Electronic Filing

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



Do Not Mark in This Space For Official Use Only

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	
If yes, indicate which branch or branches of Executive Legislative		•	x No			
government the contract is with:	Date	Received	Aggregate Contributions			
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions			
X No Cash X Personal Check	02/3	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	
	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 # <u>02252014A</u> No Credit/Debit Card	02/2	26/2014	\$100.00		\$100.00	
in yes, list Event in OZZOTIA	1		1	1		

I. MONE FOR COMMITTER (Previde Complete: Name as Registered with Commission) TYPE OF REPORT Marke FOR COMMITTER (Previde Complete: Name as Registered with Commission) TYPE OF REPORT Marke FOR COMMITTER (Previde Complete: Name as Registered with Commission) TYPE OF REPORT Bitemized Contributions from Individuals Lant Name Market Contributions from Individuals Contribution Strem Addees Contribution De Labero Diddael Name Addees Contribution Strem Addees Contribution Strem Note Set of Individual Strem Addees Contribution Strem Addees Contribution argencipal of a table contractor of prospective state contractor? Legistave Market Contribution Agencipae Contribution Agencinde Contribution Agencinde Contribution Agenc
Mckinney For Governor April 10 Filing - Original B. Itemized Contributions from Individuals Last Name Mit Contributions from Individuals East Name First Mit Contributions (D P Info.) Beakendard Steen Authens City State Zp Code 70 Dates View Dr Vent Self Amount of Employer Self Is contributed a priloging of state contractory or prospective state contractory? Self Anount of Contributed a priloging of state contractory or prospective state contractory? Mit Contributed a priloging of state contractory or prospective state contractory? Mit Contributed a priloging of state contractory or prospective state contractory? Mit Contributed a priloging of state contractory or prospective state contractory? No I also contraction contract with a financian contract or prospective state contractory? Mit a financian contractory financian contractory financian contractory financian contractory financian contractory financian contractory fina
Intension of a state contractor or prospective state contractor? First Mil Contribution D # Last Name Distasi First Mil Contribution D # Principal Cocapulation State C/P State 70 Coche Principal Cocapulation State C/P State 70 Coche Principal Cocapulation Non-of Elaphysive State 70 Coche 66795 Principal Cocapulation Non-of Elaphysive State 70 Coche 67795 I'regin Understan is with Executive Legendant Contribution 20 State Non-of Elaphysive, oreanized with the differentiation of the contribution I'regin, Indicate which branch or branches of Executive Legendant Contribution 20 Zef/2014 \$100.00 \$100.00 I and Name Coche Personal Check Date Received Aggregate Contribution \$100.00 Lata Name Distasi Mile Mile Mile State Zap Coche Distasi Residental State Mile Mile State Zap Coche 16499 Residental State Mile Mile Contribution D # 16499 State
Lar Name First First Mil Controbution ID # Likeron 70 Likeron Set 24p Code City Set Set Set City Set I's controbutor a principal of a state contractor or prospective state contractor? Legislative Set Noncort Controbutors Amount of Controbutors I's controbutor a principal of a state contractor or prospective state contractor? Legislative Set No Set I's controbutor a principal of a state contractor or prospective state contractor? Legislative Date Received Aggregate Controbutors Amount of Controbutors I state state in a second of with a findencia second with a findencia second of with a findencia second of with a findencia second of with a findencia second with a fi
Lar Name First First Mil Controbution ID # Likeron 70 Likeron Set 24p Code City Set Set Set City Set I's controbutor a principal of a state contractor or prospective state contractor? Legislative Set Noncort Controbutors Amount of Controbutors I's controbutor a principal of a state contractor or prospective state contractor? Legislative Set No Set I's controbutor a principal of a state contractor or prospective state contractor? Legislative Date Received Aggregate Controbutors Amount of Controbutors I state state in a second of with a findencia second with a findencia second of with a findencia second of with a findencia second of with a findencia second with a fi
