

**SEEC FORM 30**

## Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2012



Electronic Filing

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Page 1 of 30

**COVER PAGE**

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE	
<b>Goff For The 34Th</b>				<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee	
3. TREASURER NAME					
First <b>Thomas</b>		MI	Last <b>O'Brien</b>		Suffix
4. TREASURER ADDRESS					
Street Address <b>67 Blue Heron Dr</b>		City <b>East Hampton</b>		State <b>CT</b>	Zip Code <b>06424</b>
5. ELECTION DATE <b>11/06/2012</b>		6. OFFICE SOUGHT (Complete only if Candidate Committee) <b>State Representative</b>			7. DISTRICT NUMBER (if applicable) <b>R034</b>
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First <b>Christopher</b>		MI <b>J</b>	Last <b>Goff</b>		Suffix
9. TYPE OF REPORT <b>Itemized Statement accompanying application for Public Grant - Original</b>					
10. PERIOD COVERED					
Beginning Date                      Ending Date  <b>07/01/2012</b> thru <b>08/07/2012</b>					
11. CERTIFICATION					
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.					
<b>Electronic Filing</b> SIGNATURE		<b>Thomas O'Brien</b> PRINT NAME OF THE SIGNER		<b>08/08/2012 7:25:39AM</b> DATE CERTIFIED	
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.					

**SEEC FORM 30**

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2012

**SUMMARY PAGE TOTALS**

NAME OF COMMITTEE	TYPE OF REPORT	
<b>Goff For The 34Th</b>	Itemized Statement accompanying application for Public Grant - Original	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		<b>\$0.00</b>
13. Balance on hand at the beginning of Reporting Period	<b>\$2,813.44</b>	
14. Contributions received from Individuals (Section A and B)	<b>\$2,190.00</b>	<b>\$5,320.00</b>
15. Receipts from Other Committees (Sections C1 and C2)	<b>\$0.00</b>	<b>\$0.00</b>
16. Other Monetary Receipts (Section D through I)	<b>\$0.00</b>	<b>\$0.00</b>
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	<b>\$0.00</b>	<b>\$0.00</b>
18. Total Monetary Receipts (add totals for lines 14 through 17)	<b>\$2,190.00</b>	<b>\$5,320.00</b>
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	<b>\$5,003.44</b>	<b>\$5,320.00</b>
20. Expenses Paid by Committee (Section N)	<b>\$1,190.99</b>	<b>\$1,507.55</b>
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col	<b>\$3,812.45</b>	<b>\$3,812.45</b>
22. In-Kind Donations not Considered Contributions Received (Section J3)	<b>\$0.00</b>	<b>\$0.00</b>
23. In-Kind Contributions Received (Section K)	<b>\$0.00</b>	<b>\$0.00</b>
24. Refundable Deposit to Telephone Company (Section L)	<b>\$0.00</b>	<b>\$0.00</b>
25. Receipts of Organization Expenditures (Section M) OPTIONAL	<b>\$0.00</b>	<b>\$0.00</b>
26. Beginning Loan Balance	<b>\$0.00</b>	
26a. + Loans Received (Section D)	<b>\$0.00</b>	<b>\$0.00</b>
26b. + Interest and Penalties on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
26c. - Payments on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
26d. Total Outstanding Loan Amount	<b>\$0.00</b>	
27. Campaign Expenses Paid By Candidate (Section O)	<b>\$0.00</b>	<b>\$57.15</b>
28. Expenses Incurred on Committee Credit Card (Section P)	<b>\$0.00</b>	<b>\$0.00</b>
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	<b>\$0.00</b>	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	<b>\$0.00</b>	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Goff For The 34Th		Itemized Statement accompanying application for Public Grant - Original	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b>		For Nonparticipating Candidates ONLY	
		<b>\$0.00</b>	
<b>B. Itemized Contributions from Individuals</b>			

Last Name Coyle		First Rosemary		MI	Contribution ID # 0097
Residential Street Address 23 Deer Run Dr		City Colchester		State CT	Zip Code 06415
Principal Occupation		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 07/10/2012	Aggregate Contributions \$5.00	\$5.00

Last Name Angelico		First Paul		MI	Contribution ID # 0108
Residential Street Address 13 Searspl		City East Hampton		State CT	Zip Code 06424
Principal Occupation mgr		Name of Employer Angelicos Lake House Rest.			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 07/24/2012	Aggregate Contributions \$5.00	\$5.00

