # 1041 Debit Card | | | |
| Street Address 86 Griffin Rd | | | | | | State CT | Zip Code 06016 | | |
| Purpose of Expend | Description | | | | | | Amount | | |
| CNSLT | | | 1 | | | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum Event # No Expenditure # (if applicable) | | | | | ¥ | | \$900.00 | | |

Page 159 of 187

| IV. EXPENDITURES (Sections N - S) | | | | | | | | |
|--|---|--------------------|-----------------------------|-------------------------|-------------------|---|-------------------|--|
| NAME OF COMMITTEE (Prov | PE OF REPORT | | | | | | | |
| Mckinney For Governor | | | | | April 10 Filing · | - Original | | |
| | N. Expenses Paid By C | Commi | ttee | | | | | |
| Name of Payee Date of Payment Tusk Productions, LLC 01/30/2014 | | | | | | ment neck # <u>1042</u> bit Card | | |
| Street Address 38 Lakewood Dr | | | ^{City} Denville | | | State NJ | Zip Code 07834 | |
| Purpose of Expend CNSLT | Description | | | | | | Amount | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? Event # (if applicable) Event # (if applicable) | | | | | | \$5,000.00 | | |
| Name of Payee Date of Payment Tusk Productions LLC 01/30/2014 | | | | | | Method of Payment X Check # 1043 Debit Card | | |
| Street Address 38 Lakewood Dr | | | | | | State NJ | Zip Code 07834 | |
| Purpose of Expend RCW | Description reimbursement for fundraising related expen | ises | | | | | 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) | | | | | | \$5,793.79 | | |
| Name of Payee Anedot | | | | Date of Pay 01/31/20 | | Method of Payment Check # X Debit Card | | |
| Street Address Third Street, Suite B | | | City Baton Rouge | | | State LA | Zip Code 70801 | |
| Purpose of Expend BNK | Description Credit Card Processing Fees for Month of January | | | | | | Amount | |
| Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co | X No | Expend (if appl | | Event # | ŧ | | \$177.79 | |

Page 160 of 187

| IV. EXPENDITURES (Sections N - S) | | | | | | | | |
|--|---|----------------------------------|--------------------------|-----------------|---|--|--|--|
| NAME OF COMMITTEE (Prov | E OF REPORT | | | | | | | |
| Mckinney For Governor | | | | April 10 Filing | - Original | | | |
| | N. Expenses Paid By Co | mmittee | | | | | | |
| Name of Payee Date of Payment VoterTrove Inc 02/06/2014 | | | | | | rment neck # <u>1044</u> ebit Card | | |
| Street Address 921 Cavalry Ride Trl | | City Austin | | | State TX | Zip Code 78732 | | |
| Purpose of Expend A-WEB | Description Email Liscense Fees | | | | | Amount | | |
| Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co | ŧ | \$650.00 | | | | | | |
| Name of PayeeDate of PaymentNolan Davis02/07/2014 | | | | | | Method of Payment X Check # <u>1046</u> Debit Card | | |
| Street Address 86 Griffin Rd | | | | | State CT | Zip Code 06016 | | |
| Purpose of Expend TRVL | Description Mileage Reimbursement | | | | | Amount | | |
| Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co | X No | Expenditure # (if applicable) | Event # | ŧ | \$551.69 | | | |
| Name of Payee Nolan Davis | | | Date of Payr 02/07/20 | | Method of Payment X Check # 1046 Debit Card | | | |
| Street Address 86 Griffin Rd | | | | | State CT | Zip Code 06016 | | |
| Purpose of Expend FNDR * | Description Reimbursements for Fundraiser and meetings | | | Amount | | | | |
| Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co | X No | Expenditure # (if applicable) | Event # | ± | | \$311.75 | | |

Page 161 of 187

| IV. EXPENDITURES (Sections N - S) | | | | | | | | |
|---|---|----------------------|--------------------------|-----------------|---|--|--|--|
| NAME OF COMMITTEE (Prov | vide Complete Name as Registered with Commission) | | | TYPE | OF REPORT | | | |
| Mckinney For Governor | | | | April 10 Filing | - Original | | | |
| | N. Expenses Paid By Comm | ittee | | | | | | |
| Name of Payee Nolan Davis | | | Date of Payr 02/07/20 | | | rment neck # <u>1045</u> ebit Card | | |
| Street Address 86 Griffin Rd | | | | | State CT | Zip Code 06016 | | |
| Purpose of Expend CNSLT | Consulting Serives | | | | | Amount | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? Expenditure # and complete Itemization in Addendum Event # If yes, assign an Expenditure # and complete Itemization in Addendum | | | | | | \$900.00 | | |
| Name of Payee Date of Payment Nolan Davis 02/20/2014 | | | | | Method of Payment X Check # 1051 Debit Card | | | |
| Street Address 86 Griffin Rd | | City Broad Brook | | | State CT | Zip Code 06016 | | |
| Purpose of Expend TRVL | Description Mileage Reimbursement | | | | | 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 | | \$567.88 | | |
| Name of Payee Nolan Davis | | | Date of Pays 02/20/20 | | | rment neck # <u>1050</u> ebit Card | | |
| Street Address 86 Griffin Rd | | City Broad Brook | | | State CT | Zip Code 06016 | | |
| Purpose of Expend CNSLT | Description Consulting Services | | | | | Amount | | |
| Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co | No (if app | diture # licable) | Event # | <i>±</i> | | \$900.00 | | |

