



Electronic Filing

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**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	6. OFFICE SOUGHT (Complete only if Candidate Committee)			7. DISTRICT NUMBER (if applicable)	
<b>11/06/2012</b>	<b>State Representative</b>			<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>	<b>Thomas O'Brien</b>	<b>08/08/2012 7:25:39AM</b>			
SIGNATURE	PRINT NAME OF THE SIGNER	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?  If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section 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	

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?  If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section 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	

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?  If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section 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	

**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 Roy	First Shannon	MI	Contribution ID # 0129
Residential Street Address PO Box 18 - 19 Long Hill Rd	City Middle Haddam	State CT	Zip Code 06456
Principal Occupation Human Res.	Name of Employer Pratt and Whitney		
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	
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
			Amount of Contribution \$5.00

Last Name Tierney	First Andrew	MI	Contribution ID # 0118
Residential Street Address 39 Main St	City East Hampton	State CT	Zip Code 06424
Principal Occupation Manager	Name of Employer Town of Hebron		
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	
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
			Amount of Contribution \$50.00

Last Name McKinney	First Kristen	MI	Contribution ID # 0139
Residential Street Address PO Box 141	City Middle Haddam	State CT	Zip Code 06456
Principal Occupation teacher	Name of Employer Plainville 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	
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 \$100.00
			Amount of Contribution \$100.00

Last Name Nichols	First Charles	MI	Contribution ID # 0135
Residential Street Address 27 N Main St	City East Hampton	State CT	Zip Code 06424
Principal Occupation President	Name of Employer Nichols Bus Service		
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	
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 \$100.00
			Amount of Contribution \$100.00

**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 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?  If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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?  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
			\$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?  If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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?  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
			\$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?  If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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?  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
			\$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?  If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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?  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
			\$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 Hall	First Heather	MI	Contribution ID # 0111
Residential Street Address 147 Lake Dr	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? 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? 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
		Amount of Contribution \$5.00	

Last Name Rosano	First Mackenzie	MI	Contribution ID # 0112
Residential Street Address 147 Lake Dr	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? 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? 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
		Amount of Contribution \$5.00	

Last Name Drewry	First Robert	MI	Contribution ID # 0114
Residential Street Address 2 Sunset 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? 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? 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 07/26/2012	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Drewry	First MaryLou	MI	Contribution ID # 0115
Residential Street Address 2 Sunset Dr	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? 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? 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 07/26/2012	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

**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 Gelston Alt	First Laurie	MI	Contribution ID # 0116
Residential Street Address 241 E Shore Dr	City East Haddam	State CT	Zip Code
Principal Occupation Registrar of voters	Name of Employer East Haddam		
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	
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 \$20.00
			Amount of Contribution \$20.00

Last Name Govert	First Pete	MI	Contribution ID # 0117
Residential Street Address 24 Cedar Meadow Rd	City Moodus	State CT	Zip Code 06469
Principal Occupation teacher	Name of Employer Franklin Academy		
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	
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 \$10.00
			Amount of Contribution \$10.00

Last Name Ryder-Munet	First Linda	MI	Contribution ID # 0124
Residential Street Address 41 Lookout Dr	City East Haddam	State CT	Zip Code
Principal Occupation psychotherapist	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	
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 07/26/2012	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Hasselman	First Gerald	MI	Contribution ID # 0125
Residential Street Address 1 Park Rd	City East Hampton	State CT	Zip Code 06424
Principal Occupation	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	
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
			Amount of Contribution \$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>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? 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	
Is this contribution associated with a fundraising event listed in Section J1? 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>
		Amount of Contribution <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? 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	
Is this contribution associated with a fundraising event listed in Section J1? 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>
		Amount of Contribution <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? 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	
Is this contribution associated with a fundraising event listed in Section J1? 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>
		Amount of Contribution <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? 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	
Is this contribution associated with a fundraising event listed in Section J1? 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>
		Amount of Contribution <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 Kiely	First Kevin	MI	Contribution ID # 0142
Residential Street Address 151 Young St	City East Hampton	State CT	Zip Code 06424
Principal Occupation RN	Name of Employer Hartford 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	
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 07/26/2012	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Markham	First Gregory	MI	Contribution ID # 0121
Residential Street Address 22 Watrous St	City East Hampton	State CT	Zip Code 06424
Principal Occupation landscapper	Name of Employer Galitto Property Mgmt		
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	
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 07/28/2012	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Sharron	First Kira	MI	Contribution ID # 0122
Residential Street Address 22 Watrous St	City East Hampton	State CT	Zip Code 06424
Principal Occupation receptionist	Name of Employer Pro Health Physicians		
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	
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 07/28/2012	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Parenteau	First Normand	MI	Contribution ID # 0123
Residential Street Address 32 Wildwood Ln	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	
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
			Amount of Contribution \$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 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?  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	
Is this contribution associated with a fundraising event listed in Section J1?  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
			Amount of Contribution \$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?  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	
Is this contribution associated with a fundraising event listed in Section J1?  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
			Amount of Contribution \$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?  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	
Is this contribution associated with a fundraising event listed in Section J1?  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
			Amount of Contribution \$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?  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	
Is this contribution associated with a fundraising event listed in Section J1?  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
			Amount of Contribution \$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 Dessureault	First Edward	MI	Contribution ID # 0113
Residential Street Address 7 N Maple 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? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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? 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 Ruel	First Ryan	MI	Contribution ID # 0100
Residential Street Address 50 Old Middletown Rd	City East Hampton	State CT	Zip Code 06424
Principal Occupation landscaper	Name of Employer B and S Landscape		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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? 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 Irizarry	First Noel	MI	Contribution ID # 0101
Residential Street Address 53 Balaban Rd	City Colchester	State CT	Zip Code 06415
Principal Occupation laborer	Name of Employer B & S Landscaping		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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? 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 Banning	First Paul	MI	Contribution ID # 0102
Residential Street Address 12 Sherry Dr	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? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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? 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