Last Name Tierney		First Linda		MI	Contribution ID # 0120
Residential Street Address 39 Main St		City East Hampton		State CT	Zip Code 06424
Principal Occupation teacher		Name of Employer State of CT			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 07/24/2012	Aggregate Contributions \$50.00	\$50.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Goff For The 34Th	Itemized Statement accompanying application for Public Grant - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Roy</b>		First <b>Shannon</b>		MI	Contribution ID # <b>0129</b>
Residential Street Address <b>PO Box 18 - 19 Long Hill Rd</b>		City <b>Middle Haddam</b>		State <b>CT</b>	Zip Code <b>06456</b>
Principal Occupation <b>Human Res.</b>		Name of Employer <b>Pratt and Whitney</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>07/24/2012</b>	Aggregate Contributions <b>\$5.00</b>	<b>\$5.00</b>

Last Name <b>Tierney</b>		First <b>Andrew</b>		MI	Contribution ID # <b>0118</b>
Residential Street Address <b>39 Main St</b>		City <b>East Hampton</b>		State <b>CT</b>	Zip Code <b>06424</b>
Principal Occupation <b>Manager</b>		Name of Employer <b>Town of Hebron</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>07/24/2012</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>McKinney</b>		First <b>Kristen</b>		MI	Contribution ID # <b>0139</b>
Residential Street Address <b>PO Box 141</b>		City <b>Middle Haddam</b>		State <b>CT</b>	Zip Code <b>06456</b>
Principal Occupation <b>teacher</b>		Name of Employer <b>Plainville Public Schools</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>07/25/2012</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Nichols</b>		First <b>Charles</b>		MI	Contribution ID # <b>0135</b>
Residential Street Address <b>27 N Main St</b>		City <b>East Hampton</b>		State <b>CT</b>	Zip Code <b>06424</b>
Principal Occupation <b>President</b>		Name of Employer <b>Nichols Bus Service</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>07/25/2012</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Goff For The 34Th	Itemized Statement accompanying application for Public Grant - Original

**B. Itemized Contributions from Individuals**

Last Name Gibbons		First Steven		MI	Contribution ID # 0109
Residential Street Address 6 Cedar Rdg		City East Hampton		State CT	Zip Code 06424
Principal Occupation			Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  \$5.00
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 07/25/2012	Aggregate Contributions \$5.00	

Last Name OBrien		First Thomas		MI	Contribution ID # 0098
Residential Street Address 67 Blue Heron Dr		City East Hampton		State CT	Zip Code 06424
Principal Occupation			Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  \$25.00
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 07/25/2012	Aggregate Contributions \$25.00	

Last Name Marquis-OBrien		First Charlene		MI	Contribution ID # 0099
Residential Street Address 67 Blue Heron Dr		City East Hampton		State CT	Zip Code 06424
Principal Occupation			Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  \$25.00
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 07/25/2012	Aggregate Contributions \$25.00	

Last Name Kiely		First Patrick		MI	Contribution ID # 0110
Residential Street Address 151 Young St		City East Hampton		State CT	Zip Code 06424
Principal Occupation			Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  \$5.00
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 07/26/2012	Aggregate Contributions \$5.00	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Goff For The 34Th	Itemized Statement accompanying application for Public Grant - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Hall</b>		First <b>Heather</b>		MI	Contribution ID # <b>0111</b>
Residential Street Address <b>147 Lake Dr</b>		City <b>East Hampton</b>		State <b>CT</b>	Zip Code <b>06424</b>
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>07/26/2012</b>	Aggregate Contributions <b>\$5.00</b>	<b>\$5.00</b>

Last Name <b>Rosano</b>		First <b>Mackenzie</b>		MI	Contribution ID # <b>0112</b>
Residential Street Address <b>147 Lake Dr</b>		City <b>East Hampton</b>		State <b>CT</b>	Zip Code <b>06424</b>
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>07/26/2012</b>	Aggregate Contributions <b>\$5.00</b>	<b>\$5.00</b>

Last Name <b>Drewry</b>		First <b>Robert</b>		MI	Contribution ID # <b>0114</b>
Residential Street Address <b>2 Sunset Dr</b>		City <b>East Hampton</b>		State <b>CT</b>	Zip Code <b>06424</b>
Principal Occupation		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>07/26/2012</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

Last Name <b>Drewry</b>		First <b>MaryLou</b>		MI	Contribution ID # <b>0115</b>
Residential Street Address <b>2 Sunset Dr</b>		City <b>East Hampton</b>		State <b>CT</b>	Zip Code <b>06424</b>
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>07/26/2012</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Goff For The 34Th	Itemized Statement accompanying application for Public Grant - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Gelston Alt</b>		First <b>Laurie</b>		MI	Contribution ID # <b>0116</b>
Residential Street Address <b>241 E Shore Dr</b>		City <b>East Haddam</b>		State <b>CT</b>	Zip Code
Principal Occupation <b>Registrar of voters</b>		Name of Employer <b>East Haddam</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>07/26/2012</b>	Aggregate Contributions <b>\$20.00</b>	<b>\$20.00</b>