Page 162 of 187

| IV. EXPENDITURES (Sections N - S) | | | | | | | | |
|---|--|-----------------------------|--------------------------|-----------------|---|---|--|--|
| NAME OF COMMITTEE (Prov | vide Complete Name as Registered with Commission) | | | TYPE | TYPE OF REPORT | | | |
| Mckinney For Governor | | | | April 10 Filing | - Original | | | |
| | N. Expenses Paid By Comn | ittee | | | | | | |
| Name of Payee Kathleen Rice | | _ | Date of Payr 02/20/20 | | | ment heck # <u>1049</u> bit Card | | |
| Street Address 126 Hulls Hy | City Southport | | | | State CT | Zip Code 06890 | | |
| Purpose of Expend REF | Description Contribution Refund: form not properly filled out a | nd deceased. | | | | Amount | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? Event # (if applicable) Event # (if applicable) | | | | | | \$100.00 | | |
| Name of Payee Date of Payment Randy Whitcomb 02/20/2014 | | | | | Method of Payment X Check # 1048 Debit Card | | | |
| Street Address 3 Buring Tree Pl | | ^{City} Cheshire | | | State CT | Zip Code 06410 | | |
| Purpose of Expend REF | Description Over contribution limit | | | | | 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 | | \$100.00 | | |
| Name of Payee Tusk Productions LLC | | | Date of Payr 02/20/20 | | | ment neck # <u>1047</u> ebit Card | | |
| Street Address 38 Lakewood Dr | | City Denville | | | State NJ | Zip Code 07834 | | |
| Purpose of Expend RCW | Description Reimbursement for Fundraising related events | | | | | 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 | | \$1,366.47 | | |

Page 163 of 187

| IV. EXPENDITURES (Sections N - S) | | | | | | | | |
|--|---|------------------------------|--------------------------|-----------------|---|--|--|--|
| NAME OF COMMITTEE (Prov | vide Complete Name as Registered with Commission) | | | TYPE | OF REPORT | | | |
| Mckinney For Governor | | | | April 10 Filing | - Original | | | |
| | N. Expenses Paid By Comm | ittee | | | | | | |
| Name of Payee Lorene Gavin | | | Date of Payr 02/25/20 | | | rment neck # <u>1057</u> ebit Card | | |
| Street Address 81 Green Ln | | | | | State CT | Zip Code 06422 | | |
| Purpose of Expend REF | Description Spouse of State Contractor | | | | | Amount | | |
| Is this expenditure coordinated with another candidate for Yes Which reimbursement is sought? Expenditure # (if applicable) If yes, assign an Expenditure # and complete Itemization in Addendum | | | | | | \$100.00 | | |
| Name of Payee Date of Payment Jonathan Gavin 02/25/2014 | | | | | Method of Payment X Check # 1055 Debit Card | | | |
| Street Address 81 Green Ln | | City Durham | | | State CT | Zip Code 06422 | | |
| Purpose of Expend REF | Description State Contractor | | | | | 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 # | ŧ | | \$100.00 | | |
| Name of Payee Maureen Valus | | | Date of Payr 02/25/20 | | | rment neck # <u>1053</u> ebit Card | | |
| Street Address 597 Barlow Rd | | ^{City} Fairfield | | | State CT | Zip Code 06824 | | |
| Purpose of Expend REF | Description Spouse of State Contractor | | | | | Amount | | |
| Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co | X No (if ap) | iditure # blicable) | Event # | ŧ | | \$100.00 | | |

Page 164 of 187

| IV. EXPENDITURES (Sections N - S) | | | | | | | | |
|--|--|--------------------------------|--------------------------|-----------------|---|--|--|--|
| NAME OF COMMITTEE (Prov | vide Complete Name as Registered with Commission) | | | TYPE | TYPE OF REPORT | | | |
| Mckinney For Governor | | | | April 10 Filing | - Original | | | |
| | N. Expenses Paid By Comn | ittee | | | | | | |
| Name of Payee William Valus | | _ | Date of Payr 02/25/20 | | | rment neck # <u>1052</u> ebit Card | | |
| Street Address 597 Barlow Rd | City Fairfield | | | | State CT | Zip Code 06824 | | |
| Purpose of Expend REF | Description State Contractor | | | | | 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 | | | | | | \$100.00 | | |
| Name of Payee Date of Payment Anthony Scilia 02/25/2014 | | | | | Method of Payment X Check # 1054 Debit Card | | | |
| Street Address 76 Limewood Ave | | City Branford | | | State CT | Zip Code 06405 | | |
| Purpose of Expend REF | Description State Contractor | | | | | 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 | | \$100.00 | | |
| Name of Payee Anedot | | | Date of Pay 02/28/20 | | | rment neck # ebit Card | | |
| Street Address Third Street Suite B | | ^{City} Baton Rouge | | | State LA | Zip Code 70801 | | |
| Purpose of Expend BNK | Description Credit Card Processing Fees Month of February | | | | | 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 | | \$62.52 | | |

Page 165 of 187

| IV. EXPENDITURES (Sections N - S) | | | | | | | | |
|--|---|---------------------|-------------------|----------------------|-------------------|---|---|--|
| NAME OF COMMITTEE (Prov | ide Complete Name as Registered with Commissio | on) | | | TYPE | OF REPORT | | |
| Mckinney For Governor | | | | | April 10 Filing · | - Original | | |
| | N. Expenses Paid By Co | ommit | ttee | | | | | |
| Name of Payee Tusk Productions LLC | | | | Date of Pay 03/01/20 | | | ment neck # <u>1058</u> bit Card | |
| Street Address 38 Lakewood Dr | | | City Denville | | | State NJ | Zip Code 07834 | |
| Purpose of Expend CNSLT | - Consulting | | | | | | 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 | | | | | | | \$5,000.00 | |
| Name of Payee Date of Payment Tusk Productions LLC 03/01/2014 | | | | | | Method of Payment X Check # 1059 Debit Card | | |
| Street Address 38 Lakewood Dr | | | City Denville | | | State NJ | Zip Code 07834 | |
| Purpose of Expend RCW | Description Reimbursement for Fundraising related expens | ses | | | | | Amount | |
| Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co | x _{No} | Expend (if appli | | Event # | ¥ | | \$2,134.90 | |
| Name of Payee Premier Graphics | | | | Date of Pay 03/01/20 | | | ment neck # <u>1060</u> ebit Card | |
| Street Address 860 Honeyspot Rd | | | City Stratford | | | State CT | Zip Code 06615 | |
| Purpose of Expend | Description | | | | | | Amount | |
| POST | r | | 1 | | | | | |
| Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co | X No | Expend (if appli | | Event # | ¥ | | \$4,165.59 | |