**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 Spack	First Robert	MI	Contribution ID # 0103
Residential Street Address 38 Stevenson Rd	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	
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 Spack	First Cheryl	MI	Contribution ID # 0104
Residential Street Address 38 Stevenon Rd	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	
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 Devine	First William	MI	Contribution ID # 0105
Residential Street Address 43 Main St	City East Hampton	State CT	Zip Code 06424
Principal Occupation Jeweler	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	
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 Gibbons	First Rockferd	MI	Contribution ID # 0106
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	
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

**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? 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? 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 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? 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? 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
			\$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? 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? 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
			\$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? 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? 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
			\$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 Adams	First Sheryl	MI	Contribution ID # 0149
Residential Street Address 14 Royal Oaks Ave	City East Hampton	State CT	Zip Code 06424
Principal Occupation education	Name of Employer East Hampton Board of Ed		
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	
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
			Amount of Contribution \$5.00

Last Name Kelley	First Steven	MI	Contribution ID # 0150
Residential Street Address 11 Smith St	City East Hampton	State CT	Zip Code 06424
Principal Occupation HM/FOS	Name of Employer Goodspeed Musicals		
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	
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
			Amount of Contribution \$5.00

Last Name Simko	First David	MI	Contribution ID # 0151
Residential Street Address Long 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	
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 \$10.00
			Amount of Contribution \$10.00

Last Name Moore	First Barbara	MI	Contribution ID # 0152
Residential Street Address 7 Overlook Rd	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	
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 \$55.00
			Amount of Contribution \$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 Moore	First Ray	MI	Contribution ID # 0153
Residential Street Address 7 Overlook 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	
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 07/31/2012	Aggregate Contributions \$80.00
			Amount of Contribution \$75.00

Last Name Reich	First Kevin	MI	Contribution ID # 0140
Residential Street Address 5 Arch Dr	City East Hampton	State CT	Zip Code 06424
Principal Occupation Asst. Superintendent	Name of Employer East Hampton Board of Ed		
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	
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 07/31/2012	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Kilpatrick	First Robert	MI	Contribution ID # 0141
Residential Street Address 22 W Point 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	
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 07/31/2012	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Laraia	First Mark	MI	Contribution ID # 0145
Residential Street Address 21 Brook Hill Dr	City East Hampton	State CT	Zip Code 06424
Principal Occupation teacher	Name of Employer Town of South Windsor		
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	
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 07/31/2012	Aggregate Contributions \$50.00
			Amount of Contribution \$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 Yeagher	First Gladys	MI	Contribution ID # 0136
Residential Street Address 70 N Main St	City East Hampton	State CT	Zip Code 06424
Principal Occupation realtor	Name of Employer Prudential		
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: <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	
Is this contribution associated with a fundraising event listed in Section J1? 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 07/31/2012	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Rossi	First Ruth	MI	Contribution ID # 0137
Residential Street Address Box 211	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? 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	
Is this contribution associated with a fundraising event listed in Section J1? 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 08/01/2012	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Rossi	First Theodore	MI	Contribution ID # 0138
Residential Street Address 94 Middle Haddam Rd	City East Hampton	State CT	Zip Code 06424
Principal Occupation President	Name of Employer Rossi Corp		
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: <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	
Is this contribution associated with a fundraising event listed in Section J1? 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 08/01/2012	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Tuttle	First John	MI	Contribution ID # 0134
Residential Street Address 71 Viola Dr	City East Hampton	State CT	Zip Code 06424
Principal Occupation VP Sales	Name of Employer Specialty Foods		
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: <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	
Is this contribution associated with a fundraising event listed in Section J1? 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 08/01/2012	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