Last Name <b>Govert</b>		First <b>Pete</b>		MI	Contribution ID # <b>0117</b>
Residential Street Address <b>24 Cedar Meadow Rd</b>		City <b>Moodus</b>		State <b>CT</b>	Zip Code <b>06469</b>
Principal Occupation <b>teacher</b>		Name of Employer <b>Franklin Academy</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>07/26/2012</b>	Aggregate Contributions <b>\$10.00</b>	<b>\$10.00</b>

Last Name <b>Ryder-Munet</b>		First <b>Linda</b>		MI	Contribution ID # <b>0124</b>
Residential Street Address <b>41 Lookout Dr</b>		City <b>East Haddam</b>		State <b>CT</b>	Zip Code
Principal Occupation <b>psychotherapist</b>		Name of Employer <b>self</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>07/26/2012</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

Last Name <b>Hasselman</b>		First <b>Gerald</b>		MI	Contribution ID # <b>0125</b>
Residential Street Address <b>1 Park Rd</b>		City <b>East Hampton</b>		State <b>CT</b>	Zip Code <b>06424</b>
Principal Occupation		Name of Employer <b>self</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>07/26/2012</b>	Aggregate Contributions <b>\$5.00</b>	<b>\$5.00</b>

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Goff For The 34Th	Itemized Statement accompanying application for Public Grant - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Spack</b>		First <b>Brian</b>		MI	Contribution ID # <b>0126</b>
Residential Street Address <b>38 Stevenson Rd</b>		City <b>East Hampton</b>		State <b>CT</b>	Zip Code <b>06424</b>
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>07/26/2012</b>	Aggregate Contributions <b>\$5.00</b>	<b>\$5.00</b>

Last Name <b>Kiely</b>		First <b>Sheila</b>		MI	Contribution ID # <b>0127</b>
Residential Street Address <b>151 Young St</b>		City <b>East Hampton</b>		State <b>CT</b>	Zip Code <b>06424</b>
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>07/26/2012</b>	Aggregate Contributions <b>\$5.00</b>	<b>\$5.00</b>

Last Name <b>Kiely</b>		First <b>Eileen</b>		MI	Contribution ID # <b>0128</b>
Residential Street Address <b>151 Young St</b>		City <b>East Hampton</b>		State <b>CT</b>	Zip Code <b>06424</b>
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>07/26/2012</b>	Aggregate Contributions <b>\$5.00</b>	<b>\$5.00</b>

Last Name <b>Parker</b>		First <b>Bradley</b>		MI	Contribution ID # <b>0119</b>
Residential Street Address <b>318 Town St</b>		City <b>East Haddam</b>		State <b>CT</b>	Zip Code <b>06423</b>
Principal Occupation <b>realtor</b>		Name of Employer <b>self</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>07/26/2012</b>	Aggregate Contributions <b>\$20.00</b>	<b>\$20.00</b>



**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Goff For The 34Th	Itemized Statement accompanying application for Public Grant - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Kiely</b>		First <b>Kevin</b>		MI	Contribution ID # <b>0142</b>
Residential Street Address <b>151 Young St</b>		City <b>East Hampton</b>		State <b>CT</b>	Zip Code <b>06424</b>
Principal Occupation <b>RN</b>		Name of Employer <b>Hartford Hosp</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>07/26/2012</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Markham</b>		First <b>Gregory</b>		MI	Contribution ID # <b>0121</b>
Residential Street Address <b>22 Watrous St</b>		City <b>East Hampton</b>		State <b>CT</b>	Zip Code <b>06424</b>
Principal Occupation <b>landscapper</b>		Name of Employer <b>Galitto Property Mgmt</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>07/28/2012</b>	Aggregate Contributions <b>\$5.00</b>	<b>\$5.00</b>

Last Name <b>Sharron</b>		First <b>Kira</b>		MI	Contribution ID # <b>0122</b>
Residential Street Address <b>22 Watrous St</b>		City <b>East Hampton</b>		State <b>CT</b>	Zip Code <b>06424</b>
Principal Occupation <b>receptionist</b>		Name of Employer <b>Pro Health Physicians</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>07/28/2012</b>	Aggregate Contributions <b>\$5.00</b>	<b>\$5.00</b>

Last Name <b>Parenteau</b>		First <b>Normand</b>		MI	Contribution ID # <b>0123</b>
Residential Street Address <b>32 Wildwood Ln</b>		City <b>East Hampton</b>		State <b>CT</b>	Zip Code <b>06424</b>
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>07/30/2012</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Goff For The 34Th	Itemized Statement accompanying application for Public Grant - Original

