SEEC FORM 30

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



Electronic Filing

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COVER PAGE

1.NAME OF COMMITTEE						2. TYI	PE OF COMMITTEE	
Rosario 2014						x	Candidate Committee Exploratory Committee	
3. TREASURER NAME							_	
First Karen			MI	Last Soares-Robinson			Suffix	
4. TREASURER ADDRESS								
Street Address 29 Union Ave		City Bridge	eport		- 1	Zip Code 06607		
5. ELECTION DATE	6. OFFICE SOUGHT (Ca	omplete o	nly if Candidate	Committee)		7. DISTR	RICT NUMBER (if applicable	
11/04/2014	State Representativ	/e				R128		
8. CANDIDATE NAME (Complete only if C	Candidate or Exploratory Co	ommittee	e)					
First Christoper			MI	Last Rosario			Suffix	
9. TYPE OF REPORT								
April 10 Filing - Original								
10. PERIOD COVERED								
	Beginning Date			Ending Date				
	03/04/2014	thru	ı	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	Erin McDonough			04/	10/2014 6	i:15:52PM	1	
SIGNATURE	PRINT NAME OF THE	E SIGNE	≅R	DATI	E CERTIFIED			
PENA	LTY FOR FALSE STATEM			E BY FINE NOT TO EXCEED \$ IAN ONE YEAR, OR BOTH.	1,000, OR IM	PRISONME	ENT	

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

SUMMARY PAGE TOTALS

NAME OF COMMITTEE	TYPE OF REPORT	TYPE OF REPORT					
Rosario 2014	April 10 Filing - Original	April 10 Filing - Original					
	COLUMN A	COLUMN B					
	This Period	Aggregate					
		BB -B					
12. Balance on hand from day Committee was formed		\$0.00					
13. Balance on hand at the beginning of Reporting Period	\$0.00						
14. Contributions received from Individuals (Section A and B)	\$1,385.00	\$1,385.00					
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)	\$1,385.00	\$1,385.00					
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$1,385.00	\$1,385.00					
20. Expenses Paid by Committee (Section N)	\$0.00	\$0.00					
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col	\$1,385.00	\$1,385.00					
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$0.00					
23. In-Kind Contributions Received (Section K)	\$0.00	\$0.00					
24. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00					
25. Receipts of Organization Expenditures (Section M) OPTIONAL	\$0.00	\$0.00					
26. Beginning Loan Balance	\$0.00						
26a. + Loans Received (Section D)	\$0.00	\$0.00					
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00					
26c Payments on Loan(s)	\$0.00	\$0.00					
26d. Total Outstanding Loan Amount	\$0.00						
27. Campaign Expenses Paid By Candidate (Section O)	\$0.00	\$0.00					
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00					
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$0.00						
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$0.00						

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						1 age 3 of 23	
L MONETARY RECEIPT	S (S	ection A-I)					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT			
Rosario 2014			April 10	Filing - Original			
A. Total Contributions from Small Contributors-Received this Period	od O	NLY		For Nonpartic \$0.00	ipating Cand	idates ONLY	
B. Itemized Contributions from	m Ind	lividuals					
Last Name	First				MI	Contribution ID #	
Felipe		Ruben			D	0011	
Residential Street Address	City				State	Zip Code	
195 Crestview Dr		Bridgeport			СТ	06606	
Principal Occupation		Name of Employer	•				
Deputy Chief of Staff		-	Bridgep				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	Is contributor a lob dependent child of		se, or Yes	Amou	unt of Contribution	
If yes, indicate which branch or branches of government the contract is with:				x _{No}			
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate	Contributions			
fundraising event listed in Section J1? Yes Cash Personal Check							
X No	03/	12/2014		\$50.00		\$50.00	
If yes, list Event #					<u> </u>		
Last Name	First				MI	Contribution ID #	
Colon		Iris				0009	
Residential Street Address	City				State	Zip Code	
141 French St # B1		Bridgeport			СТ	06606	
Principal Occupation		Name of Employer					
Retired		Retired					
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a lot		se, or Yes	Amou	unt of Contribution	
If yes, indicate which branch or branches of government the contract is with:		dependent child of	a lobbyist?	x _{No}			
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate	Contributions			
fundraising event listed in Section J1? Yes X No Personal Check	02.0	20/2014		+40.00		+40.00	
If yes, list Event # Money Order Credit/Debit Card	03/.	20/2014		\$10.00		\$10.00	
Last Name	First				MI	Contribution ID #	
Rosario	1 1130	Christopher			V	0040	
Residential Street Address	City				State	Zip Code	
195 French St Fl 1		Bridgeport			СТ	06606	
Principal Occupation	!	Name of Employer					
Student		Studen	t				
Is contributor a principal of a state contractor or prospective state contractor?	o o	Is contributor a lob dependent child of		Vac	Amou	unt of Contribution	
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		acpendent child 01	a 1000yist?	x No			
government the contract is with.	Date	Received	Aggregate	Contributions			
fundraising event listed in Section J1?							
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	03/	20/2014		\$5.00		\$5.00	