Page 166 of 187

| IV. EXPENDITURES (Sections N - S) | | | | | | | | |
|--|---|------------------------|--------------------------|-----------------|---|--|--|--|
| NAME OF COMMITTEE (Prov | vide Complete Name as Registered with Commission) | | | TYPE | TYPE OF REPORT | | | |
| Mckinney For Governor | | | | April 10 Filing | - Original | | | |
| | N. Expenses Paid By Comn | iittee | | | | | | |
| Name of Payee VoterTrove, Inc | | _ | Date of Pays 03/01/20 | | | rment heck # <u>1061</u> ebit Card | | |
| Street Address 921 Cavalry Ride Trl | City Austin | | | | State TX | Zip Code 78732 | | |
| Purpose of Expend A-WEB | Description Licensing Fees for Mail and Email | | | | | Amount | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | | | | | \$650.00 | | |
| Name of Payee Date of Payment Joseph Ajello 03/06/2014 | | | | | Method of Payment X Check # 1065 Debit Card | | | |
| Street Address 772 Mountain Rd | | City Cheshire | | | State CT | Zip Code 06410 | | |
| Purpose of Expend REF | Description perception of potential conflict of interest | | | | | 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 | | \$100.00 | | |
| Name of Payee Nolan Davis | | | Date of Pay 03/06/20 | | | rment neck # <u>1063</u> ebit Card | | |
| Street Address 86 Griffin Rd | | City Broad Brook | | | State CT | Zip Code 06016 | | |
| Purpose of Expend | Description Mileage Reimbursement | | | | | 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 | | \$567.32 | | |

Page 167 of 187

| IV. EXPENDITURES (Sections N - S) | | | | | | | | |
|---|---|-------------------------------|-------------------------|-----------------|---|--|--|--|
| NAME OF COMMITTEE (Prov | vide Complete Name as Registered with Commission |) | | TYPE | TYPE OF REPORT | | | |
| Mckinney For Governor | | | | April 10 Filing | - Original | | | |
| | N. Expenses Paid By Con | nmittee | | | | | | |
| Name of Payee Nolan Davis | | | Date of Pay 03/06/20 | | | rment neck # <u>1062</u> ebit Card | | |
| Street Address 86 Griffin Rd | City Broad Brook | | | | State CT | Zip Code 06016 | | |
| Purpose of Expend CNSLT | Description Consulting Fees | | | | | Amount | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? Expenditure # and complete Itemization in Addendum Event # If yes, assign an Expenditure # and complete Itemization in Addendum | | | | | | \$900.00 | | |
| Name of Payee Date of Payment Michael Ajello 03/06/2014 | | | | | Method of Payment X Check # 1067 Debit Card | | | |
| Street Address 191 Cloudland Rd | | City North Haven | 1 | | State CT | Zip Code 06473 | | |
| Purpose of Expend REF | Description perception of potential conflict of interest | | | | | Amount | | |
| Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co | X No (i | xpenditure # f applicable) | Event # | ¥ | \$100.00 | | | |
| Name of Payee Thomas Ajello | | | Date of Pay 03/06/20 | | | rment neck # <u>1066</u> ebit Card | | |
| Street Address 191 Cloudland Rd | | City North Haven | 1 | | State CT | Zip Code 06473 | | |
| Purpose of Expend REF | Description perception of potential conflict of interest | - | | | | Amount | | |
| Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co | X No (i | xpenditure # f applicable) | Event # | ¥ | | \$100.00 | | |

Page 168 of 187

| IV. EXPENDITURES (Sections N - S) | | | | | | | | |
|--|---|--------------------------------|--------------------------|-----------------|---|---|--|--|
| NAME OF COMMITTEE (Prov | vide Complete Name as Registered with Commission) | | | TYPE | PE OF REPORT | | | |
| Mckinney For Governor | | | | April 10 Filing | - Original | | | |
| | N. Expenses Paid By Comm | ittee | | | | | | |
| Name of Payee Dana Ajello | | | Date of Payr 03/06/20 | | | ment heck # <u>1064</u> sbit Card | | |
| Street Address 191 Cloudland Rd | | | | | State CT | Zip Code 06473 | | |
| Purpose of Expend REF | perception of potential conflict of interest | | | | | Amount | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? Event # If yes, assign an Expenditure # and complete Itemization in Addendum Event # | | | | | | \$100.00 | | |
| Name of Payee Date of Payment Anna Jean Ajello 03/06/2014 | | | | | Method of Payment X Check # 1068 Debit Card | | | |
| Street Address 9 Carafa Ter | | ^{City} North Haven | | | State CT | Zip Code 06473 | | |
| Purpose of Expend REF | Description perception of potential conflict of interest | | | | | 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 | | \$100.00 | | |
| Name of Payee Peter Ambrose | | | Date of Pays 03/17/20 | | | ment neck # <u>1069</u> ebit Card | | |
| Street Address 110 Kings Hwy E | | ^{City} Fairfield | | | State CT | Zip Code 06825 | | |
| Purpose of Expend REF | se of Expend Description exceeded contribution limit | | | | | 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> | | \$100.00 | | |