**B. Itemized Contributions from Individuals**

Last Name Olzacki		First Dylan		MI	Contribution ID # 0130
Residential Street Address 14A Flanders Rd		City East Hampton		State CT	Zip Code 06424
Principal Occupation		Name of Employer student			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 07/30/2012	Aggregate Contributions \$5.00	\$5.00

Last Name Olzacki		First Kristen		MI	Contribution ID # 0131
Residential Street Address 14 Flanders Rd		City East Hampton		State CT	Zip Code 06424
Principal Occupation Accountant		Name of Employer Town of Rocky Hill			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 07/30/2012	Aggregate Contributions \$10.00	\$10.00

Last Name Olzacki		First Robert		MI	Contribution ID # 0132
Residential Street Address 14 Flanders Rd		City East Hampton		State CT	Zip Code 06424
Principal Occupation driver		Name of Employer Rushford Ctr			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 07/30/2012	Aggregate Contributions \$10.00	\$10.00

Last Name Olzacki		First Maryann		MI	Contribution ID # 0133
Residential Street Address 14 Flanders Rd		City East Hampton		State CT	Zip Code 06424
Principal Occupation		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 07/30/2012	Aggregate Contributions \$10.00	\$10.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Goff For The 34Th	Itemized Statement accompanying application for Public Grant - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Dessureault</b>		First <b>Edward</b>		MI	Contribution ID # <b>0113</b>
Residential Street Address <b>7 N Maple St</b>		City <b>East Hampton</b>		State <b>CT</b>	Zip Code <b>06424</b>
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>07/30/2012</b>	Aggregate Contributions <b>\$5.00</b>	<b>\$5.00</b>

Last Name <b>Ruel</b>		First <b>Ryan</b>		MI	Contribution ID # <b>0100</b>
Residential Street Address <b>50 Old Middletown Rd</b>		City <b>East Hampton</b>		State <b>CT</b>	Zip Code <b>06424</b>
Principal Occupation <b>landscaper</b>		Name of Employer <b>B and S Landscape</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>07/30/2012</b>	Aggregate Contributions <b>\$5.00</b>	<b>\$5.00</b>

Last Name <b>Irizarry</b>		First <b>Noel</b>		MI	Contribution ID # <b>0101</b>
Residential Street Address <b>53 Balaban Rd</b>		City <b>Colchester</b>		State <b>CT</b>	Zip Code <b>06415</b>
Principal Occupation <b>laborer</b>		Name of Employer <b>B &amp; S Landscaping</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>07/30/2012</b>	Aggregate Contributions <b>\$5.00</b>	<b>\$5.00</b>

Last Name <b>Banning</b>		First <b>Paul</b>		MI	Contribution ID # <b>0102</b>
Residential Street Address <b>12 Sherry Dr</b>		City <b>East Hampton</b>		State <b>CT</b>	Zip Code <b>06424</b>
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>07/30/2012</b>	Aggregate Contributions <b>\$5.00</b>	<b>\$5.00</b>

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Goff For The 34Th	Itemized Statement accompanying application for Public Grant - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Spack</b>		First <b>Robert</b>		MI	Contribution ID # <b>0103</b>
Residential Street Address <b>38 Stevenson Rd</b>		City <b>East Hampton</b>		State <b>CT</b>	Zip Code <b>06424</b>
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>07/30/2012</b>	Aggregate Contributions <b>\$5.00</b>	<b>\$5.00</b>

Last Name <b>Spack</b>		First <b>Cheryl</b>		MI	Contribution ID # <b>0104</b>
Residential Street Address <b>38 Stevenon Rd</b>		City <b>East Hampton</b>		State <b>CT</b>	Zip Code <b>06424</b>
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>07/30/2012</b>	Aggregate Contributions <b>\$5.00</b>	<b>\$5.00</b>

Last Name <b>Devine</b>		First <b>William</b>		MI	Contribution ID # <b>0105</b>
Residential Street Address <b>43 Main St</b>		City <b>East Hampton</b>		State <b>CT</b>	Zip Code <b>06424</b>
Principal Occupation <b>Jeweler</b>		Name of Employer <b>self</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>07/30/2012</b>	Aggregate Contributions <b>\$5.00</b>	<b>\$5.00</b>

Last Name <b>Gibbons</b>		First <b>Rockferd</b>		MI	Contribution ID # <b>0106</b>
Residential Street Address <b>6 Cedar Rdg</b>		City <b>East Hampton</b>		State <b>CT</b>	Zip Code <b>06424</b>
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>07/30/2012</b>	Aggregate Contributions <b>\$5.00</b>	<b>\$5.00</b>