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Rosario 2014 April 10 Filing - Original								
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Rullan		Javier		L	0044			
Residential Street Address	City			State	Zip Code			
1123 North Ave		Bridgeport		СТ	06604			
Principal Occupation		Name of Employ	er	-	•			
Tires supervisor		BJ's V	Vholesale Club					
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a lobbyist?					
government the contract is with:								
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash Personal Check		24 (224 4	45.00		45.00			
If yes, list Event # Money Order Credit/Debit Card	03/.	21/2014	\$5.00		\$5.00			
	F: .				I c , i ; B "			
Last Name	First			MI	Contribution ID #			
Alarcon Residential Street Address	City	Christopher		D State	0001 Zip Code			
	City	Trumbull		CT	1			
30 Kenwood Ln Principal Occupation		Trumbull Name of Employ	or	CI	06611			
Teacher								
			eport Board of Education obbyist, spouse, or	Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of	Vac	Aimot	ant of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?			1.00.10.10					
X No Cash X Personal Check	03/	22/2014	\$100.00		\$100.00			
If yes, list Event #			Ţ					
Last Name	First			MI	Contribution ID #			
Anzo		Gerardo		Н	0002			
Residential Street Address	City			State	Zip Code			
65 Locust St		Bridgeport		СТ	06610			
Principal Occupation	•	Name of Employ	er	•				
Exterminator		Self						
Is contributor a principal of a state contractor or prospective state contractor? Yes No			obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of	5	dependent child of	or a roodyrst?					
government the contract is with: Executive Legislative			x No					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
Tundraising event listed in Section 31?								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	03/	22/2014	\$5.00		\$5.00			
	L							
Last Name	First			MI	Contribution ID #			
Anzo Paridantial Street Address	City	Jasmine		D	0003			
Residential Street Address 65 Locust St	City	Pridagnort		State CT	Zip Code 06610			
Principal Occupation	<u> </u>	Bridgeport Name of Employ	er	Ci	00010			
Hair stylist			& Company					
			-1.1	Amou	unt of Contribution			
Yes X No	0	dependent child of						
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
Is this contribution associated with a Mathed of contribution.	Date	Received	Aggregate Contributions	1				
fundraising event listed in Section J1? Yes Yes X Cash Personal Check Personal C								
X No X Cash Personal Check If yes, list Event #	03/	22/2014	\$5.00		\$5.00			
1 11 yes, nst Event #								

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I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT April 10 Filing - Original		
Rosario 2014			April 10 1 lillig - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Cintron		Angel		 	0008
Residential Street Address	City			State	Zip Code
206 Main St Apt 4 Principal Occupation	<u> </u>	Ansonia Name of Employ	ou.	СТ	06401
Barber		Self	er		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent child c	x No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1? Yes Yes X Cash Personal Check					
If yes, list Event # X Cash Personal Check Money Order Credit/Debit Card	03/	22/2014	\$20.00		\$20.00
Last Name	First			MI	Contribution ID #
Ruiz		Jesus			0043
Residential Street Address	City			State	Zip Code
661 Iranistan Ave		Bridgeport		СТ	06605
Principal Occupation		Name of Employ	er		-
Stylist		Self			
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		dependent enna c	x No		
Is this contribution associated with a Section 119 Yes Method of contribution:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1? X No	03/	22/2014	\$20.00		\$20.00
If yes, list Event #			7-2		
Last Name	First			MI	Contribution ID #
Black		Teresa		Α	0005
Residential Street Address	City			State	Zip Code
270 Bronson Rd	<u> </u>	Southport		СТ	06890
Principal Occupation Cashier		Name of Employ	^{er} et Basket		
				Amou	unt of Contribution
Yes A No	0	dependent child of	V		an or commount
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
If yes, list Event # X No X Cash Personal Check Credit/Debit Card	03/	25/2014	\$100.00		\$100.00
-					I
Last Name	First			MI	Contribution ID #
Prieto Residential Street Address	City	Moises		State	0034 Zip Code
214 Pope's Island Rd	City	Milford		CT	06461
Principal Occupation		Name of Employ	er	1	00.01
Unemployed			ployed		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
tundraising event listed in Section 31?					
If yes list Event # Cash Credit/Debit Card	03/	25/2014	\$100.00		\$100.00