Distasi Libero 1648 Reidenial Street Address City State Zp Code 70 Dake View Dr Watertown CT 66795 Principal Occupation Self Self Self Is contribute a principal of a state contractor or prospective state contractor? yres Name of Employer Amount of Contribution 1/9 st. indicate which branch or to increase of a lookysit? Freecurity Yres Name Amount of Contribution 1 diadiation state of the contraction or prospective state contractor? Ireplative Indicating event titled in Section 17 Amount of Contribution 1 diadiation state which branch or branches of a lookysit? Yres Cash Personal Check 02/26/2014 \$100.00 1 diadiation state which branch or prospective state contractor? Ireplative Iref Mile Contribution 10 # 1 diadiation springed of a state contractor or prospective state contractor? Yres No Secontrabution 10 # Iref 1 diadiation a principal of a state contractor or prospective state contractor? Yres Yres No Secontrabution a lobysic state contractor? Yres 1 diadiation a principal of a state contractor or prospective state contractor? Yres Yres No Secontrabution a lobysic state contrabution 1 diadiation a state which hera
Residential Street Address City State Zip Code 07 Lake View Dr Watertown City Watertown City Principal Cocquation Name of Employer Self
TO Lake View Dr Watertown CT 06795 Principal Occupation Name of Employer Self Is contributor a principal of a state contractor or prospective state contractor? Ves No Amount of Contribution Version Leacuity Leacuity Leacuity Leacuity So on the contribution of the contribution Is decontributed a principal of a state contractor or prospective state contractor? Leacuity Leagregate Contributions Amount of Contribution Is discontributed a principal of a state contractor? Ves Method of contribution Data Received Aggregate Contribution Is discontributed a principal of a state contractor? Ves Method of Contribution Ves No If yes, indicate which hanked to thranches of prospective state contractor? City OZ/26/2014 \$100.00 \$100.00 Last Name Distasi First Mile City Code City Go 2008 Principal Occupation Estimation or transport Ves No Legendation No State Zip Code Inscientificate a principal of a state contractor or prospective state contractor? Ves No Aggregate Contributions No
Principal Occupation Name of Employer Self Is contributer a principal of a state contractor or prospective state contractor? Vis No If yes, indicate which branch or branches of contributors is with: Is contributor a stability; yes, indicate which branch or branches of contributors: Date Received Aggregate Contributions: Is dis contributor a stability; yes, indicate which branch or branches of contributors: Method of contribution:: Date Received Aggregate Contributions: Is dis contributor a stability; yes, int Event # 02252014Δ No State Contributor a stability; yes, int Event # 02252014Δ Is discontributor a stability; yes, int Event # 02252014Δ First Mt Contributor a stability; yes, int Event # 02252014Δ Is discontributor and Street Address City State Zip Code City State Zip Code Is discontributor and state contractor or prospective state contractor? Is contributor a stability; Yes Annount of Contribution If yes, indicate which branch or branches of socramement the contract with the function of the contractor and the contractor and the socramement the contract with the function of the contractor is with: Executive Legislative Xis No Is contributor and socontractor of prospective state contractor
Self Self Is outflubura a principal of a state contractor or prospective state contractor Is contributer a principal of a state contractor or prospective state contractor Is contributer a principal of a state contractor In the contract with a contractor or prospective state contractor Is the contractor or prospective state contractor In the contractor In the contractor In the contra
It contributor a principal of a state contractor or prospective state contractor? It yes, indicate which branch or branches of account of Contribution It contributor a behavior, sponse, or dependent child of a behavior. It was not to Contribution If yes, indicate which branch or branches of account is south: Executive Legislative It alebhysist, sponse, or dependent child of a behavior. No Indicating event is seed in Section 17: No It alebhysist, sponse, or dependent child of a behavior. Aggregate Contributions No It as to state both associated with a fundation general to section 17: No It alebhysist, sponse, or dependent child of a behavior. Aggregate Contributions State It as to state both associated with a fundation general to section 17: No It alebhysist, sponse, or dependent child of a lebhysist, sponse, or dependent child of a lebhys