Page 169 of 187

| IV. EXPENDITURES (Sections N - S) | | | | | | | | |
|--|---|------------------------------|--------------------------|-----------------|---|--|--|--|
| NAME OF COMMITTEE (Prov | vide Complete Name as Registered with Commission) | | | TYPE | OF REPORT | | | |
| Mckinney For Governor | | | | April 10 Filing | - Original | | | |
| | N. Expenses Paid By Comm | ittee | | | | | | |
| Name of Payee Elizabeth Fletcher | | - | Date of Payr 03/17/20 | | | rment neck # <u>1076</u> ebit Card | | |
| Street Address 279 Toilsome Hill Rd | City Fairfield | | | | State CT | Zip Code 06825 | | |
| Purpose of Expend REF | Description Exceeded contribution limit | | | | | Amount | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum Event # No Expenditure # No Expenditure # (if applicable) | | | | | | \$100.00 | | |
| Name of Payee Date of Payment Anne Streeter 03/17/2014 | | | | | Method of Payment X Check # 1078 Debit Card | | | |
| Street Address 31 Broomoor Rd | | City West Hartford | ł | | State CT | Zip Code 06107 | | |
| Purpose of Expend REF | Description Contribution Refund | | | | | 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 | | \$25.00 | | |
| Name of Payee Jane Tierney | | | Date of Pays 03/17/20 | | | rment neck # <u>1079</u> ebit Card | | |
| Street Address 1204 Mine Hill Rd | | ^{City} Fairfield | | | State CT | Zip Code 06824 | | |
| Purpose of Expend REF | Description Contribution Refund | | | | | Amount | | |
| Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co | No (if app | diture # licable) | Event # | ± | | \$100.00 | | |

Page 170 of 187

| IV. EXPENDITURES (Sections N - S) | | | | | | | | |
|--|---|------------------------|--------------------------|-----------------|---|--|--|--|
| NAME OF COMMITTEE (Prov | vide Complete Name as Registered with Commission) | | | TYPE | OF REPORT | | | |
| Mckinney For Governor | | | | April 10 Filing | - Original | | | |
| | N. Expenses Paid By Comn | ittee | | | | | | |
| Name of Payee Jeffrey Donofrio | | | Date of Payr 03/17/20 | | | rment neck # <u>1077</u> ebit Card | | |
| Street Address 4 Nichols Rd | | | | | State CT | Zip Code 06611 | | |
| Purpose of Expend REF | Description Contribution Refund | | | | | Amount | | |
| Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co | ŧ | | \$70.00 | | | | | |
| Name of Payee Date of Payment Paul Fattibene 03/17/2014 | | | | | Method of Payment X Check # 1075 Debit Card | | | |
| Street Address 235 Village Ln | | City Southport | | | State CT | Zip Code 06890 | | |
| Purpose of Expend REF | Description Exceeded cntribution limit | | | | | 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 | | \$100.00 | | |
| Name of Payee Lincoln Craighead | | | Date of Payr 03/17/20 | | | rment neck # <u>1070</u> ebit Card | | |
| Street Address 175 Barlow Rd | | City Fairfield | | | State CT | Zip Code 06824 | | |
| Purpose of Expend REF | Description Exceeded contribution limit | | | | | 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> | | \$100.00 | | |

Page 171 of 187

| IV. EXPENDITURES (Sections N - S) | | | | | | | | |
|--|---|----------------------------|------------------|--------------------------|-------------------|---|---|--|
| NAME OF COMMITTEE (Prov | ide Complete Name as Registered with Commission | n) | | | TYPE | OF REPORT | | |
| Mckinney For Governor | | | | | April 10 Filing · | - Original | | |
| | N. Expenses Paid By Con | mmitte | ee | | | | | |
| Name of Payee Bernard Pellegrino, Jr | | | | Date of Payr 03/17/20 | | | ment neck # <u>1074</u> bit Card | |
| Street Address 10 Marlborough Rd | | | | | | State CT | Zip Code 06473 | |
| Purpose of Expend REF | Description Exceeded contribution limit | | | | | | 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 | | \$100.00 | | |
| Name of Payee Date of Payment Craig Massaro 03/17/2014 | | | | | | Method of Payment X Check # 1072 Debit Card | | |
| Street Address 38 Fieldcrest Dr | | | City Trumbull | | | State CT | Zip Code 06611 | |
| Purpose of Expend REF | Description Exceeded contribution limit | | | | | | Amount | |
| Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co | X No | Expenditur (if applical | | Event # | ŧ | | \$100.00 | |
| Name of Payee Patricia Falkenhagen | | | | Date of Pays 03/17/20 | | | ment neck # <u>1071</u> ebit Card | |
| Street Address 336 Silver Hill Rd | | | City Easton | | | State CT | Zip Code 06612 | |
| Purpose of Expend REF | Description Exceeded contribution limit | | | | | | Amount | |
| Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co | X No | Expenditur (if applical | | Event # | ŧ | | \$100.00 | |

Page 172 of 187

| IV. EXPENDITURES (Sections N - S) | | | | | | | | |
|---|---|----------------------|--------------------------|-----------------|---|--|--|--|
| NAME OF COMMITTEE (Prov | vide Complete Name as Registered with Commission) | | | TYPE | OF REPORT | | | |
| Mckinney For Governor | | | | April 10 Filing | - Original | | | |
| | N. Expenses Paid By Comm | ittee | | | | | | |
| Name of Payee Garrett Moore | | | Date of Payr 03/17/20 | | | rment neck # <u>1073</u> ebit Card | | |
| Street Address 3889 White Oak Rock Rd | city Middlebury | | | | State CT | Zip Code 06762 | | |
| Purpose of Expend REF | Exceeded contribution limit | | | | | Amount | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? Event which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | | | ŧ | | \$100.00 | | |
| Name of Payee Date of Payment Nolan Davis 03/19/2014 | | | | | Method of Payment X Check # 1081 Debit Card | | | |
| Street Address 86 Griffin Rd | | City Broad Brook | | | State CT | Zip Code 06016 | | |
| Purpose of Expend TRVL | Description Mileage reimbusement | | | | | 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 | | \$503.31 | | |
| Name of Payee Nolan Davis | | | Date of Pay 03/19/20 | | | rment neck # <u>1080</u> ebit Card | | |
| Street Address 86 Griffin Rd | | City Broad Brook | | | State CT | Zip Code 06016 | | |
| Purpose of Expend CNSLT | Description Consulting Fees | | | | | 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 | | \$900.00 | | |