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I, MONETARY RECEIPTS (Section A-I)							
	5 (5 6	ection A-1)	TYPE OF PEROPE				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT				
Rosario 2014			April 10 Filing - Original				
B. Itemized Contributions from	n Ind	lividuals					
Last Name	First			MI	Contribution ID #		
Kochiss		Alexander		Р	0017		
Residential Street Address	City			State	Zip Code		
396 Oldfield Rd		Fairfield		СТ	06824		
Principal Occupation		Name of Employ	er				
Citistat		City o	f Bridgeport				
			obbyict chance or	Amou	nt of Contribution		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	Vac				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}				
Is this contribution associated with a fundamental section 112 Yes Wethold of contribution:	Date	Received	Aggregate Contributions				
fundraising event listed in Section 31:							
X No Cash X Personal Check	03/2	25/2014	\$50.00		\$50.00		
If yes, list Event #		•	·		<u> </u>		
Last Name	First			MI	Contribution ID #		
Martinez		Frank			0021		
Residential Street Address	City	TTUTK		State	Zip Code		
194 Velvet St	City	Monroe		CT	06468		
Principal Occupation		Name of Employ	on.	CI	00408		
			CI				
Business owner		Self	11 1 · · · · · · · · · · · · · · · · ·				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution		
If yes, indicate which branch or branches of							
government the contract is with: Executive Legislative							
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions				
x c n c							
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	03/2	26/2014	\$100.00		\$100.00		
Last Name	First			MI	Contribution ID #		
Napoli		Mark			0027		
Residential Street Address	City			State	Zip Code		
498 Naugatuck Ave		Milford		CT	06460		
Principal Occupation		Name of Employ	er				
Social studies teacher		Bridge	eport Board of Education				
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution		
)	dependent child of	•				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No				
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions				
rundraising event insect in section 31:							
X No Cash Personal Check	03/2	27/2014	\$10.00		\$10.00		
If yes, list Event # X Money Order Credit/Debit Card							
Last Name	First			MI	Contribution ID #		
Bosco		David		М	0006		
Residential Street Address	City	241.4		State	Zip Code		
14 South Ln	City	Redding		CT	06896		
Principal Occupation		Name of Employ	or	Ci	00030		
Union rep			Local 1973				
			abbreigt anguag or	Amon	nt of Contribution		
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	Amou	in or Contribution		
If yes, indicate which branch or branches of Executive Legislative		=	x _{No}				
government the contract is with:	D.	D i d					
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions				
X No Cash X Personal Check		27/2011			+400.00		
If yes, list Event # Money Order Credit/Debit Card	03/2	27/2014	\$100.00		\$100.00		

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I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Regario 2014 April 10 Filing - Original					
Rosario 2014			7 prii 10 r iiing - Originai		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Bosco		Virginia		В	0007
Residential Street Address	City	5 11		State	Zip Code
14 South Ln		Redding Name of Employ	ON .	СТ	06896
Principal Occupation Retired		Retire			
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent child of	of a lobbyist?		
government the contract is with: Is this contribution associated with a Method of contribution: Method of contribution:	Doto	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event #	03/	27/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Gomes	1 1150	Araceliz			0012
Residential Street Address	City			State	Zip Code
150 Alpine St		Bridgeport		СТ	06610
Principal Occupation		Name of Employ	er	-	
Student		Stude			
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		dependent enna e	x No		
Is this contribution associated with a Section 119 Yes Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1? X No	03/	27/2014	\$5.00		\$5.00
If yes, list Event #	03/	27/2014	\$5.00		
Last Name	First			MI	Contribution ID #
Gomes		Arianna		J	0013
Residential Street Address	City			State	Zip Code
150 Alpine St	<u> </u>	Bridgeport		СТ	06610
Principal Occupation		Name of Employ			
Student Is contributor a principal of a state contractor or prospective state contractor?		Stude		Amou	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o	dependent child of		Aillot	nt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No		
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
Tundraising event listed in Section 31:					
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	03/	27/2014	\$5.00		\$5.00
Last Name	First			MI	Contribution ID #
Gomes		Janet			0014
Residential Street Address	City			State	Zip Code
150 Alpine St		Bridgeport		СТ	06610
Principal Occupation		Name of Employ			
Healthcare Is contributor a principal of a state contractor or prospective state contractor?			eport Hospital obbyist, spouse, or	Amou	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o	dependent child of	Vac	Amou	nt of Contribution
If yes, indicate which branch or branches of GOVERNMENT the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1? Yes X Cash Personal Check					
If yes, list Event #	03/	27/2014	\$5.00		\$5.00