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Goff For The 34Th	Itemized Statement accompanying application for Public Grant - Original

**B. Itemized Contributions from Individuals**

Last Name Gibbons		First Rita		MI	Contribution ID # 0107
Residential Street Address 6 Cedar Rdg		City East Hampton		State CT	Zip Code 06424
Principal Occupation			Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  \$5.00
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 07/30/2012	Aggregate Contributions \$5.00	

Last Name Kelly		First Jill		MI	Contribution ID # 0146
Residential Street Address 11 Smith St		City East Hampton		State CT	Zip Code 06424
Principal Occupation owner			Name of Employer Pauls and Sandys Too		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  \$50.00
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 07/30/2012	Aggregate Contributions \$50.00	

Last Name O'Neill		First Natalie		MI	Contribution ID # 0147
Residential Street Address 53 Meeks Pt		City East Hampton		State CT	Zip Code 06424
Principal Occupation			Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  \$50.00
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 07/30/2012	Aggregate Contributions \$50.00	

Last Name Brown		First James		MI	Contribution ID # 0148
Residential Street Address 76 Barton Hill Rd		City East Hampton		State CT	Zip Code 06424
Principal Occupation			Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  \$50.00
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 07/30/2012	Aggregate Contributions \$50.00	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Goff For The 34Th	Itemized Statement accompanying application for Public Grant - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Adams</b>		First <b>Sheryl</b>		MI	Contribution ID # <b>0149</b>
Residential Street Address <b>14 Royal Oaks Ave</b>		City <b>East Hampton</b>		State <b>CT</b>	Zip Code <b>06424</b>
Principal Occupation <b>education</b>		Name of Employer <b>East Hampton Board of Ed</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>07/30/2012</b>	Aggregate Contributions <b>\$5.00</b>	<b>\$5.00</b>

Last Name <b>Kelley</b>		First <b>Steven</b>		MI	Contribution ID # <b>0150</b>
Residential Street Address <b>11 Smith St</b>		City <b>East Hampton</b>		State <b>CT</b>	Zip Code <b>06424</b>
Principal Occupation <b>HM/FOS</b>		Name of Employer <b>Goodspeed Musicals</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>07/30/2012</b>	Aggregate Contributions <b>\$5.00</b>	<b>\$5.00</b>

Last Name <b>Simko</b>		First <b>David</b>		MI	Contribution ID # <b>0151</b>
Residential Street Address <b>Long Hill Rd</b>		City <b>East Hampton</b>		State <b>CT</b>	Zip Code <b>06424</b>
Principal Occupation		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>07/30/2012</b>	Aggregate Contributions <b>\$10.00</b>	<b>\$10.00</b>

Last Name <b>Moore</b>		First <b>Barbara</b>		MI	Contribution ID # <b>0152</b>
Residential Street Address <b>7 Overlook Rd</b>		City <b>East Hampton</b>		State <b>CT</b>	Zip Code <b>06424</b>
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>07/30/2012</b>	Aggregate Contributions <b>\$55.00</b>	<b>\$50.00</b>

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Goff For The 34Th	Itemized Statement accompanying application for Public Grant - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Moore</b>		First <b>Ray</b>		MI	Contribution ID # <b>0153</b>
Residential Street Address <b>7 Overlook Rd</b>		City <b>East Hampton</b>		State <b>CT</b>	Zip Code <b>06424</b>
Principal Occupation		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>07/31/2012</b>	Aggregate Contributions <b>\$80.00</b>	<b>\$75.00</b>