Page 173 of 187

| IV. EXPENDITURES (Sections N - S) | | | | | | | | | | |
|--|---|------------------------------|--------------------------|-----------------|-------------|--|--|--|--|--|
| NAME OF COMMITTEE (Prov | vide Complete Name as Registered with Commission) | | | TYPE | E OF REPORT | | | | | |
| Mckinney For Governor | | | | April 10 Filing | - Original | | | | | |
| N. Expenses Paid By Committee | | | | | | | | | | |
| Name of Payee Bank of America | | | Date of Payr 03/19/20 | | | rment neck # ebit Card | | | | |
| Street Address Black Rock Turnpike | | State CT | Zip Code 06824 | | | | | | | |
| Purpose of Expend BNK | Description Return Item Chargeback | | | | | Amount | | | | |
| Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co | ŧ | | \$100.00 | | | | | | | |
| Name of Payee Bank of America | Method of Payment Check # X Debit Card | | | | | | | | | |
| Street Address Black Rock Turnpike | | ^{City} Fairfield | | | State CT | Zip Code 06824 | | | | |
| Purpose of Expend BNK | Description Return Item Chargeback 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 | | \$12.00 | | | | |
| Name of Payee Premier Printing and Mailing Sol | utions | | Date of Payr 03/24/20 | | | rment neck # <u>1084</u> ebit Card | | | | |
| Street Address 860 Honeyspot Rd | | City Stratford | | | State CT | Zip Code 06615 | | | | |
| Purpose of Expend PRNT | Description Mailings | | | | | 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 | | \$9,971.00 | | | | |

Page 174 of 187

| IV. EXPENDITURES (Sections N - S) | | | | | | | | | | |
|--|---|---|-------------------------|-------------------|----------------|---|--|--|--|--|
| NAME OF COMMITTEE (Prov | ide Complete Name as Registered with Commission |) | | TYPE | TYPE OF REPORT | | | | | |
| Mckinney For Governor | | | | April 10 Filing · | - Original | | | | | |
| N. Expenses Paid By Committee | | | | | | | | | | |
| Name of Payee Christ & Holy Trinity | | | Date of Pay 03/24/20 | | | ment eeck # <u>1082</u> ibit Card | | | | |
| Street Address 75 Myrtle Ave | | State CT | Zip Code 06880 | | | | | | | |
| Purpose of Expend FNDR * | Facility Rental | | | | | | | | | |
| Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co | #)14A | | \$300.00 | | | | | | | |
| Name of Payee Tusk Productions LLC | ment)14 | Method of Payment X Check # 1083 Debit Card | | | | | | | | |
| Street Address 38 Lakewood Dr | | ^{City} Denville | | | State NJ | Zip Code 07834 | | | | |
| Purpose of Expend RCW | Description Reimburse for Fundraising related expenses | | | | Amount | | | | | |
| Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co | X No (i | xpenditure # f applicable) | Event # | ŧ | | \$934.58 | | | | |
| Name of Payee Elizabeth Mortem | | | Date of Pay 03/31/20 | | | ment eeck # <u>1085</u> ebit Card | | | | |
| Street Address 290 Sasco Hill Rd | | City Fairfield | | | State CT | Zip Code 06824 | | | | |
| Purpose of Expend REF | of Expend Description Refund: State Contractor | | | | | | | | | |
| Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co | X No (i | xpenditure # f applicable) | Event # | ŧ | | \$100.00 | | | | |

Page 175 of 187

| IV. EXPENDITURES (Sections N - S) | | | | | | | | | |
|--|--|----|--------------------------------|---|--|-----------------|---------------------------------|-------------------|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE | | | | | | | TYPE OF REPORT | | |
| Mckinney For Governor April 10 Filing | | | | | | ling - Original | | | |
| N. Expenses Paid By Committee | | | | | | | | | |
| Name of Payee Date of Paym Anedot 03/31/201 | | | | | | | ayment Check # Debit Card | | |
| Street Address Third Street Suite B | | | ^{City} Baton Rouge | - | | | State LA | Zip Code 70801 | |
| Purpose of Expend BNK | Description Credit Card Processing Fees for month of Marc | ch | | | | | | 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 | | \$353.90 | |
| | | | | | | Total of | f Section N | \$52,678.21 | |

| IV. EXPENDITURES (Sections N - S) | | | | | | | | | |
|--|-------------|------|-------|-------|-----------|-------------------|---------------------|-------------|----|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE | | | | | | | | RT | |
| Ap | | | | | | April 10 Filing - | Original | | |
| O. Expenses Paid By Candidate | | | | | | | | | |
| Name of Payee (Name of vendor who candidate paid directly) | | | | | of Paymer | nt | Is Reimburseme Y | nt Claimed? | No |
| Street Address | | City | State | | Zip Code | 9 | | Amount | |
| Purpose of Expenditure (by code) | Description | | | Event | # | | | | |
| | | | | | | Total | of Section O | | |