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Rosario 2014			April 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Gomes		Joao			0015			
Residential Street Address	City			State	Zip Code			
150 Alpine St		Bridgeport		СТ	06610			
Principal Occupation		Name of Employ	er					
Owner			staurant Enterprises					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
If yes, list Event #	03/	27/2014	\$5.00		\$5.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Weiner		Richard		D	0046			
Residential Street Address	City			State	Zip Code			
5 Jamestown Rd	L	Trumbull		СТ	06611			
Principal Occupation		Name of Employ						
Retired		Retire	11 1 ·	۸	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	obbyist, spouse, or	Amot	int of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?			1.00.10.10					
X No Cash X Personal Check	03/	27/2014	\$100.00		\$100.00			
If yes, list Event #		,	·		·			
Last Name	First			MI	Contribution ID #			
Ruas		Anthony		М	0042			
Residential Street Address	City			State	Zip Code			
195 French St Fl 1		Bridgeport		СТ	06606			
Principal Occupation		Name of Employ	er					
Student		Stude						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Dute	Received	riggregate contributions					
X No Cash Personal Check	03/	28/2014	\$5.00		\$5.00			
If yes, list Event #	ĺ	•	·					
Last Name	First			MI	Contribution ID #			
Mulligan		Thomas			0026			
Residential Street Address	City			State	Zip Code			
20 Armitage Dr		Bridgeport		СТ	06605			
Principal Occupation		Name of Employ	er					
Lawyer			mara & Kennedy					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
Is this contribution associated with a Mathed of contribution.	Data	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Date	ACCUIVEU	Aggregate Contributions					
X No Cash Personal Check	03/	28/2014	\$5.00		\$5.00			
If yes, list Event # Money Order	I '	*	1	I	•			

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I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT April 10 Filing - Original					
Rosario 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Lauretti		Nicholas			0019
Residential Street Address	City			State	Zip Code
14 David Dr		Shelton		СТ	06484
Principal Occupation Unemployed		Name of Employ Unem	ployed		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution
If yes, indicate which branch or branches of	0	dependent child of	of a lobbyist?		
government the contract is with:			x _{No}		
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash X Personal Check	03/	28/2014	\$100.00		\$100.00
If yes, list Event #	03/.	20/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Bishop		Jeffrey			0004
Residential Street Address	City			State	Zip Code
11 Birch Dr		Easton		СТ	06612
Principal Occupation		Name of Employ			
Economic development		BRBC			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1? Yes Cash Regresonal Check					
X No	03/	28/2014	\$50.00		\$50.00
ii yes, iist Event #	<u> </u>			<u> </u>	
Last Name	First			MI	Contribution ID #
Kaskowitz		Fred			0016
Residential Street Address 530 Lake Ave	City	Pridagnort		State CT	Zip Code 06605
Principal Occupation	<u> </u>	Bridgeport Name of Employ	er	CI	00003
Catering, deli owner		Self	•		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No			obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution
Yes 🔼 N	О	dependent child of			
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash Personal Check	02.0	20/204.4	+50.00		+50.00
If yes, list Event # Money Order Credit/Debit Card	03/.	28/2014	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Rodriguez		Rosa			0037
Residential Street Address	City			State	Zip Code
114 Caroline St		Bridgeport		СТ	06608
Principal Occupation		Name of Employ	er		
Case manager			nal Network of Programs		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		1	x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?			55 -5		
If yes list Event #	03/	28/2014	\$10.00		\$10.00

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Rosario 2014			April 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Rosario		Angel			0038			
Residential Street Address	City			State	Zip Code			
114 Caroline St		Bridgeport		СТ	06608			
Principal Occupation		Name of Employ	er		•			
Produce clerk		Big Y	Foods					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	unt of Contribution			
	0	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
Tundraising event instead in Section 31:								
X No The case of t	03/	28/2014	\$5.00		\$5.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Morales		Candida		В	0023			
Residential Street Address	City			State	Zip Code			
651 Barnum Ave		Bridgeport		СТ	06608			
Principal Occupation		Name of Employ	er		•			
Payroll		City o	f Bridgeport					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	unt of Contribution			
	0	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? Yes X Cash Personal Check								
X No	03/	28/2014	\$5.00		\$5.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Morales		Isaac			0024			
Residential Street Address	City			State	Zip Code			
651 Barnum Ave		Bridgeport		СТ	06608			
Principal Occupation	•	Name of Employ	er		•			
Unemployed		Unem	ployed					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	unt of Contribution			
	0	dependent child of	or a robbyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Society 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
Tundraising event risted in Section 31?								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	03/	28/2014	\$5.00		\$5.00			
it yes, list event # Money Order								
Last Name	First			MI	Contribution ID #			
Morales		Janina			0025			
Residential Street Address	City			State	Zip Code			
195 French St Fl 1		Bridgeport		CT	06606			
Principal Occupation	-	Name of Employ	er	•	•			
Unemployed		Unem	ployed					
Is contributor a principal of a state contractor or prospective state contractor?	`		obbyist, spouse, or Yes	Amou	unt of Contribution			
		dependent child of	or a robbyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
- IX								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	03/	28/2014	\$5.00		\$5.00			