**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 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? 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	
Is this contribution associated with a fundraising event listed in Section J1? 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
			Amount of Contribution \$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? 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	
Is this contribution associated with a fundraising event listed in Section J1? 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
			Amount of Contribution \$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 optomitrist	Name of Employer self		
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: <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	
Is this contribution associated with a fundraising event listed in Section J1? 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
			Amount of Contribution \$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? 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	
Is this contribution associated with a fundraising event listed in Section J1? 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
			Amount of Contribution \$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? 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	
Is this contribution associated with a fundraising event listed in Section J1? 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
			Amount of Contribution \$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? 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	
Is this contribution associated with a fundraising event listed in Section J1? 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
			Amount of Contribution \$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? 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	
Is this contribution associated with a fundraising event listed in Section J1? 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
			Amount of Contribution \$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? 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	
Is this contribution associated with a fundraising event listed in Section J1? 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
			Amount of Contribution \$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 Somma	First Michael	MI	Contribution ID # 0158
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	
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
		Amount of Contribution \$5.00	

Last Name Durkin	First John	MI	Contribution ID # 0154
Residential Street Address 39 Tartia Rd	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	
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 08/06/2012	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Goff	First Roy	MI	Contribution ID # 0162
Residential Street Address 50 Schoolhouse La	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	
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 \$50.00
		Amount of Contribution \$50.00	

Last Name Goff	First Vanessa	MI	Contribution ID # 0163
Residential Street Address 50 Schoolhouse Ln	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	
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 \$50.00
		Amount of Contribution \$50.00	

<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?		Amount of Contribution
			<input type="checkbox"/> Yes <input type="checkbox"/> No 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)					<b>Amount Received</b>
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>		

<b>I. MONETARY RECEIPTS (Section A-K)</b>			
NAME OF COMMITTEE		TYPE OF REPORT	
Goff For The 34Th		Itemized Statement accompanying application for Public Grant - Original	
<b>H. Public Grant Funds Received from the Citizen's Election Fund</b>			
Purpose of Grant:	Grant Cycle:	Date Received	Amount
Initial                      Grant Adjustment Supplemental/Post Election Deficit	Primary                      General Election                      Special Election		
<b>Total of Section H</b>			

<b>I. MONETARY RECEIPTS (Section A-K)</b>				
NAME OF COMMITTEE		TYPE OF REPORT		
Goff For The 34Th		Itemized Statement accompanying application for Public Grant - Original		
<b>I. Miscellaneous Monetary Receipts not Considered Contributions</b>				
Name		Date of Transaction	Amount Received	
Street Address	City	State		Zip Code
Description				
<b>Total of Section I</b>				

**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

**J1. Fundraising Event Information**

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.
<b>Subpart 1:</b> 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>	
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**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

**J3. In-Kind Donations Not Considered Contributions**

Name of the Donor				
Street Address		City	State	Zip Code
Donation Given by:	Description of Donation			Fair Market Value of Donation
Individual	Date Received	Event #	Aggregate value for this event	
Business Entity				
Sole Proprietorship				

<b>Total of Section J3</b>	
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**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			

<b>Total of Section K</b>
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**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
Amount of Deposit			

<b>Total of Section L</b>
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**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
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Street Address 21 W High St	City East Hampton	State CT	Zip Code 06424
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Purpose of Expend A-SIGN	Description lawn signs	Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)
	Event #	\$209.93

Name of Payee Citizens Bank	Date of Payment 07/31/2012	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card
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Street Address 8 E High St	City East Hampton	State CT	Zip Code 06424
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Purpose of Expend BNK	Description svc charge	Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)
	Event #	\$3.00

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
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Street Address 12 Rae Palmer Rd	City Moodus	State CT	Zip Code 06469
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Purpose of Expend FOOD	Description Convention reception	Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)
	Event #	\$300.00

### 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  \$63.81	
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 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  \$531.75	
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 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  \$82.50	
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)		
<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	
O. Expenses Paid By Candidate						
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
<p style="text-align: right;"><b>Total of Section O</b></p>						

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	
P. Expenses Incurred on Committee Credit Card						
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?	Yes No	Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and completes Itemization in Addendum Q			

**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?	Yes No	Expenditure # (if applicable)	Event #	
If yes, assign an Expenditure # and completes Itemization in Addendum R				

**Total of Section R**

<b>IV. EXPENDITURES (Sectuibs N - S)</b>				
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	Original Purchase Amount of Item
Description of Item				
<b>Total of Section S</b>				