Page 176 of 187

| IV. EXPENDITURES (Sections N - S) | | | | | | | | | |
|---|---|----------|---|--------------------|-------------|------------------|--|--|--|
| NAME OF COMMITTEE (I | Provide Complete Name as Registered with Comn | nission) | | TYPE OF I | REPORT | | | | |
| Mckinney For Governor | | | | | al | | | | |
| P. Expenses Incurred on Committee Credit Card | | | | | | | | | |
| Name of Issuing Institution | | | Type of Credit Card: Visa M Other | Aaster Card Discov | er | American Express | | | |
| Name of Vendor | | | | | Date of Tra | nsaction | | | |
| Street Address | | Ci | ity | | 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 | ith another candidate for Yes No | | Expenditure # (if applicable) | Event # | | | | | |
| | | | | Total of Section 1 | ? | | | | |

| | IV. EXPENDITURES (Sections N - S) | | | | | | | | |
|--|---|---------------------------|---|---------|--------|-----------------------------|----------------|--|--|
| NAME OF COMMITTE | EE (Provide Complete Name as Registered with Commission | n) | | | TYPE O | F REPORT | | | |
| Mckinney For Govern | Mckinney For Governor April 10 Filing - Orig | | | | | | | | |
| | Q. Expenses Incurred By Committee but Not Paid During this Period | | | | | | | | |
| Name of Creditor Goodfellas Restaurant | Date Incurred 03/19/2014 | | | | | | | | |
| Street Address City 702 State St New Haven | | | | | | State | Zip Code | | |
| | | | | | | СТ | 06511 | | |
| Purpose of Expenditure (by code) | Description | | Amount Incurred (Estimate or Actual) | | | | | | |
| FNDR * | Fundraiser Food March 27th | undraiser Food March 27th | | | | | | | |
| | | | | | | | | | |
| Is this expenditure coordinated with another candidate for which Is this expenditure # Expenditure # Event # (if applicable) | | | | | | | | | |
| If yes, assign an Expenditure # | and completes Itemization in Addendum Q | | | 032720 |)14a | | \$499.84 | | |
| Name of Creditor OneSmart Conference | | | | | | Date Incurred 03/31/2014 | | | |
| Street Address | | City | | | | State | Zip Code | | |
| 7026 Surrey Dr | | Woods | stock | | | CA | 30189 | | |
| Purpose of Expenditure (by code) | Description | | | | | | unt Incurred | | |
| OFFICE | Teleconference Service | | | | | (Estim | ate or Actual) | | |
| OFFICE | | | | | | | | | |
| 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 | | | | | | \$115.22 | | |

| Page 1' | 78 of | 187 |
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|---------|-------|-----|

| IV. EXPENDITURES (Sections N - S) | | | | | | | | | | |
|--|---|---------------|----------------------------------|---------|-----------------------|-------------------------|--------------------------------|--|--|--|
| NAME OF COMMITTE | EE (Provide Complete Name as Registered with Commissio | n) | | | TYPE O | F REPORT | | | | |
| Mckinney For Govern | ıor | | | | April 10 Filing - Ori | ginal | | | | |
| | Q. Expenses Incurred By Committee but Not Paid During this Period | | | | | | | | | |
| Name of Creditor Nolan Davis | | | | | | Date Incurre 03/31/2 | | | | |
| Street Address City 86 Griffin Rd Broad Brook | | | | | | | Zip Code 06016 | | | |
| Purpose of Expenditure (bv code) Description Travel Costs for late March TRVL | | | | | | | int Incurred ate or Actual) | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and completes Itemization in Addendum Q Expenditure # and completes Itemization in Addendum Q | | | | | | | \$527.36 | | | |
| Name of Creditor Tusk Productions, LLC | | | | | | Date Incurre 03/31/2 | | | | |
| Street Address 38 Lakewood Dr | | City Denvi | lle | | | State NJ | Zip Code 07834 | | | |
| Purpose of Expenditure (bv code) POST | Description Fundraising Letter Expenses | | | | | | ant Incurred ate or Actual) | | | |
| reimbursement is sought? | with another candidate for which Yes X No and completes Itemization in Addendum Q | | Expenditure # (if applicable) | Event # | | | \$300.73 | | | |
| | | | | Tota | l of Section Q | | \$1,443.15 | | | |

Page 179 of 187

| IV. EXPENDITURES (Sections N - S) | | | | | | | | |
|--|-----------------------|-----------------------------|--------------------|-------------|--------------------------|----------------------------|--|------------|
| NAME OF COMMITTEE (Provide C | Complete N | ame as Registered with Comm | nission) | | | TYPE OF REI | PORT | |
| Mckinney For Governor | | | | | | April 10 Filing - Original | | |
| R. I | temizatio | on of Reimbursements to (| Committee Wo | rkers and (| Consu | ltants | | |
| Last Name of Worker/Consultant | | | | | e of Payment /21/2014 | X Check # 1040 | | |
| Secondary Payee Staples | | | | | | | | |
| Street Address City 1201 Kings Hwy Fairfield | | | | | State CT | Zip Code 06432 | | |
| Purpose of Expenditure Description (by code) supplies OFFICE | | | | | | Amount | | |
| Is this expenditure coordinated with another candidate for Yes Expenditure # (if applicable) Event # Event # If yes, assign an Expenditure # and completes Itemization in Addendum R | | | | | | | \$38.28 | |
| Last Name of Worker/Consultant | | First Productions | | MI LLC | | e of Payment /30/2014 | Method of Payment X Check # 1043 Debit Card | |
| Secondary Payee Great Seasons | | | | | | | | _ |
| Street Address | | | City | | | | State | Zip Code |
| 35 Main St | | | Newtown | | | | ст | 06470 |
| Purpose of Expenditure (by code) FNDR * | Descriptio Food ar | m nd Beverage | - | | | | | Amount |
| Is this expenditure coordinated with another cand which reimbursement is sought? If yes, assign an Expenditure # and completes I | | Yes X No Addendum R | Expend (if appl | | | Event # 01122014A | | \$5,580.00 |