I, MONETARY RECEIPTS (Section A-I)								
	2 (20	ection A-1)	TYPE OF PEROPE					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Rosario 2014			April 10 Filing - Original					
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Negron		Angel		L	0028			
Residential Street Address	City			State	Zip Code			
195 French St Fl 1		Bridgeport		СТ	06606			
Principal Occupation		Name of Employ	er					
Landscaper		Self						
			obbyist, spouse, or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	Vac					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Grand High Section H2 Yes Method of contribution:	Date	Received	Aggregate Contributions					
rundraising event fisted in Section 31?								
X No Cash Personal Check	03/	28/2014	\$5.00		\$5.00			
If yes, list Event #		•	·		<u> </u>			
Last Name	First			MI	Contribution ID #			
Negron		Efrain, Jr.			0029			
Residential Street Address	City	Enam, 31.		State	Zip Code			
195 French St Fl 1	City	Bridgeport		CT	06606			
Principal Occupation		Name of Employ	on.	CI	00000			
			CI					
Mover		Self	11.11					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution			
If yes, indicate which branch or branches of								
government the contract is with: Executive Legislative								
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions					
x c								
If yes, list Event #	03/	28/2014	\$5.00		\$5.00			
Last Name	First			MI	Contribution ID #			
Negron		Iris			0030			
Residential Street Address	City			State	Zip Code			
117 Highland Ave		Waterbury		CT	06708			
Principal Occupation		Name of Employ	er					
Disabled		Disab	led					
Is contributor a principal of a state contractor or prospective state contractor?	_		obbyist, spouse, or	Amou	nt of Contribution			
	0	dependent child of	·					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with a fundacing event listed in Section 112	Date	Received	Aggregate Contributions					
tundraising event insect in Section 71:								
X No T	03/	28/2014	\$10.00		\$10.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Manzo		JoAnn			0020			
Residential Street Address	City			State	Zip Code			
163 Scofield Ave		Bridgeport		СТ	06605			
Principal Occupation		Name of Employ	er	C.	00003			
Paraprofessional			eport Board of Education					
			obbyjet enouge or	Amon	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	Vac	Amou	in or Contribution			
If yes, indicate which branch or branches of Executive Legislative		- "	x _{No}					
government the contract is with:	Б.	D i d						
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
		20/2011			+10.00			
If yes, list Event #	03/3	30/2014	\$10.00		\$10.00			

I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT April 10 Filing - Original				
Rosario 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Roach		Bonnie			0036
Residential Street Address	City			State	Zip Code
19 Quinlan Ave		Bridgeport		СТ	06605
Principal Occupation Senior center coordinator		Name of Employ City o	^{er} f Bridgeport		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution
If yes, indicate which branch or branches of	0	dependent child of	of a lobbyist?		
government the contract is with: Is this contribution associated with a Method of contribution: Method of contribution:	Doto	Received		ŀ	
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event # X No X Cash Personal Check Money Order Credit/Debit Card	03/	31/2014	\$5.00		\$5.00
Last Name	First			MI	Contribution ID #
Osborne	l list	Lawrence, Jr		E	0032
Residential Street Address	City			State	Zip Code
40 Edna Ave		Bridgeport		СТ	06610
Principal Occupation		Name of Employ	er		•
Director of labor relations		City o	f Bridgeport		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of government the contract is with:		dependent cinia c	x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1? X No	03/	31/2014	\$5.00		\$5.00
	I .			1	
Last Name McCarthy	First	John		MI F	Contribution ID # 0022
Residential Street Address	City			State	Zip Code
152 Morehouse St		Bridgeport		СТ	06605
Principal Occupation	-	Name of Employ	er	•	•
Real estate		Self			
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
Tundraising event listed in Section 31:					
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	03/	31/2014	\$5.00		\$5.00
Last Name	First			MI	Contribution ID #
Cotto		Manny			0010
Residential Street Address	City			State	Zip Code
117 Alpine St		Bridgeport		СТ	06610
Principal Occupation		Name of Employ			
Police officer Is contributor a principal of a state contractor or prospective state contractor?			f Bridgeport obbyist, spouse, or	Amor	ant of Contribution
Yes X N	0	dependent child of	Vac	100	
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
Tundraising event fisted in Section 31?					
If yes, list Event #	03/	31/2014	\$20.00		\$20.00