Last Name <b>Reich</b>		First <b>Kevin</b>		MI	Contribution ID # <b>0140</b>
Residential Street Address <b>5 Arch Dr</b>		City <b>East Hampton</b>		State <b>CT</b>	Zip Code <b>06424</b>
Principal Occupation <b>Asst. Superintendent</b>		Name of Employer <b>East Hampton Board of Ed</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>07/31/2012</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Kilpatrick</b>		First <b>Robert</b>		MI	Contribution ID # <b>0141</b>
Residential Street Address <b>22 W Point Rd</b>		City <b>East Hampton</b>		State <b>CT</b>	Zip Code <b>06424</b>
Principal Occupation		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>07/31/2012</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Laraia</b>		First <b>Mark</b>		MI	Contribution ID # <b>0145</b>
Residential Street Address <b>21 Brook Hill Dr</b>		City <b>East Hampton</b>		State <b>CT</b>	Zip Code <b>06424</b>
Principal Occupation <b>teacher</b>		Name of Employer <b>Town of South Windsor</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>07/31/2012</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Goff For The 34Th	Itemized Statement accompanying application for Public Grant - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Yeagher</b>		First <b>Gladys</b>		MI	Contribution ID # <b>0136</b>
Residential Street Address <b>70 N Main St</b>		City <b>East Hampton</b>		State <b>CT</b>	Zip Code <b>06424</b>
Principal Occupation <b>realtor</b>		Name of Employer <b>Prudential</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>07/31/2012</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Rossi</b>		First <b>Ruth</b>		MI	Contribution ID # <b>0137</b>
Residential Street Address <b>Box 211</b>		City <b>East Hampton</b>		State <b>CT</b>	Zip Code <b>06424</b>
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>08/01/2012</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Rossi</b>		First <b>Theodore</b>		MI	Contribution ID # <b>0138</b>
Residential Street Address <b>94 Middle Haddam Rd</b>		City <b>East Hampton</b>		State <b>CT</b>	Zip Code <b>06424</b>
Principal Occupation <b>President</b>		Name of Employer <b>Rossi Corp</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>08/01/2012</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Tuttle</b>		First <b>John</b>		MI	Contribution ID # <b>0134</b>
Residential Street Address <b>71 Viola Dr</b>		City <b>East Hampton</b>		State <b>CT</b>	Zip Code <b>06424</b>
Principal Occupation <b>VP Sales</b>		Name of Employer <b>Specialty Foods</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>08/01/2012</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>



**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Goff For The 34Th	Itemized Statement accompanying application for Public Grant - Original

**B. Itemized Contributions from Individuals**

Last Name Galvin		First Frederick		MI	Contribution ID # 0143
Residential Street Address 54 Midwood Farm Rd		City East Hampton		State CT	Zip Code 06424
Principal Occupation painter		Name of Employer self			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 08/01/2012	Aggregate Contributions \$25.00	\$25.00

Last Name Wall		First Dennis		MI	Contribution ID # 0144
Residential Street Address 1 Beechcrest Dr		City East Hampton		State CT	Zip Code 06424
Principal Occupation		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 08/01/2012	Aggregate Contributions \$50.00	\$50.00

Last Name Palmer		First Jeffrey		MI	Contribution ID # 0159
Residential Street Address 70 Viola Dr		City East Hampton		State CT	Zip Code 06424
Principal Occupation optometrist		Name of Employer self			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 08/03/2012	Aggregate Contributions \$40.00	\$40.00

Last Name Rooth		First Cindy		MI	Contribution ID # 0160
Residential Street Address 70 Viola Dr		City East Hampton		State CT	Zip Code
Principal Occupation realtor		Name of Employer self			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 08/03/2012	Aggregate Contributions \$40.00	\$40.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Goff For The 34Th	Itemized Statement accompanying application for Public Grant - Original

**B. Itemized Contributions from Individuals**

Last Name O'Hearn		First Jared		MI	Contribution ID # 0161
Residential Street Address 300 Young St		City East Hampton		State CT	Zip Code 06424
Principal Occupation		Name of Employer All Frictions			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 08/03/2012	Aggregate Contributions \$50.00	\$50.00

Last Name Vick		First James		MI	Contribution ID # 0155
Residential Street Address 14 Quiet Woods Rd		City East Hampton		State CT	Zip Code 06424
Principal Occupation teacher		Name of Employer Hartford Public Schools			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 08/04/2012	Aggregate Contributions \$100.00	\$100.00

Last Name Vick		First Dana		MI	Contribution ID # 0156
Residential Street Address 14 Quiet Woods Rd		City East Hampton		State CT	Zip Code 06424
Principal Occupation Nurse		Name of Employer Middlesex Hosp			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 08/04/2012	Aggregate Contributions \$10.00	\$10.00

Last Name Somma		First Ruth		MI	Contribution ID # 0157
Residential Street Address 33 Quiet Woods Rd		City East Hampton		State CT	Zip Code 06424
Principal Occupation		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 08/06/2012	Aggregate Contributions \$5.00	\$5.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Goff For The 34Th	Itemized Statement accompanying application for Public Grant - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Somma</b>		First <b>Michael</b>		MI	Contribution ID # <b>0158</b>
Residential Street Address <b>33 Quiet Woods Rd</b>		City <b>East Hampton</b>		State <b>CT</b>	Zip Code <b>06424</b>
Principal Occupation		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>08/06/2012</b>	Aggregate Contributions <b>\$5.00</b>	<b>\$5.00</b>