If yes, indicate which branch or branches of contribution: Is described or a lobby st? Yes Yes If yes, indicate which branch or branches of contribution: Executive Legislative Date Received Aggregate Contributions If yes, indicate which branches of contribution: Is discontribution associated with a function of contribution: Date Received Aggregate Contributions \$100.00 Least Name Distasi Mile Cash Prisonal Check: City State Zp Code Principal Coeption State City State Zp Code City State Zp Code If wes, indicate which branch or branches of contribution: Executive Legislative Name of Employer Self Self Amount of Contribution ID # Is dontributor a principal of a state contractor or prospective state contractor? Yes No Is contributor a sloby sit, spouse, or dependent child of a lobby sit? Yes Amount of Contribution ID # Induration geven tisted in Section J1? Wes Miched of contribution: Mile O2/26/2014 \$100.00 \$100.00 If vis. contractor or prospective state contractor? Personal Check O2/26/2014 \$100.00 \$100.00 \$100.00 <
assertment the contract is with: Excessive Legislative Legislative Date Received Aggregate Contributions Glassing event listed in Section 317 No Method of contributions: Date Received Aggregate Contributions Aggregate Contributions If yes, list Event # 02252014A No Method of contribution Distasi Mft Contribution ID # Residential Street Address City State Zp Code Od708 Principal Ocapation State Zp Code City State Zp Code Od708 Principal Ocapation State State Contribution B Distasi No Is contribution a lobby
In the contribution associated with a finding event listed in Section 11? Yes Method of contribution: Date Received Credit/Debit Card Aggregate Contributions If use contribution associated with a finding event listed in Section 11? No State Personal Check Credit/Debit Card 02/26/2014 \$100.00 \$100.00 Last Name Distasi Mile Mile Mile Id49 Residential Street Address City State Zip Code Of Hans Ave Waterbury CT 06708 Principal Occupation Name of Employer Self Source Source Is contributor a principal of a state contractor or prospective state contractor? Yes No Source Amount of Contribution If yes, list Event # 02252014A Method of contribution: Date Received Aggregate Contributions Amount of Contribution If yes, list Event # 02252014A No Method of contribution: City Yes Amount of Contribution Indindusing event lised in Section 11? No Yes Method of contribution: City No Stote Address City No Stote Address No City Code Ci
fundaising event listed in Section J1? Image: section J1? Image: section J1? Image: section J1? Image: section J2? State State State State Z100.00 Last Name Distasi First MI Contribution ID # Id49 Residential Street Address City State Z1p Code 104 Hans Ave Waterbury CT 06708 Principal Occupation Self Self Self Is contributor a principal of a state contractor or prospective state contractor? Vest No Is contributor a lobbyist, spoase, or dependent child of a lobbyist? Amount of Contribution dependent child of a lobbyist? Amount of Contribution If yes, indicate which branch or branches of societor J1? Executive Legislative Data Received Aggregate Contributions If yes, indicate which branch or branches of societor J1? No Cash Money Order Personal Check Money Order Q2/26/2014 \$100.00 \$100.00 If yes, inst Event # 02252014A No Midebod of contribution: Midebod of contribution City State Zip Code Beidential Street Address City State Zip Code Midebod of a lobby(st)
If yes, list Event # 02252014A No Image of the second secon
If yes, list Event # 02252014A Money Order Credit/Debit Card Last Name First Mile 1649 Residential Street Address City State Zip Code 0104 Hans Ave Waterbury CT 06708 Principal Occupation Saff Saff Saff Is contributor a principal of a state contractor or prospective state contractor? Yes No Is contribution al obbyist, spouse, or dependent child of a lobbyist? No Is functional social of the social with: Executive Legislative Date Received Aggregate Contributions If yes, inflexe which branch or branches of accontribution associated with a fundraising event listed in Section J1? Yes Method of contribution: Date Received Aggregate Contributions If yes, inflexent # 02252014A No East Name Credit/Debit Card 02/26/2014 \$100.00 \$100.00 Last Name Eise contractor or prospective state contractor? Yes Midelebury State Zip Code If yes, indicate which branch or branches of accontractor? Yes No State Zip Code 02/26/2014 \$100.00 \$100.00 Last Name