I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT April 10 Filing - Original		
Rosario 2014			April 10 Filling - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Nelsen		Mimi			0031
Residential Street Address	City			State	Zip Code
219 Anson St		Stratford		CT	06614
Principal Occupation		Name of Employ			
Educator			eport Board of Education		
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with: In this contribution associated with a Mathod of contribution:	Date	Received	Aggregate Contributions	-	
fundraising event listed in Section J1?			20 .0		
x No X Cash Personal Check	03/	31/2014	\$20.00		\$20.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Planas		Herminio		E	0033
Residential Street Address	City			State	Zip Code
111 Ann Ter		Stratford		СТ	06614
Principal Occupation		Name of Employ	er		
Assistant principal		,	eport Board of Education	1	
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative		acpendent enna e	x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	-	
fundraising event listed in Section J1?					
X No X Cash Personal Check	03/	31/2014	\$10.00		\$10.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Rosario		Bianca			0039
Residential Street Address	City			State	Zip Code
114 Caroline St		Bridgeport		СТ	06608
Principal Occupation		Name of Employ			
Fitness			ss Edge		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a li dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative		•	x _{No}		
government the contract is with:	Date	Received	Aggregate Contributions	_	
fundraising event listed in Section J1?			20 .0		
If yes, list Event # X No X Cash Personal Check No Money Order Credit/Debit Card	03/	31/2014	\$20.00		\$20.00
Last Name	First	•		MI	Contribution ID #
Rosario	First	Joel		IVII	0041
Residential Street Address	City	3001		State	Zip Code
114 Caroline St		Bridgeport		CT	06608
Principal Occupation		Name of Employ	er	! -	
Produce clerk		Big Y	Foods		
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent child of	or a roodyist?		
government the contract is with:		<u> </u>	X No	4	
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
X No No Personal Check		21/2014	*22.22		#30.00
If yes, list Event # No Money Order Credit/Debit Card	l ^{U3/.}	31/2014	\$20.00	1	\$20.00

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I. MONETARY RECEIPT	S (Se	ection A-D			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT		
Rosario 2014			April 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Rich		David		В	0035
Residential Street Address	City			State	Zip Code
202 Farnum Rd		Lakeville		СТ	06039
Principal Occupation		Name of Employe	r		•
Manager		Suppo	rtive Housing Works		
		Is contributor a lo	obbyist, spouse, or	Amo	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	37		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
Tundraising event risted in Section 31?					
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	03/3	31/2014	\$100.00		\$100.00
Noney Order Cardio Debit Card					
Last Name	First			MI	Contribution ID #
Larcheveque		Anne		Н	0018
Residential Street Address	City			State	Zip Code
500 Lake Ave		Bridgeport		CT	06605
Principal Occupation		Name of Employe	r		-
R.N.		Fairfie	ld University		
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a lo	37	Amo	unt of Contribution
If yes, indicate which branch or branches of		dependent ennu o	x No		
government the contract is with: Executive Legislative	В.	p : 1			
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash Personal Check					
If yes, list Event # Money Order Credit/Debit Card	03/:	31/2014	\$5.00		\$5.00
Last Name	First			MI	Contribution ID #
Spodnick		Krystie			0045
Residential Street Address	City			State	Zip Code
249 Pixlee Pl		Bridgeport		СТ	06610
Principal Occupation		Name of Employe	r		
Clerical specialist		Bridge	port Board of Education		
Is contributor a principal of a state contractor or prospective state contractor?	,	Is contributor a lo		Amo	unt of Contribution
If you indicate which brough or brougher of		dependent child of	a loodyist:		
government the contract is with: Executive Legislative		_	x _{No}		
Is this contribution associated with a	Date	Received	Aggregate Contributions		
Tundraising event listed in Section 31:					
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	03/3	31/2014	\$5.00		\$5.00
in you, and a real of the latest and a second of	<u> </u>			<u> </u>	
			Total of S	Section B	\$1,385.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Secti	ons A	+ B) (Tot	al on Line 14 of Summary Page)		\$1,385.00

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I. N	MONET	ΓARY	RECEI	PTS (S	ection A-I)					
NAME OF COMMITTEE (Provide Complete Name as Re	egistered v	with Co	ommission)			TYPE OF R	EPORT		
Rosario 2014 April 10 Filing - Original										
C1. Cor	ntributio	ons fro	m Other	Commi	ttees					
Name of Committee					Name of Treasurer					
Address Is this contribution associated with a Yes No A										
fundraising event listed in Section J1?										
1	State	Zip Cod	<u>l</u>	Date R	If yes, list Event #	Aggregate Co				
City	State	Zip Cou	ie	Date K	cceived	Aggregate Co.	ittibutions			
Total of Section C1										
T MONTH		DE 65	TABLES (C							
I. MONET	TARY I	RECE	APTS (S	Section A	A-1)					
NAME OF COMMITTEE							TYPE OF REPORT			
Rosario 2014						April 1	0 Filing - Original			
C2. Reimbursements, I	Payment	ts, or S	Surplus D	istributi	ons from other	Committe	ees			
Name of Committee					Name of Treasurer					
Address						Date Rec	eived	A CD		
								Amount of Receipt		
City	State		Zin C-1-							
City	State		Zip Code		Reimbursement f	for shared expe	ense			
					Payment for good	ds and services	3			
	•						Total of Section C2			