Last Name <b>Durkin</b>		First <b>John</b>		MI	Contribution ID # <b>0154</b>
Residential Street Address <b>39 Tartia Rd</b>		City <b>East Hampton</b>		State <b>CT</b>	Zip Code <b>06424</b>
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>08/06/2012</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Goff</b>		First <b>Roy</b>		MI	Contribution ID # <b>0162</b>
Residential Street Address <b>50 Schoolhouse La</b>		City <b>East Hampton</b>		State <b>CT</b>	Zip Code <b>06424</b>
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>08/06/2012</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Goff</b>		First <b>Vanessa</b>		MI	Contribution ID # <b>0163</b>
Residential Street Address <b>50 Schoolhouse Ln</b>		City <b>East Hampton</b>		State <b>CT</b>	Zip Code <b>06424</b>
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>08/06/2012</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

<b>Total of Section B</b>			<b>\$2,190.00</b>
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS</b>	(Sections A + B)	(Total on Line 14 of Summary Page)	<b>\$2,190.00</b>

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Goff For The 34Th	Itemized Statement accompanying application for Public Grant - Original

**C1. Contributions from Other Committees**

Name of Committee				Name of Treasurer				
Address			Is this contribution associated with a fundraising event listed in Section J1?			Yes	No	Amount of Contribution
			If yes, list Event #					
City	State	Zip Code	Date Received	Aggregate Contributions				

**Total of Section C1****I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	TYPE OF REPORT
Goff For The 34Th	Itemized Statement accompanying application for Public Grant - Original

**C2. Reimbursements, Payments, or Surplus Distributions from other Committees**

Name of Committee				Name of Treasurer			
Address					Date Received		Amount of Receipt
City		State	Zip Code	Reimbursement for shared expense			
				Payment for goods and services			

**Total of Section C2**

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	TYPE OF REPORT
Goff For The 34Th	Itemized Statement accompanying application for Public Grant - Original

**D. Loans Received this Period**

Name of Lender		Source of Loan:				Date of Receipt	
		Bank	Candidate	Individual	Other		
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		
<b>Total of Section D</b>							

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	TYPE OF REPORT
Goff For The 34Th	Itemized Statement accompanying application for Public Grant - Original

**E. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)**

Date of Receipt	Method of Payment			Amount
	Cash	Personal Check	Credit/Debit Card	
<b>Total of Section E</b>				

**I. Monetary Receipts (Section A-I)**

NAME OF COMMITTEE	TYPE OF REPORT
Goff For The 34Th	Itemized Statement accompanying application for Public Grant - Original

**G. Interest from Deposits in Authorized Accounts**

Name of Institution			Date Received		Amount
Street Address		City	State	Zip Code	
<b>Total of Section G</b>					

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Goff For The 34Th	Itemized Statement accompanying application for Public Grant - Original

**H. Public Grant Funds Received from the Citizen's Election Fund**

Purpose of Grant:	Grant Cycle:	Date Received	Amount
<div>Initial</div> <div>Grant Adjustment</div> <div>Supplemental/Post Election Deficit</div>	<div>Primary</div> <div>General Election</div> <div>Special Election</div>		

**Total of Section H****I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Goff For The 34Th	Itemized Statement accompanying application for Public Grant - 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**

## II. FUNDRAISING EVENT ACTIVITY (Sections J1 - J3)

NAME OF COMMITTEE		TYPE OF REPORT	
Goff For The 34Th		Itemized Statement accompanying application for Public Grant - Original	
<b>J1. Fundraising Event Information</b>			
Fundraising Event # Date of Fundraiser	Letter Description		
Location: Street Address		City	State Zip Code
Was this fundraising event hosted at a personal residence?	Yes No	if yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.	
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?	Yes No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	Yes No	(If yes, enter Total Receipts here.)	
<b>Total of Section J1</b>			

## II. FUNDRAISING EVENT ACTIVITY (Sections J1 - J3)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Goff For The 34Th		Itemized Statement accompanying application for Public Grant - Original	
<b>J3. In-Kind Donations Not Considered Contributions</b>			
Name of the Donor			
Street Address		City	State Zip Code
Donation Given by:  Individual  Business Entity  Sole Proprietorship	Description of Donation   Date Received Event #		Fair Market Value of Donation
Aggregate value for this event			
<b>Total of Section J3</b>			

### III. NONMONETARY RECEIPTS (Sections K - M)

NAME OF COMMITTEE	TYPE OF REPORT
Goff For The 34Th	Itemized Statement accompanying application for Public Grant - Original

#### K. In-Kind Contributions

Name			
Street Address		City	State Zip Code
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event#	Yes No	Description of In-Kind Contribution	
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	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	Fair Market Value of this Contribution
Type of Contributor:	Date Received	Aggregate contributions	
Individual	Committee	Sole Proprietorship	

**Total of Section K**

### III. Non Monetary Receipts (Sections K - M)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Goff For The 34Th	Itemized Statement accompanying application for Public Grant - Original