Distasi Mike 1649 Residential Street Address City State Zip Code 104 Hans Ave Waterbury CT 06708 Principal Occupation Self Self Self Amount of Contribution a lobbyist, spouse, or dependent child of a lobbyist? Yes Amount of Contribution If yes, indicate which branch or branches of severiment the contract is with: Executive Legislative Date Received Aggregate Contributions If yes, list Event # 02252014A No Store Centributions First MI Contribution ID # Last Name First MI Contributor ID # 1650 1650 Residential Street Address City State Zip Code CT 06762 Principal Occupation No First MI Contribution ID # 1650 Residential Street Address City State Zip Code CT 06762 Principal Occupation Name First MI Contribution ID # 1650 Residential Street Address City State Zip Code CT 06762 Principal Occ
Distasi Mike 1649 Residential Street Address City State Zip Code 104 Hans Ave Waterbury CT 06708 Principal Occupation Self Self Self Amount of Contribution a lobbyist, spouse, or dependent child of a lobbyist? Yes Amount of Contribution If yes, indicate which branch or branches of severiment the contract is with: Executive Legislative Date Received Aggregate Contributions If yes, list Event # 02252014A No Store Centributions First MI Contribution ID # Last Name First MI Contributor ID # 1650 1650 Residential Street Address City State Zip Code CT 06762 Principal Occupation No First MI Contribution ID # 1650 Residential Street Address City State Zip Code CT 06762 Principal Occupation Name First MI Contribution ID # 1650 Residential Street Address City State Zip Code CT 06762 Principal Occ
Residential Street Address City State Zip Code 104 Hans Ave Waterbury CT 06708 Principal Occupation Name of Employer Self Self Is contributor a principal of a state contractor or prospective state contractor? Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Amount of Contribution If yes, indicate which branch or branches of government the contract is with: Yes Method of contribution: Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution: Date Received Aggregate Contributions I stats Name No Credit/Debit Card 02/26/2014 \$100.00 \$100.00 Last Name First MI Contribution ID # 1650 Residential Street Address City State Zip Code 80 Stonewall Dr Owner/ Manager Triple Play Sports Bar & Grille Triple Play Sports Bar & Grille Is contribution associated with a function or branches of government the contract is with: Executive Legislative No Is contribution associated with a funcharch or branches of government the contrac
104 Hans Ave Waterbury CT 06708 Principal Occupation Name of Employer Self Self Self Is contributor a principal of a state contractor or prospective state contractor? Yes No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Amount of Contribution accontact is with: Is this contribution associated with a findnaising event listed in Section J1? Xes Method of contribution: Date Received Aggregate Contributions \$100.00 \$100.00 Last Name O2252014A No First MI Contribution ID # 1650 Residential Street Address City State Zip Code City State Zip Code Principal Occupation Owner/ Manager Is contribution apply: Yes No Is contribution apply: Amount of Contribution ID # If yes, indicate which branch or prospective state contractor? Is contribution apply: Yes Mil Contribution ID # Is contribution apply: Minical Eulerian State Zip Code City State Zip Code City City State Zip Code City Gependent child of a lobbysist; poruse, or <td< td=""></td<>
Principal Occupation Name of Employer Self Self 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 Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Amount of Contribution Is this contribution associated with a fundraising event listed in Section 11? Is the contribution: Is contribution associated with a fundraising event listed in Section 11? Method of contribution: Date Received Aggregate Contributions If yes, list Event # 02252014A No State Cash Personal Check 02/26/2014 \$100.00 \$100.00 Last Name First MI Contribution ID # 1650 Residential Street Address City State Zip Code 06762 Principal Occupation Owner/ Manager Triple Play Sports Bar & Grille Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Amount of Contribution a lobbyist. 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 a generate contractor or prospective state contractor?