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE					TYPE OF REPORT						
Rosario 2014				А	pril 10 Filin	g - Original					
	D. Loan	s Received this Peri	od								
Name of Lender			Source of Loan:				Date of Receipt				
Traine of Ecider			Bank Candid	date	Individua	1 Other	Bute of receipt				
Street Address			State	Zip Code	Is there a cosigner or Guarantor of this loan? Yes No						
Name of Cosigner/Guarantor (if applical	<u> </u>	Amount Received									
Street Address			State	Zip Code							
Total of Section D											
I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE	NAME OF COMMITTEE TYPE OF REPORT										
Rosario 2014					Apri	l 10 Filing - Original					
E. Personal l	Funds of the Candidate Rec	ceived this Period (C	Candidate Committee	es ONLY	<i>(</i>)						
Date of Receipt	Method of Payment Cash	Personal Check	Credit/Debi	it Card			Amount				
					Total o	f Section E					
	I. Mo	onetary Receipts (Section A-I)								
NAME OF COMMITTEE					Т	YPE OF REPOR	Т				
Rosario 2014					April 10	Filing - Original					
	G. Interest fro	m Deposits in Autho	orized Accounts								
Name of Institution		Date	Received		Amount						
Street Address		City		State	Zip	Code					
		<u> </u>		<u> </u>	T	otal of Section G					

Zip Code

Total of Section I

State

I. MO	NETARY RECEIPTS (Section A-K)										
NAME OF COMMITTEE		TYPE OF REPORT									
Rosario 2014	April 10 Filing - Original										
H. Public Grant	H. Public Grant Funds Received from the Citizens' Election Fund										
Purpose of Grant: Initial Grant Adjustment Supplemental/Post Election Deficit	Grant Cycle: Primary General Election Special Election	Date Received	Amount								
		Total of Section H									
I.	MONETARY RECEIPTS (Section A-K)										
NAME OF COMMITTEE		TYPE OF REPOR	Т								
Rosario 2014		April 10 Filing - Original									
I. Miscellaneo	us Monetary Receipts not Considered Contributions										
Name		Date of Transaction	Amount Received								

City

Street Address

Description

Total of Section J3

II. FUNDRAISING EVENT ACTIVITY (Sections J1 - J3)												
NAME OF COMMITTEE							TYPE OF	REP	ORT			
Rosario 2014							April 10 Filing - Orig	nal				
	J1. Fund	raising Event Infor	rmation									
Fundraising Event # Date of Fundraiser Letter	Description											
Location: Street Address						City			State	Zip Code		
Was this fundraising event hosted at a personal residence? Yes if yes, go to Section J3 In-Ki complete required information No invitations.										e and		
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100? Yes If yes, to to Section J3 In-Kind Dona complete required information. No								nations not Considered Contributions and				
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? Yes (If yes, enter Total Receipts here.) No												
						To	otal of Section J1					
	II. FUNDRAISI	NG EVENT ACT	TIVITY (Section	ns J1 - J	[3)						
NAME OF COMMITTEE (Provide							TYPE OF RE	POR	Γ			
Rosario 2014						Ap	oril 10 Filing - Original					
	J3. In-Kind Donat	ions Not Considere	ed Contrib	outions								
Name of the Donor												
Street Address				City					State	Zip Code		
Donation Given by: Individual	Description of Donation									rket Value of onation		
Business Entity	Date Received	Event #			Ag	ggregate value	for this event					
Sole Proprietorship								1				

III. NONMONETARY RECEIPTS (Sections K - M)												
NAME OF COMMITTEE					TYI	PE OF REI	PORT					
Rosario 2014					April 10 Filing -	Original						
K. In-K	ind Ca	ontributi	ons									
Name												
Street Address		State	Zip Code									
Is this contribution associated with a fundraising event Iisted in Section II? If yes, list Event# No		Description	of In-Kind Contribution									
· · · · · · · · · · · · · · · · · ·	ntractor?	indicate whi	of a state contractor or prospect branch or branches of thract is with:		utive	Yes No Legislative		arket Value of this Contribution				
Type of Contributor:	Date Received Aggregate contributions											
Individual Committee Sole	Proprieto	rsnip										
					Total of S	Section K						
III. Non Mo	netar	v Recei	pts (Sections K - N	M)								
NAME OF COMMITTEE (Provide Complete Name as Registere	d with (Commissi	on)		TYPE	OF REPO	ORT					
Rosario 2014					April 10 Filing -	Original						
L. Refundable Deposit	to Tel	lephone	Company									
Last Name of Individual		First Nam	ne		MI	Date Dep	osit Made					
Residential Street Address	Ci	ity		State	Zip Code			nount of Deposit				
Name of Telephone company					1							
Street Address	City	,		State	Zip Code							
					Total of So	ection L						