#### L. Refundable Deposit to Telephone Company

Last Name of Individual	First Name	MI	Date Deposit Made
Residential Street Address	City	State	Zip Code
Name of Telephone company			
Street Address	City	State	Zip Code

**Total of Section L**



### III. NONMONETARY RECEIPTS (Sections K - M)

NAME OF COMMITTEE	TYPE OF REPORT
Goff For The 34Th	Itemized Statement accompanying application for Public Grant - 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      E			

**Total of Section M**

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Goff For The 34Th	Itemized Statement accompanying application for Public Grant - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Mimi Design		Date of Payment 07/23/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>004</u> <input type="checkbox"/> Debit Card	
Street Address 21 W High St		City East Hampton	State CT	Zip Code 06424
Purpose of Expend A-SIGN	Description lawn signs		Amount  \$209.93	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)		
Name of Payee Citizens Bank		Date of Payment 07/31/2012	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 8 E High St		City East Hampton	State CT	Zip Code 06424
Purpose of Expend BNK	Description svc charge		Amount  \$3.00	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)		
Name of Payee Hilltop BBQ		Date of Payment 08/01/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>005</u> <input type="checkbox"/> Debit Card	
Street Address 12 Rae Palmer Rd		City Moodus	State CT	Zip Code 06469
Purpose of Expend FOOD	Description Convention reception		Amount  \$300.00	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)		

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Goff For The 34Th	Itemized Statement accompanying application for Public Grant - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Mimi Design		Date of Payment 08/07/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>007</u> <input type="checkbox"/> Debit Card	
Street Address 21 W High St		City East Hampton	State CT	Zip Code 06424
Purpose of Expend A-OTH	Description Printing of banner		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$63.81
Name of Payee Bridge Communications		Date of Payment 08/07/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>006</u> <input type="checkbox"/> Debit Card	
Street Address 50 Progress Cir		City Newington	State CT	Zip Code 06424
Purpose of Expend PRNT	Description walking cards		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$531.75
Name of Payee Paul Maki		Date of Payment 08/07/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>008</u> <input type="checkbox"/> Debit Card	
Street Address 6508 77th St		City Cabin John	State MD	Zip Code 20818
Purpose of Expend WEB	Description web site development		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$82.50
<b>Total of Section N</b>				<b>\$1,190.99</b>

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					TYPE OF REPORT	
					Itemized Statement accompanying application for Public Grant - Original	
<b>O. Expenses Paid By Candidate</b>						
Name of Payee (Name of vendor who candidate paid directly)				Date of Payment		Is Reimbursement Claimed? Yes                      No
Street Address			City		State	Zip Code
Purpose of Expenditure (by code)	Description				Event #	
						Amount
<b>Total of Section O</b>						

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					TYPE OF REPORT	
Goff For The 34Th					Itemized Statement accompanying application for Public Grant - Original	
<b>P. Expenses Incurred on Committee Credit Card</b>						
Name of Issuing Institution				Type of Credit Card: Visa                      Master Card                      Discover                      American Express Other		
Name of Vendor					Date of Transaction	
Street Address			City		State	Zip Code
Purpose of Expenditure (by code)	Description				Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Yes No	Expenditure # (if applicable)	Event #	
If yes, assign an Expenditure # and complete Itemization in Addendum						
<b>Total of Section P</b>						

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Goff For The 34Th	Itemized Statement accompanying application for Public Grant - Original

**Q. Expenses Incurred By Committee but Not Paid During this Period**

Name of Creditor		Date Incurred	
Street Address	City	State	Zip Code
Purpose of Expenditure (bv code)	Description		Amount Incurred (Estimate or Actual)
Is this expenditure coordinated with another candidate for which reimbursement is sought? <span style="float: right;">Yes</span> <span style="float: right;">No</span> If yes, assign an Expenditure # and completes Itemization in Addendum Q			
		Expenditure # (if applicable)	Event #

**Total of Section Q****IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Goff For The 34Th	Itemized Statement accompanying application for Public Grant - Original

**R. Itemization of Reimbursements to Committee Workers and Consultants**

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment
				Check #
				Debit Card
Secondary Payee				
Street Address	City		State	Zip Code
Purpose of Expenditure (by code)	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <span style="float: right;">Yes</span> <span style="float: right;">No</span> If yes, assign an Expenditure # and completes Itemization in Addendum R		Expenditure # (if applicable)	Event #	

**Total of Section R**

**IV. EXPENDITURES (Sectuibs N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Goff For The 34Th				Itemized Statement accompanying application for Public Grant - Original	
<b>S. Surplus Distribution of Equipment and Furniture</b>					
Name of Recipient					
Street Address		City		State	Zip Code
Description of Item					Original Purchase Amount of Item
<b>Total of Section S</b>					