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? Is contributor a principal of a state contractor or prospective state contractor? Is contributor a principal of a state contractor or prospective state contractor? Is contributor a principal of a state contractor or prospective state contractor? Is contributor a principal of a state contractor or prospective state contractor Is contributor a principal of a state contractor or prospective state contractor? Date Received Aggregate Contributions If yes, list Event # 02252014A No Mid Contribution ID # Last Name First MI Contribution ID # Delbuono Ralph If So ontributor a principal of a state contractor or prospective state contractor? Vest Principal Occupation Owner/ Manager Contributor Grade of a lobbyist, spouse, or dependent child of a lobbyist, spouse, or dependent child of a lobbyist? Amount of Contribution ID # Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of Executive Legislative If yes, indicate which branch or branches of government the contract is with: Executive Legislative No Is contributor a lobbyist, spouse, or dependent child of a lobbyist, spouse, or government the contract is with: Amount of Contribution If yes, indicate which branch or branches
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 Amount of Contribution Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution: Date Received Aggregate Contributions \$100.00 I state Name No Cash Personal Check O2/26/2014 \$100.00 \$100.00 Last Name First MI Contributor ID # 1650 Residential Street Address City State Zip Code 80 Stonewall Dr Owner/ Manager Triple Play Sports Bar & Grille Is contribution alobyist; spouse, or dependent child of a lobbyist; Amount of Contribution do fortribution alobyist; 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; Amount of Contribution dependent child of a lobbyist; I yes, indicate which branch or branches of government the contractor or prospective state contractor? Yes No Is
If yes, indicate which branch or branches of government the contract is with: Executive Legislative Yes X No Is this contribution associated with a fundraising event listed in Section J1? X Yes Method of contribution: Date Received Aggregate Contributions If yes, list Event # 02252014A No Cash Personal Check 02/26/2014 \$100.00 \$100.00 Last Name First MI Contribution ID # 1650 Residential Street Address City State Zip Code 80 Stonewall Dr Ves Middlebury CT 06762 Principal Occupation Name of Employer Triple Play Sports Bar & Grille Is contributor a principal of a state contractor or prospective state contractor? Yes No Is contributor a lobbyist? Yes Amount of Contribution If yes, indicate which branch or branches of government the contract is with: Executive Legislative X No Amount of Contribution Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution: Date Received Aggregate Contributions Amount of Contribution If yes, indicate which branch or branches of
government the contract is with: Executive Legislative K 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 # 02252014A No Personal Check 02/26/2014 \$100.00 \$100.00 Last Name First MI Contribution ID # 1650 Residential Street Address City State Zip Code 80 Stonewall Dr Middlebury CT 06762 Principal Occupation No Yes No Is contrabutor? 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 Yes No State Zip Code
By overlinetin the contract is with. Image: Contribution associated with a findraising event listed in Section J1? Image: Contribution associated with a findraising event listed in Section J1? Image: Contribution associated with a findraising event listed in Section J1? Image: Contribution associated with a findraising event listed in Section J1? Image: Contribution associated with a findraising event listed in Section J1? Image: Contribution associated with a findraising event listed in Section J1? Image: Contribution associated with a findraising event listed in Section J1? Method of contribution: Image: Contribution associated with a findraising event listed in Section J1? Method of contribution: Image: Contribution associated with a findraising event listed in Section J1? Image: Contribution associated with a findraising event listed in Section J1? Method of contribution: Image: Contribution associated with a findraising event listed in Section J1? Method of contribution: Image: Contribution associated with a findraising event listed in Section J1? Method of contribution: Image: Contribution associated with a findraising event listed in Section J1? Method of contribution: Image: Contribution associated with a findraising event listed in Section J1? Method of contribution: Image: Contribution associated with a findraising event listed in Section J1? Method of contribution: Image: Contribution associated with a findraising event listed in Section J1? Method of contribution: Image: Contribution associated with a findraising event listed in Section J1? Method of contribution:
fundraising event listed in Section J1? Image: Yes indicate which branch or branches of government the contract is with: Image: Yes indicate which branch or branches of indicate which branch or branches of government the contract is with: Image: Yes indicate which branch or branches of indicate which branch or branches of indicated which a indicate
If yes, list Event # 02252014A No Money Order Credit/Debit Card 02/26/2014 \$100.00 \$100.00 Last Name First MI Contribution ID # Delbuono Ralph 1650 Residential Street Address City State Zip Code 00/2000 Widdlebury CT 06762 Principal Occupation Name of Employer Triple Play Sports Bar & Grille State Zip Code Is contributor a principal of a state contractor or prospective state contractor? Yes No Is contributor a lobbyist; spouse, or dependent child of a lobbyist? Yes Amount of Contribution If yes, indicate which branch or branches of government the contract is with: Executive Legislative Date Received Aggregate Contributions Amount of Contribution Is this contribution associated with a fundraising event listed in Section J1? Yes Personal Check 02/26/2014 \$100.00 \$100.00
If yes, list Event # 02252014A Money Order Credit/Debit Card Last Name First MI Contribution ID # Delbuono Ralph 1650 Residential Street Address City State Zip Code 80 Stonewall Dr Middlebury CT 06762 Principal Occupation Name of Employer Triple Play Sports Bar & Grille 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 Date Received Aggregate Contributions Amount of Contribution Is this contribution associated with a fundraising event listed in Section J1? No Cash Personal Check 02/26/2014 \$100.00 \$100.00
Delbuono Ralph 1650 Residential Street Address City State Zip Code 80 Stonewall Dr Middlebury CT 06762 Principal Occupation Name of Employer Triple Play Sports Bar & Grille Amount of Contribution Is contributor a principal of a state contractor or prospective state contractor? Yes No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Amount of Contribution If yes, indicate which branch or branches of government the contract is with: Executive Legislative Date Received Aggregate Contributions Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Date Received Aggregate Contributions \$100.00
Residential Street Address City State Zip Code 80 Stonewall Dr Middlebury CT 06762 Principal Occupation Name of Employer Triple Play Sports Bar & Grille 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 Amount of Contribution Is this contribution associated with a fundraising event listed in Section J1? X Yes Personal Check 02/26/2014 \$100.00 \$100.00
80 Stonewall Dr Middlebury CT 06762 Principal Occupation Name of Employer Triple Play Sports Bar & Grille Is contributor a principal of a state contractor or prospective state contractor? Is contributor a principal of a state contractor or prospective state contractor? Is contributor a lobbyist; spouse, or dependent child of a lobbyist? Amount of Contribution If yes, indicate which branch or branches of government the contract is with: Executive Legislative Is contribution abobyist? X No Is this contribution associated with a fundraising event listed in Section J1? X Yes Method of contribution: Date Received Aggregate Contributions No Cash X Personal Check 02/26/2014 \$100.00 \$100.00
Principal Occupation Name of Employer Owner/ Manager Triple Play Sports Bar & Grille 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? X Yes Date Received Aggregate Contributions No Cash X Personal Check 02/26/2014 \$100.00 \$100.00
Owner/Manager Triple Play Sports Bar & Grille 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? Method of contribution: Date Received Aggregate Contributions No Cash X Personal Check 02/26/2014 \$100.00 \$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is contributor a principal of a state contractor or prospective state contractor? Is contributor a lobbyist, spouse, or 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? Is no Is this contribution associated with a fundraising event listed in Section J1? Is response to contribution: Date Received Aggregate Contributions No Cash Is personal Check 02/26/2014 \$100.00 \$100.00
If yes, indicate which branch or branches of government the contract is with: Executive Legislative Image: Cash image:
If yes, indicate which branch or branches of government the contract is with: Executive Legislative Image: Contribution of a loopyst? Is this contribution associated with a fundraising event listed in Section J1? Image: Contribution of Contribution: Image: C
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 X Personal Check 02/26/2014 \$100.00 \$100.00
Is this contribution associated with a fundraising event listed in Section J1? No Cash Personal Check Date Received Aggregate Contributions Date Received Aggregate Contributions (2/26/2014 \$100.00 \$100.00
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

					Page 55 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 #
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
---------	-------	-----

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					