	III. NONMONETARY	RECE	IPTS (S	ections k	K - M)				
NAME OF COMMITTEE						TYPE O	F REPORT		
Rosario 2014					A	pril 10 Filing - C			
	n-Monetary Receipts of Organization E tive Caucus, and Party Committee - Ol					dership,			
Name of Committee (Legislative Leadersl	nip, Legislative Caucus, and Party Committees ONLY)			Name of Tro	easurer				
Street Address	Date Notice R	eceived	Fair Market Value of Donation						
City	City State Zip Code							Bonaton	
Description of Donation	Description of Donation Purpose of Expenditure A B C D								
						Total of	Section M		
	IV. EXPENDITU	RES (S	Sections	N - S)					
NAME OF COMMITTEE (Pro	vide Complete Name as Registered with Com	mission)				ТҮРЕ	OF REPOR	T	
Rosario 2014						April 10 Filing	- Original		
	N. Expenses Paid I	By Comn	nittee						
Name of Payee					Date of Pay	ment	Method of Payment Check # Debit Card		
Street Address City							State	Zip Code	
Purpose of Expend	Description							Amount	
Is this expenditure coordinated with another candidate for Yes Expenditure # Event # (if applicable) If yes, assign an Expenditure # and complete Itemization in Addendum									
						Total o	f Section N		

Total of Section P

IV. EXPENDITURES (Sections N - S)												
NAME OF COMMITTEE (F	Provide Complete Name as Re	egistered with (Commission)					ТҮРІ	E OF R	REPORT		
								April 10 Filing -	· Origina	al		
	O. Expe	nses Paid By	Candidate									
Name of Payee (Name of vendor who	candidate paid directly)					D	Date of Payme	nt	Is Reimbursement Claimed? Yes No			No
Street Address	eet Address City						Zip Cod	e	Amount			
Purpose of Expenditure (by code)												
Total of Section O												
	IV. EXP	ENDITURE	ES (Sections N -	- S))							
	Provide Complete Name as R	egistered with	Commission)					TYPE (PORT		
Rosario 2014							, and a	April 10 Filing - C	Original			
	P. Expenses	s Incurred on	n Committee Cre	edit (Card							
Name of Issuing Institution					Type of Cred Visa Other		d: Master (Card Di	iscover		American Ex	xpress
Name of Vendor									Г	Date of Tran	saction	
Street Address	_			City	,				s	State	Zip C	ode
Purpose of Expenditure (by code)	Description										Amount	
Is this expenditure coordinated which reimbursement is sought? If yes, assign an Expenditure # a		ndum	Yes No		xpenditure # f applicable)		Event	#				

]	IV. EXPENDITURES	(Sectio	ons N	- S)						
NAME OF COMMITTE	EE (Provide Co	omplete Na	ame as Registered with Comm	nission)					ТҮРЕ С	OF REPORT		
Rosario 2014									April 10 Filing - Oı	riginal		
	Q. Ex	xpenses I	ncurred By Committee by	ut Not I	Paid D	uring this Pe	eriod					
Name of Creditor										Date Incurred		
Street Address				С	City					State Zip Code		
(by code)									ount Incurred mate or Actual)			
Is this expenditure coordinated reimbursement is sought? If yes, assign an Expenditure #			No			expenditure # if applicable)		Event #				
Total of Section Q												
										,		
			IV. EXPENDITURES	(Section	ons N	- S)						
NAME OF COMMITTE	EE (Provide Co	omplete N	ame as Registered with Comr	nission)					TYPE OF REF	PORT		
Rosario 2014								April 10	Filing - Original			
	R. It	temizatio	on of Reimbursements to (Commi	ttee W	orkers and C	Consu	ltants				
Last Name of Worker/Consulta	nnt		First			MI	Dat	e of Paymo	ent	f Payment eck # Debit Card		
Secondary Payee						-	!					
Street Address				City						State	Zip Code	
Purpose of Expenditure (by code)		Description	on								Amount	
Is this expenditure coordinated which reimbursement is sought If yes, assign an Expenditure	?		Yes No Addendum R			nditure # plicable)		Ever	nt#			
n yoo, assign an Experiuture	c and completes It	Sanzauon III						Total o	f Section R			

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