Page 180 of 187

| IV. EXPENDITURES (Sections N - S) | | | | | | | | | |
|--|---------------------|------------------------------|--------------------|-----------|-------------|----------------------------|---|---|--|
| NAME OF COMMITTEE (Provide (| Complete N | lame as Registered with Comr | nission) | | | TYPE OF REI | PORT | | |
| Mckinney For Governor | | | | | | April 10 Filing - Original | | | |
| R. | Itemizatio | on of Reimbursements to (| Committee Wo | rkers and | Consul | tants | | | |
| Last Name of Worker/Consultant | | First Productions | | MI LLC | | | | Method of Payment X Check # 1043 Debit Card | |
| Secondary Payee Staples | | | | | | | | | |
| Street Address City 760 Route 46 W Parsippany | | | | | State NJ | Zip Code 07054 | | | |
| Purpose of Expenditure Description (by code) Labels | | | | | | 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 # | | \$12.99 | |
| Last Name of Worker/Consultant | | First Productions | | MI LLC | | e of Payment /30/2014 | Method of Payment X Check # 1043 Debit Card | | |
| Secondary Payee US Post Office | | • | | | • | | | _ | |
| Street Address | | | City | | | | State | Zip Code | |
| Denville MPO | | | Denville | | | | LΩ | 07834-9998 | |
| Purpose of Expenditure (by code) POST | Descripti Stamps | | | | | | | Amount | |
| Is this expenditure coordinated with another cand which reimbursement is sought? | idate for | Yes X No | Expend (if appl | | | Event # | | \$184.00 | |
| If yes, assign an Expenditure # and completes | Itemization in | Addendum R | | | | | | \$104.00 | |

Page 181 of 187

| IV. EXPENDITURES (Sections N - S) | | | | | | | | |
|--|-----------------------|------------------------------|--------------------|-------------|-------------|----------------------------|--|------------|
| NAME OF COMMITTEE (Provide C | Complete N | lame as Registered with Comr | nission) | | | TYPE OF REI | PORT | |
| Mckinney For Governor | | | | | | April 10 Filing - Original | | |
| R. I | ltemizatio | on of Reimbursements to (| Committee Wo | rkers and (| Consul | ltants | | |
| Last Name of Worker/Consultant | | First MI Productions LLC | | | | e of Payment /20/2014 | Method of Payment X Check # 1047 Debit Card | |
| Secondary Payee Roma Ristorante | | l | | Ļ | <u>I</u> | | . — | |
| Street Address City 179 Davis St Oakville | | | | | State CT | Zip Code 06779 | | |
| Purpose of Expenditure Description (by code) FNDR * Food and Beverage | | | | | | | 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 # 01302014A | | \$1,135.25 |
| Last Name of Worker/Consultant | | First Productions | | MI LLC | | e of Payment /20/2014 | Method of Payment X Check # 1047 Debit Card | |
| Secondary Payee Denville Post Office | | • | _ | | | | | _ |
| Street Address | | | City | | | | State | Zip Code |
| Denville MPO | | | Denville | | | | Γ | 07834-9998 |
| Purpose of Expenditure (by code) POST | Descriptio Postate | | - | | | | | 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 # 03132014A | | \$196.00 |

Page 182 of 187

| IV. EXPENDITURES (Sections N - S) | | | | | | | | | |
|--|--------|----------------------|--|-----------|------|---|----------------|-----------|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REP | | | | | | | | PORT | |
| Mckinney For Governor April 10 Filing - Original | | | | | | | | | |
| R. | | | | | | | | | |
| Last Name of Worker/Consultant | | First Productions | | MI LLC | | Date of Payment D2/20/2014 Method of Payment X Check # 10. Debit Card | | | |
| Secondary Payee Amazon.com | | | | | | | | | |
| Street Address City | | | | | | State | Zip Code | | |
| 1200 South Ave S Seatlle | | | | | | WA | 98144 | | |
| Purpose of Expenditure Description (by code) Labels OFFICE | | | | | | | Amount | | |
| Is this expenditure coordinated with another candidate for Yes Expenditure # (if applicable) Event # Event # If yes, assign an Expenditure # and completes Itemization in Addendum R | | | | | | | \$52.02 | | |
| Last Name of Worker/Consultant | | First | | MI | Date | e of Payment | Method o | f Payment | |
| Tusk | | Productions | | LLC | 03/ | /01/2014 | X Check # 1059 | | |
| Secondary Payee Office Depot | | | | | | | | | |
| Street Address City | | | | | | State | Zip Code | | |
| 445 US Highway 46 | Totowa | | | | NJ | 07512 | | | |
| Purpose of Expenditure Description (by code) Labels OFFICE | | | | | | | Amount | | |
| Is this expenditure coordinated with another candidate for Yes Expenditure # which reimbursement is sought? Event # X No | | | | | | | | | |
| If yes, assign an Expenditure # and completes Itemization in Addendum R | | | | | | | | \$64.99 | |

Page 183 of 187

| IV. EXPENDITURES (Sections N - S) | | | | | | | | | |
|---|---|----------------------|-----------|-----------|---|------------|---|----------|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REP | | | | | | | PORT | | |
| Mckinney For Governor April 10 Filing - Original | | | | | | | | | |
| R. I | | | | | | | | | |
| Last Name of Worker/Consultant | | First Productions | | MI LLC | Date of Payment 03/01/2014 | | Method of Payment X Check # 1059 Debit Card | | |
| Secondary Payee Denville Post Office | | | | | | | | | |
| Street Address City | | | | | | State | Zip Code | | |
| Denville MPO | Delville | | | | NJ | 07834-9998 | | | |
| Purpose of Expenditure Description (by code) Postage | | | | | | | Amount | | |
| Is this expenditure coordinated with another candi which reimbursement is sought? If yes, assign an Expenditure # and completes I | Expenditure # (if applicable) Event # 03132014A | | | | \$147.00 | | | | |
| Last Name of Worker/Consultant | | First Productions | MI LLC | | e of Payment /01/2014 Method of Payment X Check # 1059 Debit Card | | | | |
| Secondary Payee Triple Play Sports Bar & Grille | | | | | | | | | |
| Street Address | | | City | | | | State | Zip Code | |
| 16 Straits Tp Rte # 63 | | | Watertown | | | | СТ | 06795 | |
| Purpose of Expenditure Description (by code) Food and Beverage | | | | | | | Amount | | |
| Is this expenditure coordinated with another candidate for Yes Expenditure # (if applicable) Event # 02252014B | | | | | | \$1,398.85 | | | |

Page 184 of 187

| IV. EXPENDITURES (Sections N - S) | | | | | | | | | |
|--|----------|----------------------|--|-----------|-------------------------------|------------|---|-------------------|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REP | | | | | | | | PORT | |
| Mckinney For Governor April 10 Filing - Original | | | | | | | | | |
| R. 1 | | | | | | | | | |
| Last Name of Worker/Consultant | | First Productions | | MI LLC | Date of Payment 03/01/2014 | | Method of Payment X Check # 1059 Debit Card | | |
| Secondary Payee Anastasio's Steakhouse | | | | | | | | | |
| Street Address City 640 Silversands Rd East Haven | | | | | | | State CT | Zip Code 06512 | |
| Purpose of Expenditure Description (by code) Food & Beverage FNDR * Food & Description | | | | | | | Amount | | |
| Is this expenditure coordinated with another candidate for Yes Expenditure # which reimbursement is sought? Yes Expenditure # if yes, assign an Expenditure # and completes Itemization in Addendum R Event # 02252014A | | | | | | | \$524.06 | | |
| Last Name of Worker/Consultant | | First Productions | | MI LLC | Date of Payment 03/24/2014 | | Method of Payment X Check # 1083 Debit Card | | |
| Secondary Payee USPS | | | | | | | | | |
| Street Address | City | | | | State | Zip Code | | | |
| Denville MPO | Denville | | | | Γ | 07834-9998 | | | |
| Purpose of Expenditure Description (by code) Postage POST Postage | | | | | | | Amount | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes Expenditure # (if applicable) Event # | | | | | | \$98.00 | | | |
| If yes, assign an Expenditure # and completes Itemization in Addendum R | | | | | | | | \$20.00 | |

Page 185 of 187

| IV. EXPENDITURES (Sections N - S) | | | | | | | | | |
|---|-----------|----------------------|--|-----------|-------------------------------|--------------|---|----------|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REP | | | | | | | | PORT | |
| Mckinney For Governor April 10 Filing - Original | | | | | | | | | |
| R. 1 | | | | | | | | | |
| Last Name of Worker/Consultant | | First Productions | | MI LLC | Date of Payment 03/24/2014 | | Method of Payment X Check # 1083 Debit Card | | |
| Secondary Payee Two Roads Brewing Co | | | | | | | | | |
| Street Address City 1700 Stratford Ave Stratford | | | | | | State CT | Zip Code 06615 | | |
| Purpose of Expenditure Description (by code) Food & Beverage FOOD Food & Description | | | | | | | Amount | | |
| Is this expenditure coordinated with another candidate for Yes Expenditure # which reimbursement is sought? Yes Expenditure # if yes, assign an Expenditure # and completes Itemization in Addendum R Expenditure # O3132014A | | | | | | | \$179.50 | | |
| Last Name of Worker/Consultant | | First Productions | | MI LLC | | e of Payment | Method of Payment X Check # 1083 Debit Card | | |
| Secondary Payee Captains Keg | | | | | • | | | | |
| Street Address City | | | | | | | State | Zip Code | |
| 200 E Main St | Stratford | | | | СТ | 06614 | | | |
| Purpose of Expenditure Description (by code) Beverage | | | | | | | | Amount | |
| Is this expenditure coordinated with another candidate for Yes Expenditure # which reimbursement is sought? Yes Expenditure # (if applicable) Event # 03132014A | | | | | | \$100.96 | | | |

Page 186 of 187

| IV. EXPENDITURES (Sections N - S) | | | | | | | | |
|---|----------------------------|----------------------|-----------------|-----------------------------------|-------|----------------------------|--|-------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REF | | | | | | | PORT | |
| Mckinney For Governor April 10 Filing - Origi | | | | | | April 10 Filing - Original | | |
| R. I | | | | | | | | |
| Last Name of Worker/Consultant Tusk | | First Productions | | MI Date of Payment LLC 03/24/2014 | | | Method of Payment X Check # 1083 Debit Card | |
| Secondary Payee Barley Vine | | | | | | | | |
| Street Address 182 Main St | | | City Bristol | | | | State CT | Zip Code 06010 |
| Purpose of Expenditure (by code) FNDR * Description Food & Beverage | | | | | | | Amount | |
| Is this expenditure coordinated with another candidate for Yes Expenditure # which reimbursement is sought? Ves (if applicable) Event # If yes, assign an Expenditure # and completes Itemization in Addendum R Use Object | | | | | | | \$508.05 | |
| Last Name of Worker/Consultant | Itant First Productions | | | MI LLC | | e of Payment /24/2014 | Method of Payment X Check # 1083 | |
| Secondary Payee Kama Sush | | | | | | | | |
| Street Address | | | City | | | | State | Zip Code |
| 2410 Main St | Stratford | | | ст | 06615 | | | |
| Purpose of Expenditure (by code) FNDR * | Description Food & | on Beverage | - | | | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes Expenditure # (if applicable) Event # 03132014A | | | | | | \$48.07 | | |
| If yes, assign an Expenditure # and completes | Itemization in | Addendum R | | | | | | + 10107 |
| | | | | | | Total of Section R | | \$10,268.02 |

Page 187 of 187

| IV. EXPENDITURES (Sectuibs N - S) | | | | | | | | |
|--|----------|----------------------------|--------------------|-------------------------------------|--|--|--|--|
| NAME OF COMMITTEE (Provide Complete Name as Register | | TYPE OF REPORT | | | | | | |
| Mckinney For Governor | April 10 | 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 | | | | | |